Understanding and Cooperation Among Alter and Host Personalities

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There is little occupational therapy literature that addresses the profession’s efficacy in the treatment of persons with multiple personality disorder, yet the characteristics and complexity of this disorder render it one that can gain much from occupational therapy intervention. This paper examines the ways in which the occupational therapist can help in the treatment of patients with multiple personality disorder by introducing the alter personalities to each other, encouraging rapport among the personalities, and providing tasks that allow the alter personalities and the host to work together for mutual benefit.

Roles of Occupational Therapy

Occupational therapy can be helpful in the treatment of persons with multiple personality in several ways (Dawson, 1985; Skinner, 1987). Occupational therapy activities tend to be safe and motivating for the host and his or her alter personalities. Consequently, initial rapport, which is so necessary in establishing a base for treatment (Caul, 1984; Kluft, 1984b), is facilitated through appropriate, enjoyable activity. Furthermore, diverse occupational therapy activities tend to cue or encourage covert personalities to present themselves to the therapist. The therapist may, by way of introduction, show the alter personality’s work to the host and describe that dissociated part of himself or herself (Dawson, 1985). The occupational therapy process also tends to validate the worth of the alter personalities by ensuring them a time and space in which to pursue their interests. Recognition, validation, and communication between host and alter personalities are important prerequisites for the alter personalities’ being able to live together with some level of rapport and cooperation (Beahrs, 1982).

Persons with multiple personality disorder tend to exhibit many personality types, but four types that occur approximately 85% of the time are those of children, personalities of different ages, protectors, and prosecutors (Ross, Norton, & Wozney, 1989). Alter personalities are often activity specific, and par-

Activity can be seen as the normalizing part of life, that which helps to bring a person with an injury, disability, or illness back into the flow of life: (Hopkins & Smith, 1985, p. 296)

The day-to-day practice of occupational therapy supports the idea that our activities and behaviors and the products of our work combine to give us a sense of who we are. This concept is important to those of us who work with patients with multiple personality disorder. The occupational therapist uses therapeutic materials and activities to encourage patients with alter personalities to express their points of view as well as their feelings, to explore their emotional ranges, and to develop new competencies. Media and activities that occupational therapists might use include artwork, cooking, self-care instruction, manual work, household chores, social skills training, and recreational and avocational activities.

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particular media can serve as an impetus for a specific alter personality to appear. For example, I observed that one artistic alter personality always emerged when paint was offered to the patient. The supportive and accepting environment of the occupational therapy clinic combined with the various tasks that are available provides each of the alter personalities with an opportunity to come out. This process of coming out has been described as a necessary part of the treatment of multiple personality disorder (Kluft, 1985).

Besides bridging the inner and outer worlds for the alter personalities, occupational therapy activities can acquaint the patient with his or her alter personalities and acquaint the alter personalities with one another. When persons with multiple personality disorder first seek mental health treatment, they are usually unaware that they exhibit more than one personality (Kluft, 1984a). In such cases, art and cooking products, completed work, and written prose can be valuable and interesting evidence to the host that alter personalities exist (Dawson, 1985). A completed clay sculpture and his or her own dirty hands can help convince the host that an alter personality has been busy. When the therapist allows the patient and his or her alter personalities to complete projects, the alter personalities sometimes surprise each other and the host by how effective they are, how goal directed they can be when given the time and direction, and how successful and acceptable to the other personalities they ultimately become.

The alter personalities within the patient generally present a broad range of cognitive, verbal, and performance abilities (Bliss, 1986). If only traditional verbal therapy is available, the psychotherapist will usually find that one or more personalities lack the ability to articulate, let alone show insight. The personalities may be cognitively impaired, mute, or perhaps just uninterested in the verbal approach to problem solving. It is hard to meet and understand a verbally inexpressive personality when only verbal communication is available (Caul, 1984).

**Intervention**

Before treatment is begun, regardless of the diagnosis, we need to understand the patient’s history. Occupational therapy activities allow the alter personalities as well as the host to share their personal backgrounds. The process of history gathering helps establish rapport and indicates to the patient and the alter personalities that the events that contributed to who he or she is today are appreciated. It is helpful in the case of the patient with multiple personality disorder to get an idea of the structure of the system. Ross (1989) referred to this as “mapping” (p. 120).

Mapping is accomplished through the representation of personalities with lines, circles, boxes, or any other diagram that helps illustrate the patient’s system. When done, mapping can help the therapist understand the alters’ motivations and anticipate some of the conflicts that may occur. In working with patients with multiple personality disorder, I ask the alter personalities to draw relationships of the members of the family or the people they live with through the use of lines, segments, circles, or colors in whatever way makes sense to them.

History taking may also be facilitated through questionnaires, conversation, or work tasks. Skinner (1987) advocated the use of a synthesis approach with patients with multiple personality disorder. This approach seems most practical, because alter personalities differ in age, sex, and physical and mental capabilities. These capabilities seem to be quite amenable to change and often show improvement during instruction and activity. I have found that some alter personalities need tasks that offer practice in movement or coordination, whereas others benefit from cognitive tasks. I have also found that tasks not only make an alter personality or host more skilled, but also help him or her feel empathy and connectedness to the alter personality who performs that task well. The patient’s or alter personality’s demeanor and nonverbal behaviors are noted during occupational therapy evaluation and throughout activities to provide a clear overall picture. Some personalities may sulk, whereas others tend to dominate activities and conversations. Through tasks, the patient gives the therapist ideas about how the dissociation is manifested in everyday life.

Various personalities have been recipients of many different and sometimes painful actions from caretakers and other people. Different personalities may give verbal or nonverbal clues as to the reasons for their existence as they work at tasks with which they are comfortable. They often share their past experiences through expressive media, such as poetry or drawing. These forms of expression seem to be less threatening than talking (Frye, 1988). The alter personalities may also share or reveal experiences in behavioral ways, as I saw with the personality who cringed and retreated whenever a sharp tool came into view in the craft room.

Alter personalities may not have been allowed to develop their talents effectively because of their short time out, or their talents may have been seen as unacceptable to the host personality or to each other due to anxiety about sexual identity issues (Putnam, 1989). For example, a host personality I worked with had become partially aware of the differing sexes and sexual orientations of his alter personalities. He disavowed any evidence of cross-sex talents, however.
even creative, pleasant, or admirable ones, because he feared being discovered and labeled sexually or otherwise deviant.

Occupational therapy helps the patient validate the pursuits of each alter personality. The therapist begins this task of validation through listening empathically and through providing comfortable, expressive options for the patient and his or her alter personalities. I offer various activity options to the patient and alter personalities in a nonjudgmental fashion, regardless of sex appropriateness. The alter personalities, who are provided with a supportive atmosphere, can participate in activities they feel comfortable with, as long as they behave in ways that are nontreating to themselves, the therapist, and their peers and as long as these activities are conducive to therapeutic aims.

In the occupational therapy setting of normal activities and daily routine, the host and alter personalities need not defend their existence, nor must they be self-conscious about the activities that they enjoy. The man can embroider. The woman can weld. This atmosphere enables the host and the alter personalities to participate in constructive, planned, goal-directed activities in an organized fashion—activities that perhaps were never before available. Additionally, occupational therapy treatment can extend beyond the clinic to the hospital garden plot, the community jogging trail, the grocery store, or the art museum.

Early in treatment, some alter personalities are rigid, suspicious, uncooperative, and rude. These qualities attenuate when each part of the personality is treated with kindness and respect. I have found the most effective treatment strategy for the patient’s growth to be one that enhances the greatest range of talents among the alter personalities. This also allows the alter personalities’ skills to be demonstrated to the host personality, who needs to value these differing elements of what is actually himself or herself. The attention and admiration of the various alter personalities’ skills and creations, observed and appreciated by the host personality perhaps for the first time, serve to encourage the alter personalities’ worth to themselves. It also validates these parts of himself or herself for the host personality, who previously may have been embarrassed, for various reasons, by the alter personalities’ actions.

In addition to giving the alter personalities a chance to see themselves as having a purpose and as being useful, occupational therapy provides an environment in which they begin to experience sharing (something necessary for either eventual integration or peaceful coexistence), success, and productivity. For example, an alter personality who was a woodworker completed a well-finished walnut box for the host personality. Another personality within the same patient proudly served home-baked cookies to other psychiatric patients and staff on his treatment ward.

**Empathy, Cooperation, Integration**

Occupational therapy may serve in the treatment of the patient with multiple personality disorder by facilitating both cooperation among and integration of the host and alter personalities (Dawson, 1985; Skinner, 1987). The original splitting or dissociation in childhood into separate personalities was a useful, admirable, and perhaps necessary skill on the part of the patient—a skill that may have been essential, in most cases, to the cognitive escape of child abuse or other traumas. Like other psychological defenses, however, the skill of dissociation and encapsulation of personality parts was done at a cost, because the host’s lack of awareness led to a severe disruption in the patient’s life through lost time, a frequent lack of awareness of sometimes unfortunate or illegal behaviors, and constant frustration due to the inability to reach goals.

The treatment of patients with multiple personality disorder seems paradoxical. For the achievement of eventual integration or internal cooperation, the separation and individuation of each of the alter personalities is encouraged (Caul, 1984; Kluft, 1984a). Only by recognizing and respecting each alter personality’s uniqueness, however, can the helping professional communicate with the alters, enhance their recognition of each other, help them become mutually sympathetic and then empathic, and, finally, enable them to become willing to work together or even merge, thus giving up their individual identities but not really losing their talents or attributes (Bliss, 1986).

A variety of goal-directed activities can be shared by the host and his or her alter personalities to promote mutual acceptance and cooperation (Dawson, 1985). Cooperation is initiated by the therapist’s explaining the task to all of the participants and describing specifically what their roles will be. For instance, an alter personality may begin a project and the host may finish it. I have had success using a garden plot in which the gardener alter personality shoveled the earth, the host planted the seeds, the alter personality watered the plants, and the host did the necessary weeding. Together, this team worked daily at tending the garden and at nurturing their own relationship. Eventually, the gardening participants were able to communicate directly in a useful and warm manner. Many art activities also lend themselves to this sort of cooperation— Magazine collages, in which the alter personality and host work together to complete a composition that represents things they both like,
have proven effective. Painting can be used as well. One alter personality, for example, paints the foreground, and the host supplies the background. The finished product serves as concrete, undeniable evidence that the host and alter personality can work together for a common cause rather than being antagonistic or embarrassed by each other's actions. Occupational therapy thus helps the various personalities to become a cooperative entity with diverse talents that can accomplish everyday tasks without interruption.

Implications for Occupational Therapists

Occupational therapists have always used therapeutic activities creatively to promote function. The diagnosis of multiple personality disorder represents a growing challenge to therapists to use their activities and media in new ways so as to engage in the patient's process from amnesic parts to a re-integrated or cooperative whole. Specific media cannot be prescribed or dictated for the various stages of this recovery; rather, the therapist must monitor the patient's progress and be ready to make adaptations in activity as therapy evolves. The diversity of the training and practice of occupational therapy makes it especially compatible with the treatment of patients with this diverse and complicated condition. Occupational therapy with patients with multiple personality disorder demands that we employ our professional skills and theoretical knowledge with clarity. Whether the goal is cooperation or integration of the multiple personalities, the treatment necessitates the working together of the occupational therapist and the rest of the health care team as well as the personal integration of many occupational therapy principles of practice. The planning and success of this endeavor can be a most exhilarating professional experience. ▲

References