

Mini Feature

Approaches to Mind and Persona Development

Ego state therapy - Psychotherapy for multiple personalities

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Ego-state Therapy: Psychotherapy for Multiple Personality Disorders

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Abstract The author describes ego-state therapy. This psychotherapy is used for treating multiple personality disorders. The author mentions the theoretical background of this method, and practical points. Initially, ego-state therapy was developed as a type of hypnotherapy, but it evolved as a safe therapeutic method in combination with trauma processing therapies. The author presents a case study, and discusses the clinical significance of this treatment.

Key words: Ego-state therapy(Ego-state therapy),Complex PTSD(ComplexityPTSD),EMDR, dissociative disorder(Dissociative Disorders)

1Introduction

The author2001I opened a specialized child abuse clinic (childcare support clinic) at the Aichi Children's Health and Medical Center, a children's hospital that opened in 2000, and have treated many abused children and their parents. In the process, I found that traditional dynamic psychotherapy was ineffective in treating severe cases of child abuse, regardless of whether the child or the parent was abused. While studying abroad in the United States, I had the opportunity to receive educational analysis using dreams from Dr. Spiegelman, a Jungian psychoanalyst, and since then, I have used psychotherapy using dreams and other images for severe cases, regardless of whether the patient is an adult or a child. In cases of child abuse that require team medical care, I have often been in charge of psychotherapy for the parents. When I administered dream therapy to a parent who had been abused but was now the abuser, I found that the parent's overexertion was the cause of the abuse.

The author felt that the treatment had progressed as the patient had a dream that linked the past abuse to the current family situation. However, at the next interview, the abuse of the child continued, the same dream theme appeared, and the patient's memory of the previous interview was lost. Why does this happen? Such deep intervention causes intense flashbacks on the part of the patient, blowing away the therapeutic experience itself. This is why psychotherapy goes in circles. It occurred to me that Freud's repetition compulsion in Beyond the Pleasure Principle was referring to this very thing. Surely, if it takes a long time, progress will be made little by little. But in the meantime, the child continues to be abused. Thus, in cases where trauma is at the core, it is necessary to confront the trauma itself.

Among trauma processing techniques, those with scientific evidence of effectiveness at the time were2There is only one,1One is the delayed exposure method based on cognitive behavioral therapy, and the other is 1One EMDR (1)The authorEMDRI received training in eye movement desensitization and reprocessing therapy. Prolonged exposure requires focusing on the trauma. However, in the case of children and developmental disorders, who are mainly being treated, focusing on the trauma itself is extremely difficult, so this was an unavoidable choice.

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Ta.EMDRAfter receiving training, I immediately tried it on cases of trauma with various levels of severity and was amazed at its effectiveness. EMDR While implementing treatment using this method for various cases of child abuse,EMDRI have encountered cases where it was difficult to make progress using the general techniques above. These were cases where the level of dissociation was very severe, and many of these cases were cases of dissociative identity disorder, or multiple personalities.EMDRWhen this treatment is carried out, dissociative ablation easily occurs, and the personality changes completely before and after the treatment. Naturally, the treatment does not progress.EMDRThere was a workshop held at the University of Tokyo. It was there that I first learned about ego state therapy. I immediately tried it on a patient I was currently treating. I was once again amazed at how safely and reliably the treatment of dissociative identity disorder, which had previously been considered difficult to treat, could be carried out.

I feel that the special technique of trauma processing has not yet become widespread, even though it is used in a wide range of cases, including child abuse. This situation is even more serious in ego state therapy. I will introduce the outline of ego state therapy and, through specific treatment cases, attempt to present a safe and effective treatment practice for multiple personality disorder.

2Overview of Ego State Therapy

Before going into an explanation of ego state therapy, let us touch upon the pathology of multiple personality formation in child abuse. The pathology caused by child abuse is centered on attachment disorder and chronic trauma. The presence of others is necessary for the process of ego formation. In the process of infancy, a self-image is formed through the formation of stable attachments with others, particularly the mother. If others change into seven colors, then a seven-colored self will emerge. If a situation such as child abuse, where one is sometimes hit and sometimes hugged, continues, the core of the self will inevitably become extremely unstable. Attachment disorder is caused by the fragility of the autonomous emotional control function, that is, resilience (resilienceThis manifests as a dysfunction of the multiple personality disorder. As a result, dissociative reactions easily occur, leading to a split in the ego, such as switching (changing of personalities).¹This is a pathology in which multiple partial personalities (herein referred to as "parts") exist within a single person. In child abuse, the defense mechanism of dissociation works against painful experiences such as repeated trauma that cannot be integrated into the self, and the memory is separated from consciousness. The separated memory becomes the nucleus from which another personality begins to develop.

I would like to emphasize here that the existence of several parts of ourselves depending on the situation is perfectly normal for healthy people. Our faces change when we are at work and when we are relaxing at home. However, if there are memories connected between each part, there is no problem.

Ego state (ego stateThe term ego state also requires an explanation. Human behavior has certain patterns. The combination of a behavioral pattern for adapting to the environment and the original experience is called an ego state. It could be said to be a personality pattern that corresponds to a certain situation. Ego states are used to deal with specific environments and problems, and are thought to be formed primarily in childhood (2).Watkinsand others (3)pointed out that adaptive ego states have permeable boundaries, but trauma-originating ego states have rigid boundaries and no permeability (connection of memories). When normal ego states and trauma-originating ego states cannot be freely accessed, there is no permeability. There are various forms and levels of timing for the formation of ego states, but in multiple personalities that are the subject of treatment, when an individual is unable to cope with a strong trauma, dissociation is used to separate the memory, and the separated memory is stored in the brain as a partial personality (part) that still holds the memory, and is separated from other memories (4).

Ego state therapy isWatkinsand others (3)It all started when he incorporated the ego state model into clinical hypnosis. Under hypnosis, dissociation barriers melt and you can meet your parts. However, that alone is not enough to treat the problem. Treatment is only effective when you treat the trauma that the parts are carrying. EMDRA combination of eye movement desensitization and reprocessing techniques was developed, making it possible to safely treat multiple personality disorder (5)The purpose of ego state therapy is to recognize the differences between ego states and to connect each individual's memories while respecting reciprocity and cooperation.³In other words, the goal is to enable the internal system, which is made up of multiple ego states, to function well. The basic flow of ego state therapy is as follows:1) accessing ego states,2) Understanding the self and the internal system;3) Discussion and negotiation between ego states,4) Satisfying each of our needs,5) Bringing peace between ego states,6) is a series of treatments that involve trauma processing.6).

The specific treatment procedure is explained below. First, the client is asked to identify a place on the body where he or she feels safe, and to visualize that part of the body as a grassy park and a small house in the park. The standard procedure is to imagine entering the house, descending the stairs to the basement, and experiencing various ego states in the basement.

The author prefers the simplified version and will explain the specific procedure.¹I opened the door to my house and entered the room. "Everyone gather together!" Call out to the parts and have them gather. Of course, there are times when not everyone will come out. For example, if there is a locked place at the back of the room and some parts are hiding there, that's fine.² Check the age, gender, and name of each part. If you don't know the name, you may suggest one.³ We provided psychological education to all the participants and reminded them that they are all important friends.

Explain that each part was born with painful memories. Each part was born because it needed to be born. We all live together in peace.¹ Explain that there are no people there and there is no need for them to disappear. This message of "peaceful coexistence, we are all important friends" is the most important keyword.⁴Next, the youngest child was contacted and asked to answer the following questions about the painful memory:EMDRProcess using:EMDRThe general protocol for this is to measure negative self-perceptions, positive self-perceptions, measure the strength of each, listen to physical sensations, and then perform eye movements. However, the author is flexible in responding to the characteristics of each patient, and uses not only eye movements but also processing using a pulsar that creates alternating left and right vibrations.⁵ Once the processing is complete, they return home respecting each other and promising to connect their memories.

This is repeated, but there is a reason why we start with the youngest part. Think about the pathology that gives rise to multiple personalities. The youngest part indicates that at that age, the client encountered a traumatic event that could not be integrated, and treatment is necessary from that point on. It is safer to process trauma in several stages. The next target often accesses the violent personality. This is because, although the violent part is the client's protector, it is often avoided by the other parts because of its violence. If all parts are grateful to the violent personality for protecting the client and the violent part is able to connect memories with the other parts, the treatment of multiple personalities will progress significantly. In one severe case of multiple personality disorder, I had a very difficult experience dealing with the violent personality that was raging. However, in the end, it became clear that this personality was born when the patient stabbed her husband with a knife. Fortunately, his clothing was thick and the blade did not reach him. When this was revealed, this part, which had previously been pitch black and engaged in fierce combat with other parts in the patient's dreams, was now revealed to be a silent middle-aged man quietly drinking in a corner of a bar. In other words, it was no longer a frightening presence at all. Paulsen (5)In his book, he writes, "When the monster removes its costume, a wounded child emerges." And that is certainly true.

If the memories of all parts can be linked, there will be no need for personality integration. Everyone can live life by talking to each other and discussing things with each other. By using the right people in the right places, people will be able to demonstrate high abilities.

3Disease example

Although permission from the patients and their families was obtained, the cases have been significantly revised to protect anonymity.

²⁰The patient was a woman aged 20 years and had been visiting the hospital for auditory hallucinations and dysmorphic disorder.

The unstable family situation had been abusive since early childhood. Furthermore, she was bullied from elementary school onwards, and in the upper grades she began to skip school.¹ The patient was admitted to a child psychiatric clinic at a hospital in junior high school. He had also been admitted for treatment when he was in junior high school. He then attended a credit-based high school, but around this time his auditory hallucinations of insults became more severe, he began to refuse school again, and he dropped out. At this point he was transferred to another clinic, and the author became his therapist. The referral from the previous clinic had diagnosed him with schizophrenia, but the first consultation revealed that the patient had a dysmorphophobia, a fear of having an ugly face, and the dosage of the antipsychotic medication that had been prescribed was reduced. As a result, the patient was able to work part-time. However, when the author began treatment,¹After about a year had passed, the patient suddenly experienced a fugue episode, and at this point the author finally realized that he had a dissociative disorder and began ego state therapy.

When a simplified ego state therapy was introduced in the outpatient department, a female part of the same age was found to be insulting the patient. She named her Yuka, but there were two other parts, all female. The auditory hallucinations were of Yuka insulting the patient. After a while, the patient suddenly started cutting her wrists, and it was revealed that Rio, a female part of high school age, had been the one doing the act. The patient had been self-harming since she was in junior high school, and Rio had been the one doing it. In the ego state therapy, we asked all the parts to coexist peacefully. The insults from Yuka decreased, but she continued to say that she hated the main personality. However, the self-harm stopped after that.

However, at this point, a fugue episode suddenly occurred. On checking, it was revealed that Yuka had followed a man who had called out to her on the way home from hanging out with friends to his house, and that she had fled after some minor sexual contact (he had only touched her breasts). Following this episode, the patient finally revealed that when she was in junior high school, she had been taken into a car by a stranger and sexually assaulted. Although it did not go as far as sexual intercourse, she had not told anyone about it. The therapist explained that he had anticipated an episode like this, suggested redoing the trauma processing, and once again obtained the consent of the entire personality.

We carried out trauma processing for this sexual assault. Furthermore, in an imagined state, we had the patient beat up the male assailant with Yuka's help. We then addressed her feelings of shame. At this point, her self-image suddenly reversed. The patient recalled a memory of the assailant saying, "I can't rape weak people," and then said, "But the assailant himself is a weak person who can only assault junior high school students," and the feelings of shame disappeared.

Next, we dealt with Yuka's repeated risky behavior. When Yuka was hooking up with a man, she would say that she would take revenge on him. The therapist, feeling something was off about Yuka's reaction during this trauma processing process, asked her if she liked girls and if she liked the main personality, to which Yuka replied in the affirmative. The therapist then said, "The main personality and Yuka are sisters, one in spirit, so let's respect each other. Even if the main personality is having sex with other men,

The main personality told Yuka, "Yuka is my most precious sister," and had the main personality hug Yuka while performing eye movements. During this process, Yuka was crying.

Afterwards, she reported having a memory loss while at work, and when checking during ego state therapy, she accessed the personality of an elderly woman named Kayo, and both the main personality and the therapist realized that she had been there before. Kayo said that she was more efficient at her job, so when she was at work, the main personality offered her a job by saying "please take care of me," and Kayo responded that this was fine. On the other hand, Yuka was apparently worried about being abandoned, so the main personality once again hugged Yuka and performed eye movements, and then Kayo joined in.³ We conducted eye movement processing with people holding hands.

In daily life, the auditory hallucinations of insults disappeared. At the same time, the main personality began to say what he wanted to say more aloud than before, suggesting that he was gradually integrating with Yuka.

4 Multiple personality disorder cannot be cured by "putting a lid on" treatment

In general psychiatric care, the mainstream approach to treating multiple personalities seems to be to "ignore" them (is this even considered a treatment?). However, when we look at the process of how multiple personalities develop, we have to say that this is an incredibly wrong response. Behind many serious cases of multiple personalities lies a complex trauma of years of childhood abuse. No matter how much you try to bury the trauma, the memories of the trauma will bubble up. If psychiatrists and clinical psychologists do not deal with the memories that bubble up, they will end up recreating the childhood situation when the patient continued to be abused and tried desperately to talk to the adults around them, but they were ignored. This will once again cause deep resentment in the patient, and in adult patients, it will lead to a chain of abuse that will be passed on to the next generation.

The author is the author of a book that has been highly praised for its detailed pathological analysis of dissociative disorders (7). I was shocked to read the article in which the therapist wrote as if he was bragging about not providing treatment. As expected, that case is creating a chain of sexual abuse in the next generation. Medical care is a service industry. Even though active treatment methods for multiple personality disorder are presented on the one hand, if they still choose to "put a lid on it," they can only be criticized for being indifferent.

The reason why this situation is common in clinical psychiatry is¹ First, there is the problem of diagnosis regarding this issue. 2013 year⁵ In April, the American Psychiatric Association published the Diagnostic and Statistical Manual of Psychiatric Disorders (Diagnostic and Statistical Manual of Mental Disorders: DSM). The fifth edition of "The Five Elements of the Japanese Language" was published (8). Here, attachment disorder, which was previously classified as a single disease entity, was divided into two.

This is probably because it has become clear that there is almost no continuity between the pathologies that were previously called the inhibitory type and disinhibited type, and that they show completely different clinical features. PTSD) and other issues, and the connection with child abuse has become clear. PTSD Another international diagnostic criterion, which is scheduled to be published next year, was not adopted in this new edition. ICD-11 Finally, in the field of "complexity PTSD" It seems that the diagnostic criteria for "Diagnostics" will come to light. Diagnosis is the foundation of medicine. Problems such as multiple personality disorder caused by child abuse are obviously not simple. PTSD However, if there are no diagnostic criteria for this condition, it is naturally impossible to diagnose it. As a result, even if the existence of dissociative identity disorder (multiple personalities) is recognized, the serious trauma that is found behind it will be overlooked.

Since multiple personality disorder is a kind of hysteria, it is true that if attention is given, the condition may temporarily worsen and the number of personalities may increase. However, this is nothing other than the pathological defense mechanism that separates and processes all conflicts. It is not a cry for an audience to "look at me, look at me," but a cry for "do something about me, I'm hurt." This is something that is very clear when you are involved in the clinical treatment of child abuse. By avoiding confronting this pathology that was acquired in order to survive child abuse, the "therapist" plays the role of passing on the chain of pathology to the next generation. The problem is that psychiatrists are too indifferent to the patient's family and medical history. I sincerely hope that they will understand how the patient was raised and what is happening to the patient's family before dealing with the patient.

Appendix: Complexity PTSD Treatment for

The author is currently EMDR (Appendix 1) to facilitate simple trauma processing PTSD. It is used regularly in outpatient clinics for children and their parents. EMDR Complexity PTSD When this method is used on patients with trauma, it is not rare that the trauma is opened and the situation becomes uncontrollable. Initially, the author placed emphasis on safety and performed this simple treatment with the idea of gradually reducing the internal pressure of the trauma by performing the treatment for a short period of time. However, this method gradually became more complicated. PTSD I have come to believe that this is the best way to deal with complex issues such as child abuse. PTSD It is extremely difficult to verbalize traumatic memories, and focused verbalization can even be dangerous. However, it is possible to experience these traumatic memories as a physical discomfort, a vague feeling, and a sense of irritation. This discomfort can be released from the body through alternating bilateral stimulation and breathing techniques. By repeating this process several times, the trauma will hit rock bottom.

The specific method is briefly described below. Before trauma processing, it is necessary to confirm a safe place for both children and adults.

In many cases, the patient is unable to imagine a specific place, but the image they choose is often that of a beloved pet, or, in the case of adult women, of taking a leisurely bath. Trauma is a foreign object that has been forced into the body from the outside. When inhaling, imagine that you are sucking up air from the ground, and inhale deeply using thoracic breathing. When exhaling, exhale forcefully upwards from the top of the head, along with all the unpleasant memories and distorted self-images that have been forced into you.

The first target is the flashback that the patient is suffering from on a daily basis. The doctor checks the body for a vague feeling of discomfort and places the hand on that part of the body to begin the treatment. The speed of the pulsar is adjusted to suit the patient,²⁰ Alternating stimulation about once² The above breathing technique is performed for one set. Next, alternating stimulation is added for several sets using the image of a safe place to close the lid of the trauma that has begun to open. Even with this work alone, some people may have dreams or unpleasant flashbacks.² From the th⁴ Enter the SET method of trauma processing.¹ The set is the upper abdomen on both sides of the lower ribs. Hold the pulsar with both hands and press it against this area.²⁰ Alternate left and right stimulation is applied about once, and then the above breathing is performed.² The set is the lower edge of both clavicles.²⁰ The second pulse stimulates the subject alternately, followed by a deep breath.³ The set is the posterior neck. This is the area where headaches occur when ablation occurs.²⁰ Repeat this process twice, then take a deep breath. Finally, apply it to the temple area and repeat the same procedure.²⁰ This is followed by alternating stimulation and a deep breath.⁴ The entire setup can be completed in just a few minutes.⁴ The effect of the setting method is remarkable, and many patients comment that they feel "much lighter" and "refreshed." In the case of children, the stiff body suddenly becomes soft and facial tension is relieved. If discomfort remains, alternate stimulation while imagining a safe place is performed. ² Doing this in sets will make you feel even more refreshed.

Complexity PTSD This article also briefly describes effective small dose prescriptions and herbal medicines for the treatment of various conditions. PTSD A small amount of lithium carbonate (additional ² The findings show that the combination of lithium carbonate and a very small amount of an antipsychotic is extremely effective.¹ mg from 3 mg and Aripiprazole (Abilify) 0.1 mg from 0.4 mg The most common combination is ramelteon (Rozerem) as a sleep-inducing drug for insomnia. 0.8 mg (10 Minutes¹ The drug is a sedative (1 tablet). When used in this amount, it works by shifting the sleep phase forward. Many psychotropic drugs have pharmacological effects that do not fit a linear model. As research in this field progresses, more complex PTSD We hope that a safe treatment for this condition will be established.

The cure for flashbacks is the Kandabashi Prescription

(Appendix 3 This is a combination called Keishikashakuyakuto (or Shokenchuto or Keishikaryukotsuboreito).² Bao, Four-Way Decoction (or Ten-Way Great Tonic)² Divide the package² The author sees many patients in his outpatient clinic who suffer from severe developmental disorders and attachment disorders, but with this small dose prescription, herbal medicine, and simple trauma treatment, the majority of cases can be treated without difficulty. PTSD Patients with this condition often have suicidal thoughts and there are many accidents caused by overdosing on medication. The combination of low-dose prescriptions and herbal medicines is also highly safe in this regard.

No conflict of interest

Statement Offering

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