

INTERNAL
SELF HELPERS OF
PERSONS WITH
MULTIPLE
PERSONALITY
DISORDER

M. Ann Adams, R.N.P., M.N.Sc.

M. Ann Adams, R.N.P., M.N.Sc. is a Nurse Practitioner at the Adolescent Treatment Center of St. John's Medical Center in Springfield, Missouri and a Counselor at The Shealy Institute, also located in Springfield, Missouri.

This research was done through The University of Arkansas for the Medical Sciences in Little Rock, Arkansas.

For reprints write: M. Ann Adams, R.N.P., M.N.Sc., # 15151 Street, Eureka Springs, Arkansas 72632.

ABSTRACT

In the past, Internal Self Helpers (ISM) of persons with multiple personality disorder (MPD) have been described by many authors as helpers of therapists. This study involves the base data relating to ISHs. Forty respondents who collectively had been therapists for a total of 690 MPD patients participated in the study. The findings of this study suggest that a) 1,571 occurrence within MPD clients is not a constant; ISHs can be valuable assets in the therapeutic process; b) therapists differ in their explanations of and about ISHs, as well as the manner in which they relate to and utilize ISHs; c) ISHs are reported to be mostly female, reliable, and helpful; d) 1511 demonstrate a variety of abilities; and e) while there is no one explanation regarding the etiology and nature of ISHs, therapists most commonly tend to describe ISHs as possessing intelligence, centering, and protective functions within MPD persons.

INTRODUCTION

Several categories of conscious psychological structures or organizations have been observed clinically in persons with multiple personality disorder (MPD). The name Internal Self Helper (ISI-I) was developed by Ralph Allison (1971, 1977, 1980) to describe entities, which, according to his observations, functioned primarily as helpers in MPD systems. While such entities were described in earlier writings, Allison was the first to categorize this phenomenon. Later, several authors briefly examined the concept of ISI-I and theorized about the etiology and role of such entities (Watkins, quoted in Beaters, 1982; Kluft, 1985; Curtis & Fraser, 1984; Fraser, 1985; & Comstock, 1985) offered further descriptions/observations of their clinical experiences with Internal Self Helpers.

Not unlike many arenas in the study of the mind, the ISH concept is abstract and rather illusive. On the other hand, while ISHs of individual persons with MPD are in no way

identical to one another, they have been described clinically by therapists as having similar characteristics. Unlike the host or alter personalities who have been described as having limited subjective knowledge of the complete life and one another, ISHs were identified as highly knowledgeable of both the life events and the dynamics of the system of personalities within the individual suffering MPD. ISI-I's were described as knowledgeable in an objective rather than emotionally identified manner. Furthermore, ISI-I's functioned within MPD systems in a predominantly helpful manner, at times exhibiting insight and abilities which were useful in the therapeutic process.

While a theoretical understanding of the ISH concept is not thoroughly developed at this time, there are analogous although quite different observations to which the ISH concept bears some resemblance in the history of modern psychiatry. Freud (1938) contributed the concept of the unconscious mind as potentially holding the entirety of memories of the life experience. Jung (1959) elaborated on this even more in proposing the existence of the collective unconscious within the unconscious psychic energies. Jung (1965) explored within his own mind the possibilities of a consciousness within the unconscious mind. He stated that he was able to identify and personify an aspect of his mind which communicated the images of the unconscious to the conscious mind. Jung also pointed out the benefits of bringing the contents of this entity into consciousness.

Similarly, and perhaps even more specifically, Roberto Assagioli (1984), in developing the theoretical base for Psychosynthesis, a type of therapy closely related to Existential therapy, proposed "the existence of a spiritual self and of a superconsciousness which are as basic as the instinctive energies described by Freud" (p. 193). He distinguished between the "Self" and the "personal self" or ego which is the result of life experiences and development. The "Self" is central, on-going, and "unaffected by the flow of the mind-stream or by bodily conditions: and the personal conscious self should be considered merely as its projection in the field of the personality" (p. 19). This image is that, perhaps, of an initial nucleus of Self, which, given life experiences, develops an ego or personal self. The therapeutic focus of Psychosynthesis is ultimately to facilitate a re-identification and uniting of the personal self with the contents of "Higher," more knowledgeable Self.

PURPOSE AND OBJECTIVES

The purpose of this study was to answer the question: How do therapists describe their experience with Internal Self-Helpers of persons with Multiple Personality Disorder? The objectives of the study were as follows:

1. Determine the extent to which therapists encounter Internal Self-Helpers when working with NIPD clients.
 2. Elicit beliefs of therapists relative to the ISH plus treatment.
 3. Investigate the nature of the therapeutic relationship between therapists and ISHs.
 4. Elicit characteristics of ISHs which can assist in clarifying the nature of ISHs.
 5. Investigate relationships between therapists' beliefs and encounters with ISHs.
- h. Obtain nursing literature, ideas, theories, and current ISH therapy concerning the ISHs.

METHODOLOGY

Design

The design of the study was descriptive in nature, using a questionnaire as the design instrument.

Sample and dissemination

The subjects were therapists of NIPD persons. Persons assumed to fit this definition were selected non-randomly from lists of presenters at ISSNIPD conferences, a listing of ISSNIPD members, and several persons known to be such therapists. Introductory letters and investigator-designed questionnaires were sent to 100 persons assumed to be therapists of NIPD persons. The introductory letter included operational definitions of MPD therapists and ISHs.

Internal Self-Helpers: Portions of psychic energy within the NIPD person which primarily serve as helpers in NIPD systems. Unlike host or alter personalities, ISHs demonstrate objectivity and possess information which frequently spans the entire lifetime and experiences of MPD persons. ISHs are said to possess mental capabilities which far surpass that of the host or alter personalities. ISHs have also been referred to as "centers" or "Centrals," and have been found at times to be beneficial in the healing/therapeutic process. In this investigation ISHs were to be differentiated from other "helpers" or "helper personalities" who are more limited in knowledge and capabilities than ISHs.

NIPD therapists: Any person who served as the primary therapist for at least one MPD person.

Instrument

The instrument consisted of a like-section questionnaire designed to meet the specific objectives of the study. Most items reflect content and descriptions of ISHs as found in the literature.

Section A elicited background data from the therapist. Section B related to Therapist's beliefs about and experience with the ISH phenomenon. Section C requested Therapists to supply information relating to their experience with ISH. In Section D therapists, who had worked with ISHs more than one ISH were requested to generate Section C information to "true ISHs." Section E elicited therapist's opinions relative to the etiology and nature of ISHs.

RESULTS

Forty-five questionnaires were returned. As live of the respondents materials did not meet the eligibility requirements for inclusion in the study, these questionnaires were excluded.

The participants

The findings from Section A (background data on therapists) revealed that all 40 participants had been the primary therapist for at least one MPD client. Each of the therapists acknowledged having heard of the ISH phenomenon in persons with NIPD. Professionally, these therapists represented 18 (45%) psychiatrists, 15 psychologists (37.5%), 10 social workers both within and outside of these categories (25%), and one nurse (2.5%). Twenty-one (52.5%) women and 19 (47.5%) men participated.

Geographically, the therapists responded from all major regions of the US: 15 states. Two participants responded from Canada, and one from Holland. The ages of the

TABLE 1
Comparison of Therapist Beliefs with Two Groups of Respondents

Belief	Responses	Therapists	
		+Group I (n=25)	+Group II (n=11)
Each NIPD person has an ISH	Yes	17	2
	No	2	7
	Uncertain	6	2
Involvement of the ISH in the therapeutic process is:	Essential	13	3
	Useful but not necessary	12	7
	Other	0	1

† (Group I, n=25) Therapists who reported numbers of ISHs to be 50% or greater than the numbers of MPD clients.

‡ (Group II, n=11) Therapists who reported numbers of ISHs to be less than 50% of the numbers of MPD clients.

therapists ranged from 20 through 70.

Collectively these 117 therapists had served as primary therapists for 140 MPD clients (average = 17.3). The majority, 23 (59%), had worked with MPD clients for over five years; 10 of these therapists had been doing so for 10 or more years.

Of the 40 participating therapists, 90% (36) reported to have had direct contact with greater than 345 ISIs. In addition, these therapists reported indirect communication with greater than 302 ISIs. Some therapists wrote in "+" signs or "many" instead of numbers. Four (10%) of the participants denied any contact with ISIs.

Prior to their first encounter with an ISI, 67.5% (24) of the 36 therapists had heard of the ISH phenomenon; 33% (12) had not. Thirteen (36%) of the therapists reported that the ISH emerged spontaneously; while 13.5% (5) were hypnotically requested and 13.5% (5) were requested by non-hypnotic means. Six percent (2) respondents circled "other," without specifying methods.

Beliefs and experiences

In Section B, 100% (10) of the respondents agreed with the statement that "Each MPD person has an ISH, and it is a valuable asset in the therapeutic process." Sixteen (100%) of the therapists considered this involvement to be "essential"; while 23 others (57.5%) deemed the involvement to be "useful, but not necessary." One therapist (2.4%) found the involvement to be "variable."

To the proposition that "Each MPD person has an ISH," 100% (20) of the therapists responded, "yes"; 27.5% (11) were "uncertain"; and 22.5% (9) answered "no." Respectively, 50% (20) responded affirmatively to the question that MPD persons "may have more than one ISI." (11) responded "no"; and 22.5% (9) were uncertain on this issue. In expressing beliefs about non-multiples, 57.5% (23) of the therapists believed that "each MPD person (non-multiple) has a part of themselves which is similar to the ISH"; while 30% (12) were "uncertain"; and 12.5% (5) responded "no."

The 36 therapists who reported direct contact with ISIs were divided into two groups (Table 1). The 25 therapists

(69.4%) who reported non-occurrence of ISIs occurring in 50% or more of their number of MPD patients were in the "high occurrence" group; those 11 therapists (30.6%) who reported ISH contacts in less than 50% of their MPD patients were in the "low occurrence" group. When comparing these groups in relation to two areas of belief (i.e., universality of ISH occurrence in MPD persons, and the degree of usefulness of ISHs in the therapeutic process) it can be seen that therapists' beliefs seem to be related to the contact with greater numbers of ISHs, as well as the degree of perceived ISH usefulness. The comparisons, however, do not provide the directionality of this relationship. That is, they do not demonstrate whether or not "believing" therapists tended to find more ISHs, or if the therapists who experienced greater numbers tended to believe more in ISH occurrence in MPD persons.

Encounters with ISHs

Participants were asked to describe their encounters with ISHs in two ways. In Section C of the questionnaire, respondents were instructed to "select one specific ISH," and answer questions regarding that particular ISH. Thirty-six participants responded relative to 36 ISHs (single ISH). In Section D the therapists who had worked with two or more ISHs were requested to generalize an identical set of questions to "most ISHs." Thirty therapists reporting on greater than 34 (1 ISH) responded in this section (most ISHs).

Therapist/ISH relationship

The information in Table 2 demonstrates

TABLE 2
Therapeutic Relationship between Therapist and ISH

Therapeutic Relationship	Description	Therapist	
		n=36 "Single ISH"	n=30 "Most ISHs"
Method of contact	ISH emerges spontaneously	37	30
	ISH emerges through therapist-induced hypnosis	4	10
	ISH is non-hypnotically requested	50	40
	ISH sends messages through host or alters	31	23
Nature of the therapist/ISH relationship	More like a peer or co-therapist	64%	60
	Similar to that of host or personalities	28	27
	Other	8	10
Therapist seeks advice from ISH	Frequently	53%	50%
	Upon occasion	36	43
	Rarely	8	
	Never	3	0

("Single ISH," n=36) Reports of 36 therapists on 36 ISHs.
("Most ISHs," n=30) Reports of 30 therapists on >340 ISHs.

TABLE 3
 Descriptions of ISHs as Given in NIPD Therapists

Therapeutic Relationship	Description	Therapist	
		n=36 Single ISH	n=30 Most ISHs
Refer to themselves or are described as:	Different from alters	75%	(i7%~
	Separate entity: entities	3-1	30
	Somewhat mystical	136	37
	More powerful than the alters	33	28
	In charge of system	16	20
	Sank as alters	8	13
I have the ability to:	Intervene in crisis situations	75%	73%
	Grant special insight to the system	3(i	2(i
	Begin, stop and re(ulate alternate states	3(i	33
	Advance or regress states of host and alters	22	20
Exhibit knowledge:	Nearly total recall of life experiences	56%	43%
	Total knowledge of life experiences	12	30
	Beyond that of host and alters	33	27
	Age-appropriate knowledge	2:5	23
Exhibit delusional thinking:	N (" CI	75%	70%
	Occasionally	11	27
	Less with therapy	(i	3
	Prequel-0	(l	(l
Report information accurately:	Most of the time		70%
	All of the time	12	27
	Upon occasion	0	0
	None of the time	(l	0
Give advice which is helpful:	All of the time	3	33%
	Frequently	(i7	(50
	Upon occasion	3	10
	None of the time	(l	0
In relation to objectivity subjectivity:	Primarily objective	11	63%
	Primarily subjective	6	7
	Equally objective and subjective	11	17
	Other	0	

"(Single ISH, n=36) Reports of 36 therapists of 36 ISHs,
 "(Most ISHs," n=30) Reports of 30 therapists on >340 ISHs.

various aspects of the therapist, ISI relationship. Therapists commonly reported ISI Is. even the stone ISI I, in several instances, through spontaneous emergence of the [SI I, IIs] motivationally induced emergence, non-impulsive request, or through messages sent through the host or other personalities. One [51] used written communication with the therapists.

A letter asked to describe the nature of the ISI relationship. 100% most ISI Is reported that their relationship with ISI is "more like a peer or co-therapist," in contrast to the manner in which they related to the host and alter personalities. In addition, some therapists (53% single ISI, 50% most ISI Is) stated that they frequently sought advice from ISI Is.

While all therapists did not relate to ISI Is in the same manner, all but one therapist stated that they sought advice from ISI Is. Some therapists sought advice more frequently (n=8, single ISH, 80% most ISI Is) than others, who did so upon occasion (3% single ISH, 10% most ISI Is), rarely (5% single ISI, 7% most ISI Is), or never (0% single, 0% most ISHs).

Descriptions of ISHs

From the data collected, the nature of ISHs are described by the participating therapists as "primary or secondary" (SI I, single ISH, 67% most ISI Is) entities who had nearly total recall of life experiences (single, 73% most ISHs) and who reported information accurately "most of the time" (single, 71% most ISI Is). The majority of ISI Is (75% single, 70% most ISI Is) "never" exhibited delusional thinking. Furthermore, advice which was given to the therapist was "frequently" (single, 60% most ISHs) helpful.

While ISI Is describe themselves in a variety of ways, the therapists reported that the majority (75% single, 67% most ISHs) of the ISHs referred to themselves as "different in nature from the alter personalities." While some ISHs had reportedly demonstrated abilities which ranged from regulating ab reactions to altering the ages of alters or host personalities, the majority (75% single, 73% most ISHs) were described as having the ability to "intervene in crisis situations."

Table 3 describes the results of sections C and I) in these two sections more than one selection per question was permitted. The percentages from these sections represent the frequency of selection of each item by the therapists, and will not necessarily equal 100% responses per question. Some questions in these sections were not answered by all participants.

Therapists' opinions on ISH nature/etiology

Section E elicited interesting responses. Recurrent themes referred to the "observing," "objective," "hyper-intellectual," "and protective" nature of ISHs. The ISI-I was referred to as an "organizing center," "a unifying element," and as "a link in memory" providing continuity in an otherwise disorganized psyche. Again, the "healthier core of the personality, the core-consciousness," the "center" were some of the terms used to describe ISHs.

Several therapists included more metaphysical descrip-

(ions such as "higher intellectual and intelligent"; "incorporeal part of the human spirit"; part of the patient's "non-linear" which is in contact with even "higher I [elpeis]"; "a previously fragment used in communication with the higher Self, one's own spirit or soul"; "guardian unlit spirit"; "a special entity": "Aspects of the spirit of God"; "an old soul [not built up by the host]"; and "likened to Jane Robot's Seth II."

Some therapists noted that the ISI is a specific personality; often to decrease our (therapists) anxiety "in the relationship with the therapist"; "the only way of personality the incidence of which seems to correlate with the therapist's beliefs... may move material."

Several therapists insisted that ISI is are "not unique." One stated, "If this is etiogenic, I don't need a license to practice psychology." Another insisted that labeling ISI as "etiogenic" is a "fraction of the ego of some professionals who need to believe that they can really create something."

One therapist cited an "AI knowing alter... objective and mechanical" who sentenced the client to death for certain aspects of her life. "She died three weeks later- hardly a benign or helpful 'ISH'." Several other therapists warned of personalities masquerading or being mistaken for ISHs.

Many therapists included Haunts of ISHs. While some ISI Is such as Richard, Richard, and Sarah were rather common-sounding, other such as, "Observer, Hope, Higher Self, Floating Lads, Uspsv, and Angela had more descriptive and/or esoteric qualities about them.

CONCLUSIONS

From the findings of this descriptive study, it can be concluded that: (a) ISH occurrence within (191) clients is not an uncommon phenomenon: ISI ISHs can be a valuable asset in the treatment process; (b) therapists differ in the degree to which they believe that persons with (191) possess ISI Is as well as the extent that ISH participation is essential in the therapeutic process; (c) therapists encounter ISHs in different ways as well as develop different types of relationships with ISHs; (d) ISHs are mostly knowledgeable, reliable, and helpful to MPD clients and therapists; (e) ISHs seem to have some common characteristics, while they also demonstrate a wide variety of abilities; (f) while there is no one explanation regarding the etiology and nature of ISI-Is, therapists tend to describe ISHs as possessing unifying, centering, and protective functions within the person with (191). The wide variety of explanations regarding ISI Is leads to the belief that therapists tend to "explain" ISI Is according to their own ideological orientation; and (g) some therapists believe that the ISI I concept can be applied to unitary (non-multiple) individuals.

This study represents a beginning in a formalized collection of data relative to ISHs of persons with MPD. While the findings represent the experiences of only 40 therapists, these were mostly seasoned therapists who had worked with a significant number, 690, of MPD clients. Collections of data from greater numbers of MPD therapists would further serve to enhance and/or clarify this beginning. ■

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