



Art is a part of the multiple personality disorder treatment developed by occupational therapist Peggy Dawson, above. This self-portrait by one of her patients illustrates the turmoil of many personalities coexisting in one body.

THE INVITATION that Peggy Dawson, BGS '78, M Ed '80, received from Chris [not her real name] surprised Dawson.

Initially, Chris, a victim of multiple personality disorder, had refused Dawson's treatment. Days later, Chris showed Dawson a piece of artwork with a message that said, "Welcome to Our World." Though Chris had no recollection of drawing the sketch nor writing the message, Dawson suspected that one of Chris' nine personalities was the source.

An instructor in the School of Health Related Professions, Dawson correctly interpreted the invitation to mean that Chris' personalities trusted her enough to begin her innovative three-step treatment, using occupational therapy.

Multiple personality disorder is a mental illness that plagues survivors of severe child abuse—physical, mental or sexual. They endured, says Dawson, using a kind of self-hypnosis. They were able to dissociate,

WELCOME TO OUR WORLD

By PAUL HOEMANN



or emotionally remove themselves, from the abusive situation by creating multiple, imaginary personalities, called alters. MPD victims can have as few as two to as many as 200 distinct alters, each living in his own world, but becoming dominant at a particular time.

Rarely diagnosed correctly until post-adolescence, she says, an MPD will continue to dissociate when he encounters a stressful situation as an adult.

"You can imagine the chaos. Initially, the ability to dissociate from a bad situation is the thing that saves a victim's life. As an adult, he uses it to deal with everyday challenges. That's when MPD becomes disruptive."

For example, one of her patients studied all night for an exam. When he went to take the test in the morning, one of his alters surfaced, so he didn't know any of the answers to the test.

The ultimate goal of Dawson's treatment is integration, the fusing of the multiple

personalities into one. For the patient, integration means an end to seemingly lost periods of time and unfulfilled goals. For Dawson, successful integration means helping bring order and fulfillment into a chaotic life.

SHE IS RECOGNIZED internationally as a leader in MPD research and treatment because her methods work, says Diana Baldwin, chairman of the occupational therapy department.

"MPD is an uncharted field in psychiatry. There are many theories, and treatment success has varied. For Dawson to have developed a treatment using occupational therapy is unique, and it is successful."

Dawson's research and therapy program has shed some light on MPD, but much remains a mystery. "So little is known about it," she says, "that a psychiatrist may have an MPD right under his nose and not even realize it."

MPD is misdiagnosed an average of five

times—mostly as schizophrenia or manic depressive illness. More than 75 percent of diagnosed MPDs are women, she says. Being able to hypnotize the patient easily is a strong indicator of MPD during diagnosis. Other signs are severe headaches and mood swings, hearing voices internally, self-destructive tendencies, amnesia and having the reputation of a liar.

THE HOST, or original, personality is conscious and, in general, controls the body most often, Dawson says. But the alters—male and female—can surface at any time.

One patient had an alter who enlisted in the Army. The host personality woke up in a hospital and was told he was being discharged because of mental disorder. He couldn't recall how he got to the hospital or when or why he enlisted.

Besides bewilderment and a seeming loss of time, legal problems plague MPD victims. More than once, Dawson has had to explain to law enforcement officials that the person they have arrested is her MPD patient. But they must go to court like anyone else. Sometimes, MPDs are declared not-guilty because of mental incompetence. When they are found guilty, she works with probation officers to make sure that they understand the illness and the patient's erratic behavior.

Dawson first encountered MPD while working at Truman Veterans Hospital in Columbia in 1981. Dr. John Higdon, a psychologist with whom she still works, asked her to use her occupational therapy skills to help treat two of his MPD patients.

"She was versatile," he says. "She had the alters doing everything from cooking to making gifts for each other. You have to be versatile because each patient can present many different personalities."

Dawson found the work so interesting that she decided to devote herself to innovative MPD treatment and research. She joined Mizzou's faculty in 1982 and now uses her experiences and data to teach three classes, do research and consult for area hospitals. The winner of the 1986 Outstanding Educator Award, presented by the Occupational Therapy Association, she has addressed international MPD conferences in Canada and Chicago.

"She certainly is among the most accomplished occupational therapists treating this disorder," says Higdon, who has been treating MPDs for 12 years.

Dawson does not receive extra pay for helping MPD patients, but that doesn't matter to her. "I like my patients, and I want to see them get well."

Often, the host can't remember being abused, she says. However, each alter personality represents a specific avenue of escape. For instance, one alter is mute because the child may have been warned by the abuser that if he told anyone about being abused, he would be killed. Another may do nothing but sob because he was assigned to take the pain of the abuse. Still another is full of anger and hate, obvious reactions to the terrible abuse.

Sometimes, there is an extremely religious alter, Dawson says. That is a reaction to being raised in a fundamentally strict religious home, yet, obviously, one with some religious inconsistencies.

An alter that can be helpful to a therapist, she says, is the inner-self helper. This personality is exceptionally knowledgeable about the other alters and often helps to guide their lives. One of her patients, John, had an inner-self helper, Penny, who once warned Dawson that another alter, J.F., was contemplating suicide. Penny thought that if J.F. could meet all of John's alters, he wouldn't kill himself. Using a series of therapeutic techniques, Dawson introduced J.F. to Penny and the other alters and the crisis was averted.

Other common alters seen in MPD, Dawson says, are athletes, artists, homosexual and sexually promiscuous individuals. For example, she had to jog with John to meet his "jock" personality, Dave. Another, Cassandra, would only surface at an art museum. Alters range in age from infant to elderly. Generally, each has a first and last name.

The physiological changes associated with MPD are amazing and, sometimes, unexplainable, Dawson says. "One alter may be a diabetic, another addicted to drugs or alcohol, another have certain allergies. They each tend to have different brain-wave patterns, pulse rates and respiratory rates, but all in the same body. It seems to be a form of biofeedback. In the past, we never thought we could change our heart or respiratory rates, but the alters can do that, and much more, with a variety of body functions."

Each alter lives his own life—real and imagined—whether he is out or not, Dawson says. For example, she once asked to speak to one of Loren's female alters, Jane. Loren's inner-self helper, Terry, told Dawson that Jane was unavailable because she was skiing with her boyfriend in Colorado. Karla, another of the alters, corresponded in French with a pen pal living in France, yet Loren couldn't recall ever having learned French.

John's alter, Don, actually built an addition onto John's parents' home; yet to his knowledge, John had never learned advanced carpentry skills.

"SOMETIMES, it's hard to know where the real world ends and theirs begins," says Dawson. "I never know if what they told me they did yesterday was accomplished in their everyday world or internal world."

During treatment, she has to be cautious of what she says about each alter. They may hear her, even if they aren't out, and can converse with each other anytime.

A problem that she encounters is that patients are not dependable about keeping their appointments. They switch personalities so frequently, she says, that "you can't count on them to show up or be on time. Later, the host will call and ask, 'Did I show up for my appointment today?' Or they may switch because they perceive that it's going to be a stressful therapy session. They decide



Living with a multiple personality disorder is like being followed by a trail of unknowns. The above sculpture, created by another of Dawson's patients, portrays that burden.

they don't want to come, and an alter may just go to the mall."

However, the most challenging aspect of MPD treatment, she says, is getting the personalities to respect and like one another.

"The alters don't want to give up their individual identities. Often, the host doesn't like the alter enough to want to integrate," she says. "But if diagnosed correctly, 95 percent of MPDs can be fully integrated."

Although integration is the ultimate goal, Johnson's treatment includes two intermediate steps. First, she discovers the patient's history. To accomplish that, Dawson must respect and befriend each personality, whether they are friendly, indifferent or abusive to her. "It's like getting to know a whole new group of people," she says.

She introduces the alters to each other by having them draw or paint pictures that express their feelings, do creative writing, fill out questionnaires or simply talk about their past. Dawson may show the host a videotape of her interviewing each alter, because, initially, the host has difficulty accepting his condition.

After talking to one alter, Dawson asks to speak to another. Suddenly, the patient will nod off, eyes closed, in a trance-like state. Mysteriously, in a matter of seconds or minutes, the requested alter will surface.

Sometimes she doesn't even have to ask. One afternoon, Dawson told Loren to finish watering the plants in her office while she stepped out for a moment. When she returned, the patient's homosexual alter, Carl, had emerged, because he always watered the plants in Loren's home.

Step two is helping the host and the alters to discover and validate their self-worth. Because of the frequent switching, MPD patients have difficulty attaining goals or feeling any sense of completion, she says. Finishing a simple art project or caring for

tropical fish can do wonders for an alter's self-image.

Also, she has the host and the alters complete an interdependence activity scale that she designed. It's a personal assessment of how well each can do things independently, like study, cook, do chores, solve problems and express themselves athletically, socially, sexually, artistically and emotionally.

The results guide Dawson in her selection of therapeutic activities for each alter. For instance, if one enjoys baking, she'll have that alter bake a cake and share it with the others. The activities improve the alter's self-worth, as well as the host's and the other alters' view of him. That, she says, is a key for successful integration.

"If they don't respect each other, they won't want to integrate."

The final stage of therapy directly prepares the host and the alters for integration. In one particularly poignant exercise, she has the alter mix red and white clay to produce pink. "That illustrates that the product is even more beautiful than the original colors, just what will happen to them," Dawson says. "I try to emphasize to each personality that nothing is really lost, because the alters are afraid of their own death when they integrate."

Another technique she uses to encourage integration is having the alters work together on a collage. "Both personalities are reflected, but I'm making them combine their efforts to attain a shared goal."

Integration is like marriage, she says. The commitment by two people to live together for the rest of their lives usually is made months before the ceremony. Alters that share things in common are integrated first. Sometimes, alters will fuse on their own, overnight, she says. In other cases, a specific date and hour must be set. Either way, the therapist coaches and reminds the two of their commitment before the event. Integration is complete when the host becomes a compilation of all of his alters, as well as himself.

"It is a process that cannot be rushed," Dawson says. Adult treatment is generally a two- to five-year process. Children, easier to treat because their alters are not as established, can be integrated in six months to a year. Occasionally, an alter that has been integrated can resurface, usually because therapy has been rushed. In that case, she says, integration is repeated until successful.

AFTER SUCCESSFUL integration, patients retain many of the characteristics and abilities of each alter, Dawson says, but the priorities and motivations are changed, resulting in a changed host. The host remembers his alters' experiences as his own.

"Patients fully integrated are in some ways richer than most of us because of the memory of actions that they dared try. The alters have more extreme feelings and life experiences than the rest of us. They lived with as much intensity as they could. In comparison, we 'normals' usually have tempered our actions with good sense." □