JAY HALEY’S SUPERVISION OF A CASE OF DISSOCIATIVE IDENTITY DISORDER

Jay Haley

Stanford University and Veterans Administration Hospital, Palo Alto, California, USA

Abstract: This is a transcript of a supervision session with a young therapist caught in the complex world of a woman with multiple personality. Occurring very early in the written literature about treating multiple personalities, the highlight of this paper is the supervision style and technique of Jay Haley. His approach to supervision will make the reader wish that he or she could be in the room during this session.

This is an abridged transcript of J a y Haley’s presentation of this case to a group in the 1990s. Up until 1980, only 200 cases of—as it was known then—multiple personality disorder had been reported, but by 1990 thousands of cases had been reported. Especially in cases of abuse, when there was no apparent cause for a problem, it was found that therapists could implant false memories in their clients through suggestion. This became known as the false memory controversy. The video that Jay Haley shows centers around a female client (CL), her husband, their son, and a baby boy they want to adopt. Changes have been made to protect confidentiality. The case is being treated as a couple case. Haley (JH), whose comments are offset in the text, describes therapist Randolph Fiery (RF) as a “very competent guy.”

—Madeleine Richeport-Haley

JH: Therapist Fiery brought this family up for consultation because he was struggling with her. She’s a woman who disappears. She has lapses of memory and has been diagnosed with multiple personality. What she did is call Fiery from another town and say, “I don’t know how I got here. Where am I?” He had to tell her to look at the street signs and to figure it out. It’s an interesting malady. We get confident in thinking of symptoms as a two- or three-person phenomena, and then something like this comes along, and it’s hard to think of this as having a social function or of having two or three people involved. She was hospitalized two or three times and diagnosed, I believe, schizophrenic. Typically, multiple personalities are diagnosed with schizophrenia and hospitalized several times before...
someone assumes they are multiple personality and treats them differently. There are two schools, which are pretty clearly differentiated. One is that this is a psychopathology and that it is a dissociative process, and a product of abuse in childhood. The way they solve this is by dissociating and becoming somebody else. There is another school that argues there are usually only two or three personalities, and it is not psychopathology at all but an occurrence of several personalities in one body. That is Milton Erickson’s argument. He treated them as real personalities, not as psychopathology. And he had a lot of influence on me in terms of how to treat them. From Erickson’s view, you get the personalities to collaborate with each other, just like you get family members to collaborate. You don’t try to destroy one or extinguish one or exorcise one. You get in communication with them and work together with them. It’s an interesting problem that raises theoretical questions all over the place.

In this case, there is a special problem because this woman wants to adopt the baby that she’s been fostering, and it is the therapist’s responsibility to decide if, with her malady, she can take care of a baby. This is a difficult question because the adoption agency doesn’t even know that she is a multiple personality, and the therapist has the problem of whether to reveal this or not because of confidentiality issues. But if he doesn’t and she harms the baby, then he is in real trouble. And if he does, he is in real trouble with her because she may lose the baby and this is a valuable baby to her. So, it’s an interesting, difficult problem with practical consequences. This woman came in over these periods of amnesia, not only moment-to-moment in sessions but on weekends. We worked with her quite a few hours before we realized that this must have some social function and began to get her husband involved. We were interested in psychosis, and some middle-aged women go out of their minds. Usually the more successful treatment is to get the husband not to put up with it. That is, to do something about the husband so that the woman settles down. In this case, the husband is so extraordinarily tolerant. She will go away for a weekend and come back, and he says she shouldn’t do that. He had no reaction about setting any limits or saying “I won’t put up with this. This is going too far.” He’s just a kindly guy who just puts up with this forever. By this time we began to get the husband involved and began a treatment to help the couple. But, the focus was what to do in relation to the baby.

Dissociative Identity Disorder Case

CL: Some of the others may feel the anger. I’m able to put it into words now and say something about it.

RF: Yes, I think that is great, and there is a lot of progress and change. What I’m saying is that it is not just an issue of that progress taking place, but an issue of the destructive ones getting out of the way and making a contract.
JH: This woman has some destructive personalities and has harmed herself physically. He’s trying to deal with her, not only with the issue of adopting this baby, but she’s not taking care of the baby. So, he’s talking about getting the destructive personalities out of there, so the baby will come to no harm.

RF: [To husband] They have to agree to bow out. They have to agree to that. And you should be part of that. You should be in a position to be involved with the whole process that is happening by supporting someone and saying those destructive things won’t be tolerated.

CL: Can’t the destructive people go to sleep?

RF: As long as they agree, they can go to sleep, as long as they agree to stay out of the way. You need an agreement from all of those destructive people that they agree to bow out.

CL: Excuse me, the reason why they were destructive is—I forgot what I was going to say, because when no one listens and you try to tell them.

[Therapist receives a supervisory phone call from Haley.]

CL: They don’t have to be destructive anymore because I’m aware of what happens. That was the only way they could get me to pay attention before.

JH: What they have is a list of destructive personalities. He’s having them make a list of destructive personalities to sign an agreement to stay out of it.

CL: You know, we made that agreement the last time I was here a month ago (laughs and leans toward husband, taking his arm).

JH: What she’s saying is she has kept all the destructive personalities in line since she’s had the baby. It does raise interesting questions about what is the problem when you have something as complicated as this. This therapist is fond of the woman, and this woman is so attached to the baby. But at the same time, the therapist has to give the adoption agency advice that the child may perhaps be at some risk. So, it is a practical problem in this situation that I face and he faces. They have a teenage son and wanted more children but never had any. I think it has to have something social in relation to the husband. What she says is she has a personality that is “the wife” and she does everything he wants, so naturally he is happy with her. And then she has a personality who is “mother of the baby,” and she’s very good with that baby. But who is it that is good with the baby is the question. The husband is very tolerant and puts up with great deal from her. He has medical problems, so the woman could be alone with the baby without her husband. Anyone want to vote on what to do? Would you tell the adoption agency this diagnosis? She has never left the baby alone, but she has gone out of town. She kept going in the direction of her mother’s house. We tried to get the mother in and interpreted her going in that direction as wanting her mother in the session. Her mother and brother abused her terribly. I don’t know whether it’s true that all cases of multiple personality were abused in childhood but, obviously, it’s the majority of them. It sounds to me that many of them were abused by mothers. One of the interesting things, too, is how seriously this is being taken. There was a judge on a criminal case dealing with multiple personalities who had every personality sworn in, so there would be no question afterwards.
SUPERVISING A CASE OF DID

PLANNING CASE INTERVIEW: JAY HALEY AND COLLEAGUES

The therapist had been seeing this case for 2 years at the time of this supervision with Jay Haley. He had, however, also videotaped the case and consulted Haley on these tapes. The following people are present: Randy Fiery (RF), Pat Dorgan (PD), Neil Schiff (NS), Madeleine Richeport-Haley (MRH), and Linda P. (LP).

RF: [Reading from his case notes] These are her words, and she seemed to be in a hypnotic trance, talking about her mom. “It makes me sick. She has two boyfriends. My mind just stops there and won’t let me go further.” And I said, “Who comes in when your mind stops there? Whose mind is there?” She said, “Somebody else comes.” She gives me, “My mother’s there. I can’t think past it. My mother said, ‘Nothing happened.’ She knew. She didn’t stop it.” She knew, in other words, one of her mother’s boyfriends was clearly molesting her and she didn’t stop it. But then her mother told her it didn’t happen.

JH: That is classical incestuous behavior, and her mother said it didn’t happen and didn’t believe her.

RF: Here is the other thing that happened. She then had a real strange shift, a kind of kinesthetic hallucination. She could feel the hands. “Tell me it’s not real.” I responded, “It’s not real.” Client said, “Tell me it’s not happening.” I said, “Not happening. Nobody is touching you.” She says [another personality] is in the bathroom vomiting.

JH: That is a difficult one to explain. How you can be talking to her, and the other personality is in the bathroom vomiting.

LP: And she’s aware of it.

PD: I’ve seen it, seen that lots of people with that mind-body split and tell me it’s not happening. They depersonalize. It happens to my body, but I’m not there.

LP: But two actions happening simultaneously and being aware of both.

RF: That’s trance phenomena.

JH: That’s also what Erickson says when they stand off and look at themselves, like in the bathroom throwing up. It’s an intricate mind. This is a very bright lady to be able to do these things.

RF: I have a question for you. You have mentioned to me that when you questioned Erickson he was explaining the differences between real hypnotic trance versus schizophrenic style differences and his perception of those distinctions.

JH: We were into the problem—if you could produce auditory hallucinations in a trance, could not a schizophrenic who has auditory or visual hallucinations have had an interpersonal situation which produced those hallucinations? That’s what we were interested in, an interpersonal cause of schizophrenia. He said the phenomena are different. When the schizophrenic hallucinates, it’s real, more than it is for a hypnotic subject. Then he got a little vague about it. He gave an example of a patient who was walking down the hall and someone was kicking him. There was no one there, but then he would jump and turn. Erickson said he
could never get a hypnotic subject to respond with that kind of reality to a hallucinated kick. We had a lot of discussion. It was a new idea to him that there was any connection between trance and schizophrenia, so he started like a psychiatrist saying this is a different phenomenon. And then as he got into it, he got more involved in the possibility. But, in those early days he had one view of schizophrenia. Ten years later he had a different view of schizophrenia—that it was curable, I think.

PD: What do you think about multiple personalities as interactional?
JH: I strain my brain on this. They interact well with each other. I am sure of that.

PD: Is it the behavioral therapist provoking the context dyadically, which allows that to surface?
JH: I think a therapist can produce them in therapy because they get so fascinated by the case. I have a therapist, and women started to call him on the phone. All of sudden, he realized it was all the same woman. I talked to him the same way, to get them to collaborate because the woman had amnesia. But every time I talked to him, it was so exciting and every other case was unimportant, and obviously the woman would produce more material appropriate for his interest and excitement. Whether it had some function was another matter.

PD: Yeah.
JH: I’m not sure she had this problem for him, but I could see how you could produce more personalities to keep the therapist interested when they are that fascinating and so unusual.

RF: Do you think I’m doing that, Jay?
JH: I think it’s some of that. I think her involvement with you is because you are so interested. You might be able to persuade her to do things so you could understand it rather than get rid of it. I have thought of this when I talked to you but I don’t think you are producing them. She is too adept and too fast to do that.

RF: It took me years to realize that those looks at the clock are not the same as the clock in other patients. They were looks to see how much time she lost, I have a number of those small observations like Erickson talked about, with hundreds of things he noticed with Ellen and Mary. I know I am not particularly causing her to do that, but I may be doing something unintentionally. She’s developed these elaborate ways of leaving.

JH: She has a way of masking it, which has kept her alive socially. She has to figure out what people are talking about when she has no idea what people are talking about. She has a lot of skills, which would keep you from discovering that. But there is a difference when we realize she made a shift when she looks at the clock and you, producing a new personality, a different one so that it goes from 2 or 3 to 17. That’s a different phenomenon unless you really believe that they are all there and are being uncovered in the course of therapy.

RF: From the little I know, there are a few people that are pretty distinct, but the rest of it are brief flashes she calls “making people,” which go for a couple of minutes.
JH: You know, if she’s doing that, make a paradoxical intervention by having her produce personalities under your control. I think you could begin to get some control of the dissociative phenomena so that the poor woman doesn’t keep on doing it. That’s a dissociation phenomenon rather than another personality.

RF: Okay.

JH: I think it’s important to clarify in your own thinking whether this is psychopathology and these are dissociative states, or whether they are real personalities as Erickson said. And to decide whether it has some function in her life or has no function interpersonally. If it has no function, you work with her one way. If it’s the way she deals with her family, you have a different therapeutic approach, and I’m hung between those two—whether this is a phenomenon of an individual who was traumatized who now has this problem, or there is a present problem of this woman struggling with these personalities—and whether the personalities are caused by past abuse or whether they have a current function or whether they have no function.

RF: I asked her. You know, sometimes she doesn’t know who her husband is and what he’s talking about. I said, “Have you told him?” It is either the issue that he is literally so boring, such a boring guy. She said, “I don’t know what he’s talking about, and I don’t want to listen to him.” She initially came to see me because of the health problem, and it could be when his health-related matters surface. She has these real suicide episodes pulling him out. I sat down with them and just told them whatever has happened I was speaking to everybody, and if there were any more suicidal attempts then these children were gone. They could not safely stay in that home again and that snapped them both to attention—the threat of losing those boys. I did assess with her teenage son around the issue of her attempting suicide. He didn’t tell her, but he felt betrayed by her. He was really angry but would not acknowledge it to her.

He is as stable as he has ever been, although he had problems in school and with drugs. Over the last six months we had crises, but we really dealt with the issues. There were threats that she was going to kick the boy out of the home because he was acting out. I pulled them aside and said that parents don’t have the luxury to say, “If you are bad, I’m kicking you out.” I want you to tell this kid, no matter what he does, we’re in this together, a real family. She did that and that made a real difference.

JH: For her to attempt suicide there must be a problem of some magnitude, like her husband is involved with somebody else. He was upset about losing the boys. It wasn’t about his wife’s attempted suicide.

RF: They might not tell.

NS: That’s what my guess would be.

RF: She’s been more focused since she’s had the baby. She has created a mother who is in charge of her boys. She can stay much more focused with these kids, but she told me recently that she realized that her older son is very bright. She said, “I realized that he is really manipulating me. He’ll ask me if he can go out someplace later. I’ll tell him, ‘No.’ Later, he asks me again, and I realized I probably already answered that before.”
He picks up on the fact that she had amnesia and tries to use it and even says to her, “You promised me that I can go.”

JH: I wonder if her husband does any of that. We are still into the problem of how to involve him. We can treat him like her driver and work with her today, or we could bring him in as an adjunct or as a central character.

RF: Well, they’ve been married for 16 years. He is a pretty central character. I say we go for it.

JH: What did she say about telling him? Has it come up?

RF: Like I said, I said to her, “What does he do with these long cuts when you are driving way out in the boonies and you’ve gotten off course?” She said, “He just goes with the flow.”

NS: That’s part of the problem. Too much going with the flow.

PD: That’s where she came out of it. The question is whether you involve him as a central player or a peripheral one. What happens if she never comes to see you again? How would his life change if the problem were totally solved?

RF: The magic question.

JH: I think you need to focus on what you are trying to solve with this poor lady. I wonder if the husband wouldn’t agree that there are some things wrong, such as her finding herself where she shouldn’t be and her taking the long way home. In a way we could involve him doing something—a collateral task between the two of them is what I am thinking, so that his trip up here leads to him doing something.

RF: That’s along the same lines as what Pat is saying. The magic question—If you walked out of here in a couple of weeks and wake up in the morning and the problems are solved, what is going to be different in your life?

JH: How would you like to see her different if you and I could make her different? The question is where to start today, whether to start with him or her or both.

RF: You want me to interview him alone around that question and see if we get a different response from him alone on these issues with her?

JH: Would it be agreeable to her for you to deal with these issues with him?

NS: Don’t you think you could get more going if you interview her with him present. If you interview him alone, then you have to bring him in with her present. This way it just comes out.

JH: That’s true, but I just don’t know what permission you have for you to tell him what’s happened between you and her in terms of the personalities. If you start with her, you can say, “I would tell your husband the problems we are working on and what you are trying to get over and get his idea.” That is, to start it with a collaboration between them for this session and then decide to see them together or individually. My feeling with her is she responds really well to responsibility, like with the children. I think she responds really well when you get firm, stopping her switching so much, so rapidly. One, two, three personalities is okay, but not one every 30 seconds. If you just tell her to stop that or use hypnosis and have her do it under control in the session, I think it would be the best you can do for her.

RF: Okay.
MRH: It seems that in so many of these cases the spouse is never aware they are married to a multiple personality. Erickson brings that up in another case. In this particular situation, it seems worth it to work with the person because the spouse is not worried nor that much aware of it.

JH: Either that or they are denying it because they don’t know what to do about it if they acknowledge it. The only data you have that they don’t know about it is that they act like they don’t know about it. And this guy certainly acted like it last time. She gets moody at times is sort of his diagnosis. Well, you start with the two of them, clarify the goal of her and him, and then we’ll decide where to go from there. I hope out of that comes an idea of what kind of interventions might be made to do something about the primary thing, this amnesia.

RF: What are the problems she’s working on.

JH: And then ask him what kind of problems he would like [to discuss].

RF: Okay.

JH: Push him a bit. You can also raise the question whether he thinks she’s benefiting from therapy.

MRH: I think you made such good headway making some of those personalities stay a while. If you found out who was aware of the other one—and if they weren’t, you could make them aware of the other one. That would be a step.

JH: Aware of each other. To get the collaboration so she doesn’t have the amnesia.

RF: I’ve been going real concrete. “Let’s focus on I want you staying here for five minutes.” But it’s hard. It’s shift, shift, shift.

JH: You can do it by the clock if you want.

RF: What is our goal then? How do we want this session to end?

JH: Even if he gets a map and teaches her how to drive the direct way and has her practice it. You treat it like it’s a geographic problem rather than an amnesia problem. I mean, we might end up with something like that, some kind of task that he can do with her that will help her with this problem. He’s first got to acknowledge she has a problem—amnesia or something. Have you ever when you are both together said to her “Who am I?”

RF: Um . . .

JH: I’d just wonder how he’d react to that.

RF: I don’t know if I ever had or not.

JH: Anyhow, that would make an issue with him that there is another person involved in this. At some point we have to decide to discuss that with him or not. That’s never been discussed openly with him, that at times she is a different person.

RF: Different personalities? No.

JH: See, that’s when you step over the line to him as an adjunct to her—my wife the patient, you know?

RF: One time when I first had a big fight with her as I struggled to start to tape her, so I could let you look at the two of them, I had an agreement with her that she could look at what we taped. I brought in the two of them together. It was discussed. I still have the notes, because she would say something and then she turned and said, “Who is that woman who
doesn’t talk like me?” I would look at him and say, “What about you? Everybody laughs] And he would say, “Well, it looks the same to me.” And she would get mad at him. “I’m pissed off that you can’t tell the difference.”

NS: I think that’s a fair thing to be mad about. That gives you justification for making him become expert on the various people that she is.

JH: Certainly, two or three of them.

RF: Because you know when we watched that film, that was when she had never done this before. When she reached for her purse I knew what would happen. She got her make-up mirror out, and I said, “Is that you?” She shook her head, “No.” “Who is it?” “I don’t know.” And he’s like, “Yeah, oh, well, you know. I just always thought she was moody.”

JH: I think you have a nice relationship with her, that she would put up with about anything you do. I would start on what she wants known by him. You could say this is a time of review about what the problems are now, what you are over, where we go from here, and see how she frames the problem, whichever she it is.

RF: How do you want this session to end?

JH: I’d like to see it end with a plan, with the goal of her internal collaborators and her external collaborators to do some specific things to help solve this.

**Session**

*The therapist elicits the husband’s help, and he assures his wife that she is safe.*

*The following dialogue is between the therapist, the client, and the husband. His arm is around his wife. More than 2 hours have passed. In this short excerpt, the therapist works with the client in a hypnotic trance and has her relive one of the traumatic experiences she had as a child.*

RF: That’s the gun and he put bullets in it. And he would put it to her head and say, “I am gonna kill you and smash you.” He’s smashing her head.

*[The therapist answers a phone call from Jay Haley, who is supervising behind the one-way mirror, then continues.]*

RF: He has her down on the floor and is punching her head, and you are able to sit on the couch with your husband safely and watch that, to stand back and watch that from a safe distance to be able to see everything that happened in detail, to see all those terrible things right here.

CL: [sobbing] I don’t want to see.

RF: You don’t want to see.

[Haley calls again.]

RF: [talking slowly] You could see it right there. You could see him doing that right there and watch her getting older, getting older, right before you, growing up and getting bigger, being safe. You can do that.

CL: [sobbing] I think they went away.
RF: They went away for a while?
CL: Yeah.
RF: What made them go away?
CL: I don’t know. Can I have a drink of water?
RF: Yes, yes, you can.

In a 20-year follow-up, despite the client’s severe problems, the family was doing well. With all the problems the client had, she did an excellent job of raising their children.

OTHER ARTICLES PUBLISHED BY JAY HALEY ON HIS SUPERVISION OF MULTIPLE PERSONALITY CASES

Supervisión de Jay Haley en un caso de Trastorno de Identidad Disociativo

Jay Haley

Resumen: Esta es una transcripción de una sesión de supervisión con un terapeuta joven atrapado en el complejo mundo de una mujer con personalidad múltiple, que ocurre muy temprano en la literatura escrita sobre el tratamiento de personalidades múltiples. En este artículo se destaca el estilo de supervisión y la técnica de Jay Haley. Su acercamiento a la supervisión hará que el o la lectora desee haber estado en el cuarto durante la sesión.

OMAR SÁNCHEZ-ARMÁSS CAPPELLO, PhD
Autonomous University of San Luis Potosi,
Mexico