

1.

Chapter Five: Multiple Identities
end Story 5, introduce Appeal Story 6.

Some professional psychodramatists lack direct experience with psychoses or dissociative disorders. No need to tremble at the prospect. More than half the psychodramas in this volume come from persons bearing those diagnoses. I routinely form an opinion of a protagonist's ego strength while in session, if we had no casual contact previously. If I sense that the one I'm working with on stage is on shaky ground, I back off a bit, careful not to tip my hand to the protagonist. I doubt whether the audience notices either. I intend that they not tumble to what I'm doing, for if they get scared, the protagonist will get scared, and a 'shameful' break may ensue. Rather I concentrate on building rapport with the protagonist, as much as possible increasing self-esteem. An inexperienced director who reads too many books on analysts doing uncovering therapy with neurotics may rush in to do the same here, and quickly find himself over his head. Analysts are smarter. They restrict their practice to persons strong enough to put themselves back together between sessions. Their patients are so well defended they don't ordinarily have psychotic breaks.

In today's psychiatric settings personnel are well protected by the tranquilizing and anti-psychotic drugs. In the old days, back when I first entered a state hospital, the activity was almost like the situation described in *The Snake Pit*. However, the scene was more likely to be annoying than dangerous. Patients occasionally got a bit more out of hand then, but now it's more like the discipline problems of the public schools. Actually not even as bad at that, for patients are more highly motivated to get well than some students are to get educated.

When I was on my internship, a few of us were enjoying a neurology seminar, when the call came out that a riot was in progress. We four responded. Two went in the back door and two in the front door of the ward, our only weapons the white jackets we wore. Ward personnel trembled in the nurses station, but when we arrived, the riot ceased. We hadn't done anything more than ask what had upset them. Not that they could tell us. Later investigation traced the cause to a psychopath getting his kicks. He didn't belong in a back ward, but on a ward with persons functioning well enough to see through him. The back ward patients are very vulnerable. Their fears and the florid symptoms of others oppress them, as they would anyone without a clear sense of his own identity. You're safer at a hospital than on the street, safer than some in their own homes.

Persons in their first hospitalization are often terrified to be living so close with all those 'crazy' people, but they get over it right away when they discover their fellow patients may not even be as 'crazy' as the folks back home. So don't be afraid to find yourself in such a setting. They may be more afraid of you. Your task is to show how harmless and gentle you are.

I shall present two psychodramas of the three I've done with Anne. Unfortunately I was not able to find a record of the first one. If you find yourself directing someone bearing the label 'dissociative disorder' this record may give you a few suggestions on what to do. In addition you'll have a better appreciation of her suffering and living situation back home.

Anne Psychodrama I, age 45 Hovering over the Abyss

She described herself as feeling like a black hole. She is looking for her role in relationships -- and how she ruins them. She was one of two persons who offered themselves as protagonist today, and the group chose her. There were two males who are somehow closely associated in her mind, her father and her friend George. The director saw as his task carefully differentiating between them so that she would not continue to react to one as if it were the other. This is further complicated by the fact that both are now dead. Anne was concerned that one of her other personalities would emerge during the psychodrama, for the sake of the audience, some of whom had not realized this was her diagnosis. But all of them reassured her, and I think she was persuaded. I interviewed Anne in the reverse role position as her friend Guy first.

We learned that he had a cold mother, and that he was a caretaking kind of person, was obsessive and perfectionistic. When he was hospitalized here briefly seven years ago, he was diagnosed as manic-depressive. Guy, a caucasian, was married to a black woman 15 years his senior, ceased living with her after one year, but nevertheless took total responsibility for her children, adopting them. Guy and his wife had one child together. Guy died almost two years ago of aids. He had been the pastor at Anne's church.

Next we interviewed Anne in the reverse role position as her father, and learned that he died a year ago at age 74.

1) I asked Anne for a scene illustrating her relationship with Guy. She apparently wanted to approach the whole relationship in the psychodrama developmentally, for she was careful to fill in detail, between and (unfortunately) during the scenes enacted. The scene chosen took place in the car immediately after a church council meeting. They had decided in advance to celebrate Anne's birthday. She had never felt as close to anyone before as to him that night and they embraced in the car, just before going into the dining room of a restaurant connected with a bar. The ambiance was conducive to the deepening of their mood. They were there together til four A.M. (This was prior to her problem with alcohol, she believes). He told her that she was the first person in his life he didn't have to take care of; in fact, he said, "you take care of me." She didn't feel controlled by him; theirs was an egalitarian relationship.

2) I asked whether there was a change in relationship, and she said there were two changes, so I called for the first. The scene took place in the hospital at his bedside. They had to come to terms with the fact his HIV diagnosis had progressed to aids. Anne saw him at that time as having a compartmentalized life, one section estranged wife and children, another with his mother, and the third with her. This is when she first became aware of a parallel between the relationship with him and her relationship with her father, in that his helplessness increased markedly. She began paying his bills and taking care of his business. He could not really discuss this with her. The situation left her feeling hurt, and in the opinion of the director, angry as well. She never levelled with him about this, however. He became progressively more self-absorbed. She longed for some acknowledgement of the role she was playing in his life, but he couldn't bring himself to say so. He never actually said, 'I love you' in so many words. She was feeling like he was cutting her out of his life. That's what was always happening to her. She gives and gives and gives and doesn't receive in return. I asked what was the last thing he said to you. She said that she was unprepared for his death when it came because there seemed to be a turn for the better that very day. One person who was there tried to signal her that things were not as good as they seemed but she blocked out the perception at the time. She was actually present with him when he died. He had remained alive long enough for his sisters to arrive, but they were not there when he died. She held him for a long time, and after a while became aware of the fact he was no longer breathing. She cried, but not to the extent she has expected she would. A lot of her grieving had been done in advance, and Guy was no longer as he had been when their relationship had deepened.

Closure

3) I set up an imaginary scene with Guy returned from the dead, so that Anne could speak with him from her present point-of-view.

She removed her glasses, her eyes rolled back, and she slipped into the personality of a child of four. She said, "You read to me from this book about the doll-maker, but you never finished."

The director asked, "Have you finished it yourself?" She said, "I'm four. I can't read." Of course Anne didn't know Guy when she was four. Was Anne's alter looking at father? But she put her glasses back on and became Anne again. I placed her in the role reversed position as Guy and instructed the auxiliary playing Anne to say: "Were you aware that sometimes I was angry with you? I need for you to accept my having such feelings toward you. Can you do that?" As Guy she said, "I accept you with all your feelings." I called for a reversal so that Anne could hear the auxiliary as Guy say this to her.

4) I placed Anne in the middle of the room, with the auxiliaries playing Guy and father at opposite walls. I told her to list ways in which they were alike, and had the auxiliaries take small steps toward each other with every item listed. But I warned Anne that if she slipped up and mentioned differences the auxiliaries were each to take a step back with every difference listed. Anne was not quite able to follow the instructions as given, but every time she referred to a similarity she followed it with a difference. Thus I was not able to show quite as dramatically as I had hoped that even though there were similarities there were even more differences. This was to clarify the boundaries between them in her mind.

She slipped into another alter with a lisp and addressed the auxiliary playing father about his giving her the bottle. (I knew from a previous conversation with her she was referring to his placing his penis in her mouth). And then she turned to the auxiliary playing Guy saying, "You never did anything like that," but immediately she qualified the difference, saying that Guy was partly undressed before her and she saw between his legs, and was frightened that he might do as father did, but he didn't. (This was probably during his illness when he was often in a state of undress, but whatever the situation, the director stressed the profound difference between father's behavior and Guy's behavior toward her. "But neither could tell me that he loved me, and Dad died I left," Anne said. We were at the end of the session and it was impossible to follow-up on this childhood perception.

Back as Anne she commented that she could hardly see the difference between the two persons. Part of the problem here is that the major difference arose when she was in an alter (personality), not as Anne. Under the circumstances, I advised that it was her task to let them both go, and she agreed. I told the auxiliary playing father to return to the ground, but allowed her a final word with Guy. With Anne in Guy's role, 'he' said, "I want you to live." I reversed her back to hear this, they hugged, and the session's action came to a close.

Sharing and Comment

Several persons present shared in considerable depth. They apparently felt the session had been an achievement for her, but Anne's satisfaction may have been tempered by her inability to remember what had taken place when she was in alternate role (or roles). I advised unit personnel to be aware that she had been protagonist and could dissociate again, although I didn't consider it likely. Anne's eyes were wet with tears at times during the session, but she did not cry openly. She smiled at the end of the session, but whether she actually met her goal for the psychodrama is uncertain, given the intermittent dissociations.

Anne psychodrama 2 (a month later)

The Malevolent Mother

She described herself as anxious and determined. She said she feels oversensitive a lot as she reads situations, and is often the one at fault. She will strive to listen to what others here tell her. What they've been saying contrasts with the sort of feedback she got from her mother. *Mother said I never do anything right, that I am worthless. I'm trying to get the feedback of others without becoming defensive,* she said. In response to my asking what she'd work on if she were protagonist, she said: *I have a long history of self-destructive behavior, including cutting, eating and starving. I don't know what it's about. I push away and destroy the very relationships I need. I've been here a long time and have gotten to be protagonist only twice. I get put off,* she said, standing up for herself with effort. There was competition for the protagonist role, so I had the group sociometrically choose who we should work with and the majority chose Anne.

On stage Anne warned me of her tendency to move into other identities. I reminded her that I'd worked with her on stage twice before, and had met them. I asked her how she felt about my writeup of her previous psychodramas, most of the material of which she said she hadn't remembered. She told us that her doctor read her portions of the first one, but not the second. I was trying to find out what sort of reaction covering material she couldn't remember would have on her. My guess is that she'd still block it out if she couldn't handle it. I said something like that to the group during the sharing, that if she couldn't handle it she wouldn't hear them.

1) I called on her to choose someone to represent her mother. I put Anne in the role reversed position as her mother, reclining in bed, to interview her. I was asking about her children and she mentioned her son, who was said to have gotten gasoline on himself in the garage and accidentally lighted it, covering most of his body with third degree burns. When I reversed her back to herself, asking whether she'd seen it happen. Before she could answer, I added, "That must have been very frightening for you."

She slipped into another identity, and I let the auxiliary representing mother leave the stage. I found myself talking with Shelly, age 5, who told me what really happened to her brother. She was wary of mother's catching her at this, because she'd been promised drastic punishment if she ever told. I reassured her that she was safe from mother here. Here is a summary of what she told us as Shelly, much as a bright child would:

She was in her crib, watching mother and brother in a hot argument in the kitchen. He whirled around, hitting the light switch and knocking it loose on the way out the door. Still within her view through the open doorway, she saw mother throw brown liquid over him, then strike a match, throw it at him, and he burst into flame. At this point Shelly probably got out of her crib, for she saw him grab a blanket from the clothes line to wrap himself in it, dousing the flames.

They have relatives who are doctors. They patched him up through a series of operations, rebuilding his ears and mouth, so that he doesn't look quite as bad as he used to. He is now in his 50's, and has gone on to head a major computer corporation, but he remains a solitary though successful man. She hasn't seen much of him in recent years. There seemed to be connections to this from other contexts within the session.

During the interview above, I learned that mother had come from Germany. Anne was told many of those old stories for children, such as Grim's Fairy Tales, which in the German version, are grim indeed. She mentioned one of them, a variant of the Little Match Girl, arranged to dissuade children from playing with matches. Here the girl was punished for her carelessness by having all the matches catch fire and burn her up. In addition, Anne in her Shelly identity told us of what mother had done with a special dog. (She used to lay her head on his stomach). Mother threw the brown liquid on the dog and put a match to him and he exploded. *This is what will happen to you if you tell*, she said. This was not an isolated instance.

Mother seemed bent on destroying any pet she loved. On one occasion she shot a dog, and the little girl remembers the blood pouring out. She believes the dog has gone to heaven where it's safe from harm.

2) I tried creating a safe surplus reality environment for Anne to let mother know how her behavior made her feel. I asked where her father was when all these things were happening, but father usually was not around. She does, however, remember his standing apart in the doorway witnessing some of mother's punishments. Once in a while she got the impression he enjoyed it too. Anne as Shelly spent much time in bed with mother, both at night and also in the daytime, when she'd actually got some sleep. But she also remembered the nights father came to her and what they did together.

At the time she didn't know that what they did was wrong. Bad as father was, he was still to be preferred over mother, but obviously he could not supply the support she needed here. Spontaneously Anne slipped into another identity, 'Norma,' who would provide us with what we needed. Norma, age 10 is alert and alive. And she does not have the same 'mean' mother as Shelly...et. al. Norma's mother has red hair and red shoes (good witch from the Wizard of Oz?), is always kind and loving to her. The auxiliary playing this mother put her arms around Anne, which Norma accepted as natural. Moreover she could hold Norma's hand and she didn't die---in contrast to Shelly who posed danger to all who touched her.

I had put myself in jeopardy when I grasped Shelly's hand to show that she wouldn't kill me. Norma's mother was openly proud of Norma, told us about all the books she read, amazing her school teachers.

Norma told us that she could fly, like a dirigible. She could be there with her (ideal) mother on a white cloud. A white pet of hers was there too. "One would have difficulty seeing it," I remarked, and Norma laughed merrily.

3) Therefore I placed the ideal mother auxiliary next to Norma, with an arm around her, confronting the mean mother. *You're not my mother*, Norma declared. *This is the mother of the others*. Norma turned to the ideal mother and said, *You're my mother and I'm glad you're my mother*. She liked the idea of the ideal mother's holding her hand, but she was also a little nervous about it. She said, *She doesn't hurt me when she holds my hand. It doesn't hurt me; it feels good. I hope you don't catch something and die*. As a doctor, I reminded her that I'd touched her hand too, and didn't die. This mother (Shelly's mother) called her a liar.

This called forth a flashback of Shelly's coming to the top of the stairs with her mother's accusing her of stealing cookies, which the child denied, but mother pointed to the cookies in her hand, demonstrating that the child was in fact a liar. I called time out, while I made an explanation, saying something like this, "Children and adults see things differently. Children have a hard time distinguishing between fact and pretend. Often they blur into one another. Some adults smile at it and find it charming, but other adults, who have forgotten what it is to be a child (if they ever knew!) call this kind of a 'misperception' a lie. But it was real to the child and therefore no lie.

The mean parent only succeeds in leading the child to believe she is bad. Mean mother was stealing away your childhood. It is she who was wrong, not you!" *But I had the cookies in my hand*, (as Shelly), Norma protested. I said, "You didn't know that when she hollared at you. Her hollaring would make anyone forget everything. You said what you thought was the truth. You were terrified to do otherwise. Fear makes a person forget, and you had every right to be fearful."

I don't know whether she found the rational explanation helpful or not, but there was nothing to lose by attempting it. We let the mean mother go, for having so many of her alters there on stage weakened my attempt to give expression to her anger and direct it to its appropriate target and not inappropriately toward herself.

4) We were running out of time. I made an attempt to tell the regressed Anne (I don't know in which role) that the ideal mother could become the mother of the others too, at least in the psychodrama (I had a possible imaginary scene in mind).

I called for her return to Anne, and after a little while she was there. She knew who everyone was including herself, but she remembered little beyond the opening scene of the psychodrama.

Sharing

Her peers were at a loss about how to share in words, so they had recourse to doing so nonverbally with warm embraces.

Summarizing and Commenting

At some point in the psychodrama, either Norma or Shelly spoke of twin Anne, one as 'Annie' and the other ending with an 'a' (possible variations in spelling and/or sound for her name). The one with the 'Ann' was up there with the ideal mother, not the one with the 'Anna.' One of the alters (I don't remember which) is numb, cannot feel pain. She also had reference to 'Carole,' who is the one who cuts her...etc. She referred to Carole as a protector, saying, "If she hurts me first then mother won't hurt me." Here the defensive function of her self-mutilation has been spelled out, answering one of the questions she started with today.

As for my attempt to get across to Anne in scene 4 that mothers can be shared, she was at the early stage of development where mothers are not shared. Families laugh at it and sometimes tease the little child, for when the child says "My mother," the older siblings say, "No, she's not mother." The little child becomes angry and/or frightened and insists, "No, she's MY mother." Old children think it is a delightful game, for they know mother can indeed be shared, and feel themselves superior to the little kid who hasn't learned this. Unfortunately I was too rushed to be sure I got the idea across, but at least the seed has been planted in the unconscious. Maybe it will bear fruit later. Milder confusers and confused have hit about every other family at one time or another. The community with the guidance of professionals lends a hand. Here's what we can do for the psyche of the victims, role train them to handle better what they cannot avoid very soon. See *Celebrating Role Transition*, pp22ff.

I must clarify what I said earlier with regard to using role training in psychodrama. My point was not that role training should be avoided in a psychodrama session. Rather, for most of our patients it's not making the best use of an opportunity which comes by so seldom. Role training doesn't require psychodrama. Our time is better spent getting into the intrapsychic basis for the patient's problem. On the other hand, when there is a psychosis in the wings, role training may be the very route to take if one is to forestall a breakdown. For psychotics the 'inner' is already on the outside causing them trouble with the environment, so we don't want to encourage the trend, at least not at the moment. Role training is a good safe way to keep their feet on the ground.