Treatment Choices: Rehabilitation Services Used by Patients With Multiple Personality Disorder

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This article identifies mental health rehabilitation services for patients with multiple personality disorder. Through the use of a literature review and a retrospective examination of 20 patients' records, the frequency of discipline-specific services is noted in occupational therapy, art therapy, movement therapy, vocational counseling, and recreational therapy. Recommendations for practice and program development include ongoing education about multiple personality disorder and continual assessment of the patient's functional level to identify subsequent treatment needs and services.

In the last decade, the number of reported cases of multiple personality disorder has increased more than tenfold (Braun, 1984). Multiple personality disorder is a complex, chronic, posttraumatic dissociative psychopathology most often occurring in the wake of child abuse (Kluft, 1987). This rapid rise in the observance and identification of multiple personality disorder is attributed to (a) tighter definitions for schizophrenia and affective disorders in the Diagnostic and Statistical Manual of Mental Disorders (3rd ed.) (American Psychiatric Association, 1980), which now groups multiple personality disorder with dissociative disorders; (b) psychopharmacological advances that necessitate scrutiny of treatment failure (multiple personality disorder is typically misdiagnosed); (c) an increased awareness of the prevalence of child abuse and incest, considered the antecedents to multiple personality disorder; (d) the effect of feminism and the increased number of women mental health professionals; (e) lay interest in multiple personality disorder and its exploitation in the media; (f) the psychophysiology of multiple personality disorder and the concomitant focus on mind-body relation issues; and (g) the teaching efforts of pioneers in the multiple personality disorder field (Kluft, 1987).

Psychiatry's contribution to the treatment of multiple personality disorder has been documented. The contributions by disciplines in mental health rehabilitation services have been sparse but are increasing. We were particularly interested in the contributions to the treatment process made by the disciplines of occupational therapy, art therapy, movement therapy, vocational counseling, and therapeutic recreation. To identify how frequently these therapeutic rehabilitation disciplines are used in the treatment of multiple personality disorder, we examined both the literature in these fields and the weekly therapeutic activity schedules of 20 patients with multiple personality disorder at the Sheppard and Enoch Pratt Hospital, Baltimore.

Literature Review

therapy, and Sachs (1986) mentioned the use of a leisure activity and special talent groups in the treatment of multiple personality disorder. Coons (1986), who followed the treatment progress of 20 patients, noted that journal writing was used by therapists 55% of the time and psychoeducation 40% of the time.

If treatment of multiple personality disorder is reviewed from a functional rather than a discipline-specific framework, other perspectives emerge. For example, clinicians discovered in their experiences with group therapy that patients with multiple personality disorder exhibit varying degrees of functioning. As a result, high-functioning patients appeared to do well in homogeneous groups, such as psychotherapy (Caul, Sachs, & Braun, 1986) and assertiveness training (Sachs, 1986). Lower-functioning patients seemed to do better in task-oriented groups (Caul et al., 1986). Patients in the early phases of treatment also did better in task-oriented groups (Skinner, 1990).

Some authors identified both discipline-specific and therapeutic modalities to be used at specific stages of the psychotherapeutic process. Cohen and Cox (1989) recommended the use of art therapy for identification and diagnosis of multiple personality disorder. Sepiol and Froelich (1990) and Skinner (1987) recommended the use of occupational therapy for evaluation and patient education. Several authors (Braun, 1986; Cohen & Cox, 1989; Frye, 1988; Frye & Gannon, 1990; Fuhrman, 1988; Higdon, 1990) recommended occupational therapy tasks and art therapy as ways to uncover patients' memories. Dawson (1990), Frye (1990), and Higdon (1990) found the use of creative expressive media in occupational therapy particularly effective in enhancing communication, cooperation, and, ultimately, integration among alter personalities (Dawson, 1985, 1990; Skinner, 1987). Braun (1986) and Sachs (1986) suggested vocational counseling, assertiveness training, and leisure activity groups as means of providing social support. Skinner (1990) recommended the evaluative use of occupational therapy task-oriented activities during the initial stages of treatment when the patient's personalities are emerging, interacting, and beginning to integrate. However, once the patient begins to integrate and is perceived as being more functional, then coping skill development becomes the focus of treatment.

The literature indicates that clinicians working in mental health rehabilitation services, including occupational therapists and art therapists, see the continuum of treatment services in their disciplines as useful at all stages of therapy, from the initial diagnosis of multiple personality disorder through the integration of alter personalities (Brown, 1990; Frye, 1988; Fuhrman, 1988; Skinner, 1987). Although psychodynamic frames of reference are cited as being the most commonly used, others include psychoanalytic and acquisitional (Angel, 1990), object relations (Frye, 1990), developmental (Fike, 1990a), and the Model of Human Occupation (Brown, 1990; Sepiol & Froelich, 1990).

Program Services

Patients with multiple personality disorder need a wide range of modalities for effective treatment. The rehabilitation services department of the Sheppard and Enoch Pratt Hospital in Baltimore, Maryland, offers occupational therapy, art therapy, movement therapy, vocational counseling, recreational therapy, and horticulture therapy. In addition, there is a patient activities committee, which acts as a patient government and advocacy body. Treatment services are organized in a developmental sequence to allow the maximum amount of participation consistent with each patient's level of functioning. Both individual and group services are used at all points along the treatment continuum. Treatment services follow a step-by-step progression from more structured to less structured, as follows:

1. **Individual treatment sessions** provide services such as art therapy, movement therapy, and vocational counseling to patients who need a specific service but find group involvement overwhelming and difficult.

2. **Unit-based groups**, which are composed of patients from one particular psychiatric service or unit, assist patients in goal attainment and encourage group cohesiveness and enhance the therapeutic milieu. The referred services offered in these groups are useful for newly admitted patients who have limited levels of responsibility, who are restricted to their units, or who are in need of special nursing observation for medical, behavioral, or suicidal reasons.

3. **Centralized groups**, which are composed of patients from different units, focus on goal attainment within the groups. The patients referred to these groups have attained a level of responsibility higher than those in the unit-based groups and are allowed to leave their units alone or accompanied by staff members or peers.

4. **Leisure skill development groups** parallel adult education classes offered in a community setting and elective courses offered in college. The primary focus is on skills acquisition and improved social skills for community involvement. These groups are elective rather than referred and foster improved use of leisure time. Because these groups are offered for enrichment, rather than treatment, the frequency of their use by patients with multiple personality disorder was not investigated in this study.

A therapist from the rehabilitation services department, usually an occupational therapist, conducts a com-
Demographics

The patients whose charts we examined were all female, aged 18 to 49 years. Most were in their 30s and 40s. All had high levels of education: 9 had high school diplomas or the equivalent, 8 had some college or bachelor’s degrees; and 3 had master’s degrees. Their occupations were varied, ranging from full-time homemaker to health care and education professional. Of the 20 patients, more than 50% were admitted for the first time. Treatment lasted between 1 and 30 days for 8 patients and between 60 days and 1 year for 10 patients. Two patients were treated for longer than a year.

Results

The present study revealed that expressive arts therapies (emotional and behavioral) were the most frequently referred and used therapeutic modalities in individual treatment, unit-based groups, and centralized groups (see Table 1). The expressive arts therapies include art therapy and movement therapy. Expressive arts therapies were used in individual treatment sessions 2½ times more than the cognitive task, leisure, and educational and vocational modalities. In unit-based groups, expressive arts therapies were used 3 times more frequently than the modalities of physical activity, interpersonal and social skills, and leisure activity. However, in the centralized groups, the modalities of expressive arts and cognitive task were tied in frequency of use: Of 47 treatment occurrences, 31% were in the expressive arts and 31% were in cognitive task modalities. Physical activity was the second most frequently used modality (17%) in the centralized groups.

Horticulture and other traditional tasks, such as ceramics, basketry, and leather crafts, were included in the category of cognitive task modalities. The present study’s patient population used both the interpersonal and social and the activities of daily living modalities infrequently in individual, unit-based, and centralized groups. Patient activities committee events were included with interpersonal and social modalities.

Discussion

Individual Services

Patients with multiple personality disorder frequently experience suicidal, homicidal, or self-mutilating impulses or behaviors upon admittance to a hospital. Some are in the early phases of treatment and are struggling to understand their newly diagnosed illnesses. Some are
also coping with flashbacks and the chaos of frequent switching between their alter personalities. Many lack awareness of and communication between alter personalities. Other patients, as part of the psychotherapeutic process, are accessing memories and coping with the subsequent abstractions. Patients in these phases of treatment need a safe, structured environment on their unit along with special nursing observation. They may also need individual treatment services. This accounts for the heavy use of one-on-one treatment sessions, even though service provision in the rehabilitation services department is primarily group oriented.

Expressive arts therapies were used more often in individual treatment sessions because some patients experienced difficulty working in groups and required one-to-one attention to do the therapeutic work. The infrequent use of interpersonal and social modalities in individual treatment sessions is related to this intolerance of group experiences (see Table 1). The infrequent use of the patient activities committee is possibly due to the fact that it focuses on interpersonal and leadership skills, whereas the patient with multiple personality disorder is inwardly directed and often overwhelmed by internal stimuli, especially during the acute phase of hospitalization.

Group Services

The overwhelming use of the expressive arts in the unit-based groups for these patients is consistent with the findings of Cohen and Cox (1989), who used art therapy for diagnosis. These authors emphasized that expressive arts therapies are helpful in uncovering and describing the dynamics of this diagnosis. Most of the patients in the present study were first diagnosed as having multiple personality disorder upon admission to the hospital.

The fact that physical activity was the second most frequently used modality was not surprising. Patients with multiple personality disorder are highly physical because memories of physical trauma and sexual abuse are housed in the body before they come into consciousness. We believe that for this reason, patients with multiple personality disorder are either attracted to physical activity or intensely avoidant of it. The modalities used by movement and recreational therapists help release the tensions brought on by the intense psychotherapeutic experience of uncovering emotionally laden memories.

Patients who were able to leave the unit and participate in centralized groups used expressive arts and cognitive task therapies with equal frequency (31%). This parallels the work of Kluf, Poteat, and Kluf (1986); Fuhrman (1988); and Frye and Gannon (1990). Cognitive task modalities not only allowed patients to practice and acquire skills that help in daily functioning, but also reinforced the good task skills that many already possessed. Much of the patients’ self-esteem is derived from successful task completion. Being able to exercise these skills gives the patient a sense of mastery and control that has been severely limited in a past full of trauma and abuse.

Given the good task skills of these patients, it was not surprising that activities of daily living modalities were used infrequently across all treatment services. Our clinical experience suggested that patients with multiple personality disorder are usually functional in activities of daily living. Many of the patients in the present study also had strong, adaptive survival skills. Their strong coping strategies were apparent in their educational and vocational achievements. All 20 patients had high school diplomas, the equivalent, or better, including 11 with some college experience. Several had bachelor’s and master’s degrees. Most were successful white-collar workers. Many of them had developed competent executive alter personalities for the workplace.

Homogeneous Versus Heterogeneous Groups

Caul et al. (1986) and Kluf (1986) suggested homogeneous groups be used with high-functioning patients with multiple personality disorder in the task of uncovering new alter personalities and painful memories. At the time of this chart review, no such group existed at our hospital. An art therapy group has since been started. The purpose of the group is twofold. First, each patient is encouraged to maintain safety from acting out behaviors and to develop internal communication patterns between alter personalities. Second, for the sharing of coping strategies, interpersonal communication between patients is emphasized. The patients report that this homogeneous group affords them a congenial atmosphere in which to discuss issues unique to multiple personality disorder, such as the triggering and switching of alter personalities. Our experience, which is based on patients’ reports, indicates that high-functioning patients can use heterogeneous groups successfully, provided the groups are structured and consist of patients at the same or similar level of functioning. This is in contrast to the recommendation by Kluf (1986) and others for homogeneous groups. Evaluation of a patient’s functional level and his or her subsequent referral to group services in which patients have similar levels of functioning help to ensure positive treatment outcomes. In addition, many patients with multiple personality disorder who are either lower functioning or acutely ill require individual expressive therapies and, therefore, are not often referred to group services.

Psychoeducation

We found that as treatment progressed, psychoeducation became increasingly important, especially for patients who were newly diagnosed with multiple personality disorder and often needed a kind of map for treatment. These patients often had a vested interest in denying the
diagnosis and maintaining secrets from alter to alter, thereby maintaining maladaptive multiplicity. Throughout the process of evaluation, treatment planning, and treatment implementation, it was important to elicit dialogue and cooperation from all of a patient's alter personalities as parts of one entity. For example, during the treatment planning process, one patient indicated she wanted a task group for herself as the host personality because she was an accomplished potter. She also wanted a coed physical activity group for an alter personality who was a competitive basketball player in an all-male league and an art therapy group for several of her child alters who needed to express themselves nonverbally. This patient was at a point in her treatment where she could take the needs of her various alter personalities into account. This dialogue enabled both the therapist and the patient to learn about the alter personalities and enhance communication among them, thereby encouraging responsibility for subsequent behavior.

Summary

Through a literature review and a retrospective study of rehabilitation services in a private psychiatric hospital, we identified a range of therapeutic modalities that engage patients with multiple personality disorder in a treatment process according to their current level of functioning, the various developmental levels of their alter personalities, and their position in the treatment process.

Mental health clinicians need to continue to create a dialogue in the literature by reporting their clinical and research efforts with patients with multiple personality disorder. Especially important is the need to understand and articulate the value of occupational therapy, art therapy, movement therapy, vocational counseling, and recreational therapy as a continuum of services for these complex and challenging patients.

References


