

# TYPES OF DISSOCIATIVE BEHAVIORS OBSERVED IN AN URBAN JAIL: 25 MONTHS OF PARTICIPANT OBSERVATION

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## ABSTRACT

*Little is known about the day-to-day dissociative behaviors manifested by inmates of correctional institutions. This article, based on 25 months of naive, continuous participant observation, describes five types of commonly observed dissociative behaviors that suggest that severe dissociative disorders may be common in inmates, and are also found in prison employees. The data come from an urban male and female maximum security correctional facility. The article discusses the differences in dissociative phenomena between the inmate and employee groups, the important elements in their behavioral patterns, and the traumatic events likely to have contributed to the dissociative behaviors. It suggests that correctional institutions can be viewed as unrecognized mental health facilities for dissociative disorders and considers how expertise in dissociative disorders can be integrated into their management.*

## INTRODUCTION

Our understanding of dissociation depends on our access to people with dissociative disorders, which almost certainly includes many incarcerated criminals. Some people with dissociative identity disorder (DID) are described as having various criminal behaviors (Putnam, Guroff, Silverman, Barban, & Post 1986), although they appear to be a minority of the DID population. In clinical investigation of fifty dissociative patients Coons, Bowman, and Milstein (1988) found that 28% of the women studied had engaged in a variety of crimes, and three of the four men had committed violent offenses. Although it has been suggested that women and men with dissociative disorders tend to be seen in mental health and prison settings respectively, this may not be the case. In a report on 21 men with MPD, the largest of three subgroups described reported no criminal behavior at all (Loewenstein, & Putnam, 1990).

Various criminal groups, however, report high rates of early severe childhood abuse and evidence of dissociative dis-

orders (Ford, & Linney, 1995; Burton, Bwanausi, Johnson, & Moore, 1994; Parson, 1994; Benoit & Kennedy, 1992). Thus, very dissociative people may be more likely to be non-criminal than not, but dissociative phenomena may conceivably be found among a disproportionate percentage of the incarcerated criminal population.

Inmates of correctional institutions are not easily accessible for study. Secrecy surrounds these institutions, and their administrators can exclude experts who might take critical perspectives toward these institutions, their staffs, and their practices.

Yet dissociative disorders are likely to be very relevant to attempts to alter criminals' behaviors. Dissociation can make learning difficult (Hobbs & Coons, 1994), and dissociative criminals may well cope by dissociating either their crimes, their incarceration experiences, or both. The integration of our knowledge about dissociation into the correctional system may be necessary to develop more effective methods of rehabilitation for a subgroup of the criminal population.

This article is based on 25 months of participant observation of a city's maximum security correctional facility to which researchers had no known access. It reports evidence for dissociative phenomena and disorders in this setting, based on observations of the behaviors and statements of female inmates and employees. It considers the implications of these findings for both the study of dissociative disorders and the management of correctional institutions.

## BACKGROUND: CREDIBILITY

From August 1987, to September 1989, the author was jailed in the Washington, DC, Department of Corrections Detention Center (DC jail) for civil contempt. She had refused to obey an order of a judge. This is not a crime. The author had been accused of a non-criminal offense.

The circumstances that led to her jailing require explanation for two reasons. The first is to establish the author's competence with respect to perceiving, recording, and analyzing information. The second is to deal with the possible assumption that, having been jailed, she is *ipso facto* dishonest, self-serving, and manipulative. She will briefly describe her professional background and her reasons for civil disobedience. She will also respond to two relevant allegations

later made about her.

The author is, and was then, a licensed physician and board-certified plastic and reconstructive surgeon with a number of professional publications. She had an undergraduate honors degree in biology and had published biomedical research. She had worked extensively as an educational psychology assistant, but had no professional experience in the fields of abuse or dissociation.

The author's civil disobedience occurred when, after several years' cooperation with allowing the unsupervised visits of her child with the child's birth father, she refused the judge's order to send her child back to the birth father. Her refusal was based on the findings of the abuse-trained experts who were involved in either or both of the family court cases concerning the birth father's two daughters. Both girls had complained of his abuse, and the older child's unsupervised visits had ended about two years earlier.

To the author, it seemed well established that both children's complaints were valid and that further visits would endanger her child. The author believed that the judge had erred for several reasons.

First, he excluded what was, to the author, relevant evidence: all evidence about the older child, including her description of the younger child's abuse, and also much expert evidence about the younger child, such as the findings of the policeman who interviewed her (*Morgan v. Foretich*, 1987; *Foretich v. ABC*, 1995).

Second, the judge seemed illogical. He ruled that it was equally likely that abuse had and had not occurred in the recent past. But he ordered the unsupervised visits to continue on the grounds that conditions, such as the author's ability to telephone her child, 'neutralized' the risk of harm to her child (*Morgan v. Foretich*, 1987). These 'neutralizing' conditions were not new and had not prevented abuse in the past.

Third, the judge's position seemed to rely unduly on the denials of the birth father, unsupported by any other evidence, that he had not abused the child. The judge found this was as convincing that abuse did not occur as was the unanimous expert evidence that it had taken place (*Morgan v. Foretich*, 1987; *Foretich v. ABC*, 1995). The judge seemed unwilling to protect the child absent a confession from the birth father. At this point, the author stopped sending her child on visits.

The birth father's central claim is that the author is a liar. The author denies this. Her stance is supported by many publicly available documents, such as the four volumes attached to the affidavit of an investigating journalist who was deposed during a lawsuit which did not involve the author. The journalist's research convinced him that 30 of the birth father's important contentions, including that the author is a liar, were "false, misleading and/or marred by significant omissions" (*Foretich v. ABC*, 1995, p. 9).

The birth father later claimed that the author has mul-

tiply personality disorder, and that this diagnosis was made in the testimony and in an alleged report of the psychiatrist whom he retained in a civil damages case (*Foretich v. ABC*, 1995, pp. 386, 936). This claim, also denied by the author, has no support either in the alleged report (the psychiatrist has never identified it as her production) nor the public testimony (*Morgan v. Foretich*, 1987).

## BACKGROUND: JAIL LIFE

From August 1987 to September 1989, the author was an inmate on the South One cell block of the Washington, DC, jail. She was treated the same as the criminal inmates with whom she was housed. Being allowed no professional work, the author kept a diary of jail life throughout her jail-ing. The diary was not kept for research purposes. It was a naive and representative observational record.

The South One cell block could house up to 160 female inmates, but usually contained about 120, because federal court orders had restricted the size of the jail census.

The South One cell block, like the jail and courthouse holding cells, had grilled gates instead of doors, making virtually all conversation and behavior audible and visible to others.

The DC jail holds all of the city's male and female criminal detainees; i.e., those arrested for, but not yet convicted of, a crime. The jail also housed an assortment of federal and local convicts, including all women convicted of local misdemeanors. The proportion of female inmates was approximately 22% in 1987, and 28% by 1989. Most inmates were recidivists.

## ETHICAL CONSIDERATIONS

In jail, the author had no professional recognition, position, nor had she any professional relationship with any jail employee or inmate.

For various reasons, many inmates and employees told the author about their own abusive childhoods. The behaviors of some of these people are reported here.

The author revealed none of these or any other confidences to anyone within the legal/correctional system. No information is given here that might identify a person specifically by race, criminal charge (for criminals), rank (for employees), the details of childhood experiences, or the names of apparent alters.

On the advice of child abuse experts whom she consulted by telephone from the cell block, the author explicitly replied to people who told her of their childhood abuse that she believed what they said. Also as recommended, she offered two self-help books (Gil, 1983; Bass & Davis, 1988) and the names of reputable abuse therapists in the area.

Inmates on the South One cell block had little access to mental health treatment apart from medication, which was

usually prescribed by physicians' assistants. Inmates were counseled at times by the four very busy chaplains. There were two forensic cell blocks, presumably supervised by the jail psychiatrist and psychologist, the duties of both being obscure to this observer. Apart from her own psychological interrogation (said to have been ordered by the judge in her case), the author knew of no inmate who actually saw these professionals.

## METHOD

The diary was approximately 250,000 words in length. It was searched for entries which described behaviors and statements that strongly suggested significant dissociation in a female employee or inmate. Such entries had to rely on the author's personal and recorded observations and conversations, not her recollections nor descriptions by others about a third person. Inmates and employees referred to here are identified by a letter, assigned alphabetically, according to order of the description of their circumstances in this communication.

## DEFINITIONS

*Trance* is defined here as a person's complex behavior while unresponsive to, and apparently unaware of, the people and events around her.

*Verbal abuse* is defined here as a prolonged barrage of intensely hostile, physically and sexually threatening, and degrading commentary, shouted or screamed at one or more people.

*Public behavior* is defined here as behavior in full view of many other people, carried out in ways that draw their attention.

*Self-conversation* is defined here as one person's audible, public conversation with herself, in which different voices respond to each other's comments.

## RESULTS

There were forty entries which described incidents of the phenomena defined above. Four entries (10%), described female employees and 36 (90%), described female inmates.

All female employees of the DC jail were black adults in the economic middle-class, earning up to \$60,000 a year. All employees described here had long careers in correctional work.

The female inmates described here included Caucasians, African-Americans, and a native American. They ranged from poor to wealthy and were all adults, save one seventeen-year-old woman who had lied about her age to get into jail. Their criminal charges included federal and local crimes: prostitution, drug use, minor and major drug distribution, forgery, armed robbery with a gun, terrorism, arson, and murder.

Like other inmates, most of those discussed here had committed more than one kind of crime more than once.

One inmate, "D," whose behavior strongly suggested DID (then known as multiple personality disorder) later said she had been diagnosed as having this condition, and named the nationally-known expert in dissociation who had diagnosed her.

All 40 entries were classified into one of five categories. When an entry spanned several categories, it was assigned the category which best described its most complex behaviors. The five categories were:

- 1) Named alters associated with switches in behavior: one employee, three inmates.
- 2) Trances or sudden switches in personality, associated with the onset of abuse of self or of others: three employees, eight inmates.
- 3) Flashbacks resembling grand mal seizures and relating to childhood abuse: 15 inmates
- 4) Switches to child-like speech when talking of very traumatic childhood events: eight inmates
- 5) Deliberate use of dissociation to cope with adult psychological torture: one inmate

The complex behaviors in categories 1 and 2, the only ones which included employees as well as inmates, are described in detail.

### *Named Alters Associated With Switches in Behavior (One Employee and Three Inmates)*

Employee "A," laughing loudly, regaled inmates in a holding cell area with "comic" details of a near-death experience during an attempted rape at gunpoint she had suffered when she was a young teenager. She then left the area.

"A" suddenly returned, enraged and screaming that she could smell marijuana smoke. Chanting verbal abuse, she entered the holding cage and physically assaulted the author, explicitly because the author was white. A black inmate protested. "A" appeared to switch personalities. She became abruptly calm, and in a different voice, ordered the black inmate to stand. Then laughing loudly, "A" sexually assaulted the inmate with her fist.

Some months later, "A" introduced herself to the author as though they had had no prior contact. She asked for information about a sports injury and became very friendly.

Later that day, still in a friendly mood, "A" prepared to shackle an inmate. As soon as she knelt, she began to scream and chant degrading and mocking verbal abuse at her. While doing this, "A" repeatedly looked at the author, but her eyes were glazed and staring. The verbal abuse continued for min-



utes but stopped as soon as "A" stood up. She left the area.

"A" soon reappeared in a friendly mood and sought out the author to explain that "A" had not done the shackling, a duty which she found degrading. Rather, the shackling had been done by another person in her body whom "A" named, and whom she described as taking over her body at certain times to do bad things. "A" seemed unaware of what had happened during the shackling, but knew that the author might have been upset.

Some months later, "A" was again in charge of the author. She was detached, professional and seemed unaware of any prior contact.

Inmate "B," locked in her cell for the night, obeyed the verbally abusive orders of the woman in the opposite cell, who demanded that "B" expose and sexually abuse herself. "B" did so, violently masturbating and penetrating herself in complete silence.

The verbal abuse and "B's" self-assault ended abruptly when a third inmate loudly accused the abuser of being 'sicker' than "B."

"B" then began a self-conversation between two voices. One talked of having murdered the other, who responded with grunts and cries of pain. The first voice then planned aloud her murder of "B's" cellmate, who called for help and was transferred to another cell.

After the transfer, "B" explained in a calm, educated voice to other inmates that "B" had had many voices and people, all living inside her since childhood, one of them God, another the devil.

"B's" fourth voice, a child-like one, then spoke, giving a confused description of the evening's events, perceiving herself as having been threatened with murder, and her assailant as having been moved to another cell.

Inmate "C" described a childhood of complex, severe abuse, ineffective court intervention, and abandonment.

"C" then complained that various people inside her body were fighting for control of it. She named two – a pure, religious one and a bad one, who had prostituted her and used drugs at night when the religious one was tired or asleep. In a whisper, "C" mentioned a dangerous one, who wanted to kill the bad one. Her words became incomprehensible and she walked away.

Some months later, having been released but rearrested, "C," apparently speaking as the bad alter, said that her body was arrested after the dangerous one took over and committed armed robbery. In a frightened voice, she said that the dangerous one was intent on killing her.

Several days later, identifying herself as the religious one, and greatly confused, "C" told the author that she had just woken up to find herself in jail, not knowing how, when or why she was there.

Inmate "D" had a 'seizure' when her cell gate was closed by remote control, making the usual loud noise. The author, sent to her aid, found "D" kicking, screaming, and biting

when touched, while suffering waves of agony with her back arched, her body rigid, her eyes glazed. The author stopped all physical contact with "D," quietly identified the people around her and reassured "D" that she would not be hurt. "D" became calm.

The next day, "D" was talking to the author when the noise of a cell gate closing made her whimper. When the author reassured her, "D," talking in a child-like voice, said that the sound reminded her of what happened when she was five years of age. She then described an episode of extreme abuse by male relatives.

"D" then held a prolonged, complicated conversation with the author, during which about seven voices introduced themselves and described different episodes of abuse.

In her child's voice, "D" asked why she had been hurt. This question led to a prolonged self-conversation among her voices. Ultimately her words became incomprehensible.

She was interrupted by an employee calling "D" to her jail job. "D" sat up straight, looked bewildered, said that she thought she was in her cell, and cheerfully set off to work.

## *Trances or Sudden Switches in Personality Associated With the Onset of Verbal Abuse of Self or of Others (Three Employees and Eight Inmates)*

Employee "E" took the author into a small room for a routine strip search. This required the inmate to undress, turn naked in front of the employee, present genitals and buttocks for inspection, and then to squat and cough. Employee "E" at first refused to close the door. As soon as she closed it, her voice changed. "E" announced that she was a psychologist, and began to shout verbal abuse and sexually degrading commands.

When the author asked "E" to stop, she perceived the author as the verbal abuser and became more enraged. She appeared to speak in several voices but the words became incomprehensible.

As a 'psychologist,' "E" resumed the verbal abuse which did not stop after the strip search. It ended only later, when another employee appeared. At this point "E" abruptly changed her demeanor and began to converse normally with her fellow employee.

Employee "F" ran to help a woman inmate who had collapsed moaning on the cell block floor. Having reached her, "F" halted in the middle of the hallway and began to scream elaborate verbal abuse in an unrecognizable voice. The object of her abuse was an empty space in front of her. Her manner suggested that she was experiencing a visual hallucination of another person. This continued for about five minutes, during which inmates cared for the woman on the floor. When a physician's assistant took the sick inmate to the infirmary, "F" reverted to her normal behavior.

Employee "G" visibly switched personalities to verbally abuse inmates. However, this occurred only on evening and night shifts, and only in response to two triggers: the sight

of a pregnant woman and darkness on the cell block.

On seeing a pregnant woman inmate, "G's" voice changed. She stopped what she was doing and screamed abuse until the woman passed out of her line of vision. "G's" voice immediately became normal again, and she resumed her previous activity without comment.

On the night shift, "G" often turned off all cell block lights and then stealthily left the control room and stalked up and down one of the tiers, verbally abusing inmates either in one harsh, laughing voice or in a series of different voices, one chanting, one screaming sexual invective, and one laughing at intervals, "You can't tell on me. No one will ever believe you. I lie good."

The noise created by "G" was once so great that other employees thought she was caught in a cell block riot and rushed to help her. "G" greeted their abrupt arrival in amazement, saying in her normal voice that they were crazy because there had been no noise.

Inmate "H," known to have been severely sexually abused in childhood, was politely asked by a passing inmate for a cigarette. "H" stopped talking, entered a trance and, standing stiffly in the corridor, chanted verbal abuse which lasted long after the other inmate had left the area. Then the verbal abuse stopped abruptly and "H" walked away.

Inmate "I's" prolonged, public sexual self-assaults, often involving her use of a shampoo bottle to rape herself, were triggered by the concept "open." When "I" heard a cell gate open, or heard voices asking for a cell gate to be opened, she commented on the opening doors. Then her comments suddenly switched to self-abusive screams of "Open your legs." This, in turn, led to an immediate and violent sexual self-assault. During the self-conversation which accompanied it, "I's" voices included one protesting her self-rape; one — apparently the attacker — degrading "I" with verbal abuse; one urging on the attack; one carrying on a detached commentary; and one shrieking with self-derisive laughter.

Inmate "J" regularly screamed verbal abuse at herself, interspersed with shrieks of laughter. This occurred while "J" was in a trance-like state, standing naked at her cell gate. It persisted sometimes for half an hour, while "J" appeared unaware of the loud complaints of other inmates, who begged her to stop. On one occasion the author was walking by "J's" cell during such an episode and asked her quietly what was wrong. "J" looked surprised, stopped screaming and said in a confused voice, "I don't know," and asked if she had been screaming.

Inmate "K" spent most of her time sitting on an upturned box, talking to other inmates. At unpredictable intervals, "K" jumped up in a trance-like state, staring into space and screaming threats to herself and to invisible others. After some minutes, the episode would stop abruptly and "K" would sit down again without comment, appearing confused.

Inmate "L" was conversing amicably with a woman inmate who talked of her pregnancy, of her children, and

of her survival of multiple gun wounds. Abruptly, "L" became unresponsive to the other woman, and began talking loudly, laughing and chanting in various voices, sometimes incoherently, of killing children while they were still in the womb.

Inmate "M" was at a meeting of women inmates with jail administrators, one of whom suggested using a demerit system. The word appeared to trigger a trance in "M," who rose to her feet, chanting verbal abuse. Initially her chanting was abusive to administrators, but it progressed into a self-conversation in which one voice claimed to 'have the power' and another protested being abused by the one with the power.

This went on for some minutes. Eventually a senior administrator sharply ordered "M" to stop. She did so, blinking and appearing confused. She sat silently through the rest of the meeting.

Inmate "N," a well-nourished woman, emerged in a trance from her cell for breakfast (4:30 a.m.), screaming that she was being deliberately starved to death. In fact, the inmates were fed well. Her screams included complaints that no one cared if she died. Screaming, "N" walked in a trance through the food line, took her food tray and sat down to eat. The episode then stopped and she resumed her normal behavior.

Inmate "O," as punishment for fighting, was locked in her cell and allowed a shower every second day.

One afternoon, "O" began to scream incoherently while she dismantled her bunk, and used the bunk struts to beat the walls and cell gate. Her screaming and violence stopped and resumed repeatedly in a stereotyped way.

Abruptly in a bemused voice, "O" asked herself what was going on. Another voice of "O" explained that "O" had to do what she was doing, because she was upset at having to ask for a shower. For a long time the two voices argued about the need for "O's" violence.

### *Flashbacks Resembling Grand Mal Seizures and Relating to Childhood Abuse (15 Inmates)*

Fifteen inmates had seizure-like flashbacks to apparent episodes of extreme childhood abuse, similar to "D's". Twelve of these flashbacks were spontaneous or triggered by sights and sounds on the cell block. Three were triggered by emotional mistreatment by a jail employee.

All these flashbacks, which usually produced panic among inmates and many employees, ended when the author intervened, as described for "D" above.

Either immediately or soon after each of the flashbacks reported here, the women told the author what triggered the attack, and in each case it related to events of early, severe childhood abuse.

### *Switches to Child-like Speech When Talking of Childhood Traumatic Events (Eight Inmates)*

Eight women inmates abruptly switched to a different and child-like voice when describing childhood abandonment,

severe neglect, and/or severe childhood or adolescent abuse. In four of these women (50%), the abuse was sexual: childhood prostitution (three) and repeated sexual abuse by a male juvenile detention center supervisor (one).

In each instance, when the mistreatment was mentioned, the woman's voice slowed, a lisp appeared, and syllables became slurred and vowels rounded.

## *Deliberate Use of Dissociation to Cope With Adult Psychological Torture (One Inmate)*

Inmate "P" described being put in a secret federal prison unit for female 'behavior modification.' She was subjected to psychological torture, in that for more than a year she was exposed continually to bright light while completely isolated, and was allowed no mental activity other than books of no interest to her, chosen by administrators.

"P" said that this made her suicidal but that she saved her life by learning how to enter a trance, leaving her body to hover over it. After release from this unit, "P" continued to induce trances to cope with stress.

"P's" complaint is included here because the unit's existence was, by chance, confirmed (Morgan, R., 1989, pp. 239-240).

## DISCUSSION

These data, from 25 months of continual, participant observation of employee and inmate behaviors inside the DC jail, clearly suggest that many severe dissociative disorders, including dissociative identity disorder (DID) (Putnam, 1989) and complex post-traumatic stress disorder (Herman, 1992) exist undiagnosed and untreated in correctional institutions.

Such behaviors were so common in inmates that they caused almost continual disruption and chaos on the cell block. Many dissociative behaviors were triggered by noise and by the dissociative behaviors of others. In contrast to the inmates, whose behaviors were visible or audible to peers or superiors at all times, employees' behaviors were not. Three of four employees' dissociative behaviors were seen only when they were alone with inmates or observed by only junior employees.

The author, a physician and non-criminal inmate, belonged to neither the criminal nor the employee group, and her neutrality may explain why some employees and inmates told her about their alters or childhood abuse.

Since no one described here was in therapy, the behaviors and alters could not have been iatrogenic, a criticism that is still occasionally made, although with little evidence to support it (Putnam, 1993).

None of the women here was psychotic. The author had coherent, rational conversations with all of them at various times. Between these and many similar episodes, they functioned otherwise normally on the cell block, their behaviors

part of a recurrent pattern of behavior.

The dissociation seemed severe enough to at least partially account for many of these women criminals' apparent difficulty with learning new behaviors to replace their criminal ones, despite their efforts to change, and hence avoid being repeatedly prosecuted and jailed. Similarly, considering the possibility of DID or related dissociative states might have helped to explain some of these criminals' apparently absurd denials of the crimes which they had obviously committed.

Yet on many occasions, both dissociative inmates and employees clearly, deliberately, and repeatedly planned and created situations in which they would predictably dissociate into abusive states. This was like the cycle of seemingly unimportant decisions used by child molesters to set up abusive situations (Salter, 1995).

The data here concern only women inmates and employees but the author suspects that similar behaviors were present among the men. Although not recorded in sufficient detail or quantity to be included as data, the author often observed male inmates, and once, a male officer, appear to abruptly enter trances triggered by the sight of a woman. In this state, the man would chant verbal sexual abuse, or attempt to back the woman into a wall or stalk her into an empty cubicle.

Although proportionally more women employees (25%) than inmates (8%) appeared to have DID, the author's diary entries recorded in dismay the dissociative switches and the appearance of alters which were very common among inmates. In other very traumatized groups (Agger & Jensen, 1995; Kemp, Green, Hovanitz, & Rawlings, 1995), dissociative disorders are also the norm. The behaviors were the exception among employees, and so more likely to be noticed and recorded in detail by the author.

Other diary data strongly suggested that inmates had suffered more abuse and more severe childhood abuse than employees. For instance, incest described by inmates was only one among many complex, severe childhood traumatic events they spoke of whereas the incest described by employees was not. Although most women inmates and employees seemed to come from the same social background, only inmates described suffering complex, severe, multiple abuses, associated with the loss of or abandonment by both parents (Morgan, 1995).

Given this, dissociative behaviors among inmates would be expected to be proportionally more severe (Putnam et al., 1986), and they certainly appeared to be. No employee had seizure-like flashbacks, assaulted herself verbally or sexually in public, held a public self-conversation, or reverted to child-like speech when referring to childhood traumatic events.

It would be hard to overestimate the severity, variety, and frequency of inmates' dissociative behaviors and apparently obvious personality switches. Beyond the data here, the



diary refers to, and the author remembers, the daily conversations with inmates as they visibly switched in and out of apparent personalities in response to inner and external triggers. There were almost constant trance-like, seductive, regressive, assaultive, and self-assaultive behaviors on the block. It was not uncommon to see women apparently re-enacting early severe childhood sexual abuse, e.g., curled up sucking on a bottle like a baby while being fondled by a male-role lesbian lover.

Nor was it unusual to see a woman inmate so misperceive a question or expression as to switch into a verbally or physically violent alter, ostensibly to protect herself from a threat that did not exist. Apparently dissociative inmates and employees could misperceive their abuse of others, seeing it as abuse by others of themselves.

At times groups of inmates reacted to the same external trigger, such as sexually violent lyrics of a song. All of them would appear to enter trances in which they re-enacted experiences of abuse, usually sexual and violent, some as victims, some as perpetrators.

Also many women appeared to go through 'revolving door' thought crises characteristic of DID (Putnam, 1989, p.85). The author became accustomed to being asked for help by one voice, which appeared and disappeared amid a cacophony of others.

The overwhelming tragedy of failing to protect children from very severe abuse was painfully evident. But it was important not to confuse dissociation with a particular crime or with being dangerous. As has been noted by others (Benoit & Kennedy, 1992), surviving the most horrific childhood abuse does not appear to dictate a particular behavior. It does appear to create a pressure to destroy oneself, others, or both. Self-destructive behavior is known to be common after childhood sexual abuse (Boudewyn & Liem, 1995).

Further, there were patterns observable in the dissociative behaviors. Each person had a few or many such patterns. The important elements needed to describe these patterns were:

- 1) *The target*: Was the behavior aimed at others, self, both, or did it have no target?
- 2) *The comparative strength of the target*: Was the target, if any, weaker, stronger, or of the same strength as the dissociative person?
- 3) *Witnesses*: Was the behavior visible to peers and stronger people; only to inferiors or weaker people? Only to victims? Or was it a private behavior?
- 4) *Situation*: Was the situation preceding the dissociative behavior created by the dissociative person? Was it predictable and exploited by that person? Or was it predictable and overwhelming to that person? Or entirely unpredictable?

- 5) *Triggers*: Were the external triggers in that situation related to traumatic events, unrelated to traumatic events, or absent?
- 6) *Comedy*: Did the dissociative behavior include laughter, smiles, ridicule and mockery, of others, of self, of both, or was comedy absent?
- 7) *Aggression*: Did the dissociated behavior threaten (including verbally) the mutilation, body penetration and/or death of others, of self, of both, or was it unaggressive?
- 8) *Protective behavior*: Did the dissociative behavior protect others, self, or both from an external danger? Or, was there no external danger?
- 9) *Sexuality*: Was the dissociative behavior heterosexual, homosexual, bisexual, masturbatory, or without sexual content?

In the author's experience, those persons who had one or more patterns which combined comedy and aggression appeared to be particularly dangerous, both to themselves and others. "J" who had such a pattern, talked some times of how she prostituted her two-year-old daughter, and at other times of her suicide plans. She committed suicide soon after her release.

Some of the behaviors described here may not have been dissociative, but other explanations seem unlikely. They did not come from fear or excitement from having been recently arrested and jailed, because new entries were not allowed onto the cell block for several days. Obvious differences in consciousness distinguished grand mal seizures from seizure-like flashbacks.

Multi-voiced, ultimately incomprehensible self-conversations could not be ascribed to lapses into criminal lingo, because they occurred in the context of personal distress and childhood mistreatment, not of crime.

Nor did drug effects explain the behaviors. Illegal drugs were used in jail by many inmates and employees and at least one – marijuana – is associated with dissociation (Pekala, Kumar, & Marcano, 1995). But the drugged behaviors noted in the diary do not resemble the ones described here. People on drugs often had tell-tale physical signs, slowed responses, or were excited. They might have self-endangering, malicious or pointless behaviors. But these states, unlike the ones here, were often long-lived, wore off slowly, had no obvious triggering events, no evident personality switches, no traumatic associations, and were not a recurring behavioral pattern that reappeared regularly in response to similar external situations.

The dissociative behaviors appeared to reflect each person's cumulative traumas. This related to adult torture, in

the case of "P." For most other inmates, it was associated with a life-long exposure to urban and domestic violence and, often, involvement in prostitution and in organized crime, as well as complex, severe childhood abuse.

In these women inmates, it would be difficult to separate the dissociative effects of adult prostitution and of criminal activities from those of prior childhood sexual abuse. Most of the inmates who had been prostitutes were young. They had been forced into prostitution as teenagers and sometimes had been traded and sold – often by pimps involved in organized crime. A quarter described their prostitution as having begun with being pimped, sometimes as young as age two, by sexually abusive family members.

Despite the author's efforts, the jail started no programs for abused or dissociative women inmates. This was probably predictable because employees often appeared to resent and sabotage inmate programs, perhaps feeling a sense of injustice when criminals were given what they had not been offered.

Further, some administrators had had poor past experiences in attempting to provide and support mental health services. For example, one senior administrator said he had stopped a psychologist's group therapy for men and women because it had been used for group sex.

Finally, many administrators and employees perceived mental health experts as on the side of the rich inmates, manipulated by them into excusing their crimes.

On the other hand, like other bureaucracies (Wilson & Lundy, 1994), and despite its lip-service to the needs of women inmates, the administration appeared to have a systemic bias against women. This has led to several class action federal lawsuits, both by women inmates and employees. This bias was evident on the cell block. For instance, the administration, over the protests of the inmates, played very violent urban rock music, often celebrating violence against women, on all cell blocks, sixteen hours a day.

Besides, the administration believed male inmates had special 'needs' and let them congregate unsupervised all morning in the entry corridor of the South One cell block. There they would observe, threaten, and verbally sexually abuse the women inmates who were in their cells a few feet away, visible through clear plexiglass walls as they showered, dressed, and used the toilet. Like the music, this mistreatment clearly precipitated various dissociative behaviors.

Realistically, what could experts in dissociative disorders contribute in this and similar institutions?

Any acceptable answer would have to appeal to the prison administrators' self-interest. The severity of inmates' dissociative behaviors and the lack of employee training and support in dealing with them almost certainly contributed to the employees' low 'show' rate for work. Work attendance was so poor that according to supervisors in the jail an employee's promotion depended entirely on his or her regularity in coming to work. Administrators, plagued with high employee turnover, absenteeism, and use of drugs on the

job, would probably welcome programs that decreased any factor that contributed to these problems.

Administrators needed training. They tolerated inmates' prolonged verbal abuse of themselves and others. This traumatized the listeners and often triggered dissociative behaviors both in other inmates and, at times, employees.

Also, administrators seemed unaware that their employees were probably not coming to work, and might be resorting to drugs, because of being overwhelmed and traumatized by, among other stressors, inmates' dissociative behaviors. Many employees described the work-related physiological, emotional, psychological, and behavioral symptoms which are characteristic of countertransference reactions in therapist/helpers of people with post-traumatic stress disorder and related conditions (Wilson & Lundy, 1994).

Despite the problems, non-abusive employees – men and women – consistently took an empathic stance towards inmates, and in many ways functioned as mental health employees, albeit without training, supervision, support or recognition.

It would be in the administration's interest to train employees and themselves in a practical way about post-traumatic disorders and dissociative disorders. The most urgent needs were for training in the crisis management of seizure-like flashbacks; the recognition of and response to punitive, abusive alters; the development of consistent, non-punitive enforcement of limits, roles, and boundaries on the cell block; the development of systems to confront and control abusive fellow employees; and the development of skills in teaching and facilitating group support and self-care.

The development of such programs for correctional institutions by experts in dissociative disorders is a major challenge for the future. It would lead not only to a better understanding of the relationship of dissociative disorders to crime, but also to better programs for the non-violent, self-destructive, dissociative inmates who are jailed in disproportionately large numbers. ■

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