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Research Article

A Survey of the Imaginary Companion Experience in Adults with Intellectual Disabilities

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Abstract The imaginary companion phenomena has been well studied in children and adolescents but less so in adults. A comprehensive review of the research suggested that adults with Down Syndrome have a higher prevalence of adults having imaginary companions than nonintellectually disabled populations. The present study examined the prevalence and characteristics of the imaginary companion experience in adults with intellectual disabilities via surveying their treating psychologists. Out of 1914 adults with intellectual disabilities, only seven individuals were identified with imaginary companions in adulthood. Nearly, all of the characteristics of the imaginary companion in this population resembled those in a nonintellectually disabled population, including influencing the person to commit acts of violence. The main difference between the populations involved the adults with intellectual disabilities keeping their imaginary companions for a majority of their lives. However, a strategy developed for banishing imaginary companions for a nonintellectually disabled population has also worked in a case study with an adult with intellectual disabilities.

Keywords imaginary companions, persons with intellectual disabilities and imaginary companions

1 Introduction

An imaginary companion (IC) was described by Svendsen [8] as "Invisible character named in conversations with other persons, or played with directly for a period of time, having an air of reality for the child, but no apparent objective basis." Dr. Ralph Allison [2], a retired forensic psychiatrist who specializes in this area, added that "Imagination is a process used by the (Original) Personality for the purpose of creating mental entities (such as ICs) for a wide variety of purposes. There are no limits to the human imagination, so mental entities can be created in any size, age, sex, or physical form. They may live inside or outside the creator's body, as well as placed in objects. They are fueled by raw emotions and are not designed for survival purposes. They may have limited and changing characteristics, as they can constantly be redesigned by the imagination of the (original) personality, as needs and desires change. Since they are chosen to be made by the (original personality), the creation of imaginary playmates (or ICs) is voluntary. The (original) personality can destroy any and all imaginary playmates, once the person has made up his or her mind to do so. All that is needed is the will to get rid of them and take responsibility for what they have been doing in the person's behalf. In addition, when ICs are internalized, they can act superficially.

The area of exploring the adult experience of having ICs is a limited area of research. A major contributor in the assessment and treatment of clinical and forensic cases of adults with intentional imaginary companions is Dr. Ralph Allison. A review of his clinical and forensic cases as well as a comprehensive compilation of adult cases with ICs can be found in Faccini [4]. Basically, adults having ICs were examined in terms of the more common diagnoses given to comorbid disorders, since DSMIV has not identified the presence of IC as part of any clinical disorder. Basically, the largest sample of adults with ICs, as a population, are adults with Down Syndrome (as reported in Patti et al. [7] and McGuire [3]), followed by adults diagnosed with dissociative disorders and then schizophrenic spectrum disorders. The function of the ICs for the adults with Down Syndrome was primarily positive and adaptive, whereas mixed adaptive and maladaptive functions were observed in adults diagnosed with dissociative disorders followed in prevalence by schizophrenic spectrum disorders which primarily had ICs which served maladaptive functions.

In regard to adults with an intellectual disability, Fotheringham and Thompson [6] presented the cases of three children with Down Syndrome and 'borderline multiple personality disorder" who had ICs. They speculated

that "experiencing imaginary friends progresses to experiencing multiple personality disorder in some individuals as personal stress increases." In addition, McGuire et al. [3] found that 81% of their 500 samples of children and adults with Down Syndrome engaged in conversations with imaginary companions or themselves. The function of their self-talk appeared to be primarily adaptive, namely, for problem solving, entertaining themselves, to vent feelings, to deal with frustrating situations, or to direct their behavior. Although another case study featured the treatment of an adolescent, the fact that he also has "mild Asperger's disorder" is relevant since he also had "a multitude of imaginary companions." Adamo [1] described the treatment of a 14-year-old boy with mild Asperger's disorder and ICs. Adamo states "the multitude of imaginary friends protected him from catastrophic feelings of loneliness and deadness, but at the same time interfered with the possibility of establishing meaningful relations with human beings." Furthermore, Faccini [4] also presented a case of a person with an intellectual disability, and a total of 12 ICs, three of whom could take control of his body and influence him to commit acts of pedophilia, exhibitionism, obscene phone calling, and child abduction. Since there are some case reports highlighting the presence and function of imaginary companions in adults with intellectual disabilities and since Patti et al. [7] and McGuire et al. [3] found that a relatively large number of adults with Down Syndrome had ICs, it was hypothesized that other adults with an intellectual disability, as a population, would also have a higher than expected frequency of adults who have ICs, and further contribute to the understanding of the adult experience of ICs.

2 Method

A survey of psychologists who were employed by New York State—Office of Mental Retardation and Developmental Disabilities within the Downstate Area of New York was sampled. In total, 80 to 100 percent of the psychologists from Brooklyn, Queens, Manhattan, Bronx, Long Island and Westchester, Rockland, Orange, and Sullivan regions responded to the survey. The adults with ID for whom they provided psychological services included adults living in the community as well as special units (i.e., with adults who have psychiatric disorders and intellectual disability), as well as intensive treatment units (for adults who have psychiatric, personality, and intellectual disabilities and offender problems). The survey consists of asking the psychologists what type of unit they provided services for, the number of adults on their caseloads followed by the number of adults with imaginary companions they had on their caseload. If a psychologist had no adult on his caseload with ICs, then the survey was terminated. If they did have at least one adult with an imaginary companion, the entire survey was completed. The following is a listing of the areas contained in the survey: characteristics of the adults with ICs (diagnosis, gender, ID functioning level, history of trauma or abuse, and age of IC onset); the experience of the IC (number of ICs the person has/has had, how ICs were formed, how long an IC existed, how an IC is experienced, how an IC takes control of the person, who knows/has known about them, number of times and method of giving them up), as well as the function and consequence of having the ICs (advantages and disadvantages of having an IC, how the IC exerted control over the person, the function served by the IC, and any forensic involvement because of the IC's influence).

3 Results

Overall, seven adults with ICs were identified from 1.914 adults with intellectual disabilities or 0.4% of the population surveyed with 4 adults living in the community and two adults living in a special unit addressing psychiatric disorders and intellectual disabilities and 1 adult in a regional secure unit for psychiatric/offender issues and intellectual disabilities. Of this small sample of 7 adults who did have ICs, 71% of the adults were diagnosed with a disorder on the schizophrenic-spectrum (3 with schizophrenia and 2 with schizoaffective disorder). Primarily, almost all of the adults were diagnosed with mild mental retardation (6 of 7 adults) and 1 adult with severe mental retardation with males outnumbering females five to two.

Historical antecedents to the experience of ICs included 2 cases of trauma, 3 cases of emotional/physical and sexual abuse, and 2 adults with no such history. In particular, the gender of the ICs was primarily male for 5 adults, female for another 2 adults, and both male and female for another two adults. The number of ICs that an adult had included is 3 individuals having 1 IC, 2 adults having 2 ICs, 1 adult having 3 ICs, and one individual having 12 ICs at one time. The adults believed that the imaginary companions were real because they could be heard so clearly followed by being seen so clearly and then because they thought or acted so differently than the adult. Usually, an IC was kept for the person's entire life (with one 1 adult having tried 10 times to get rid of them), while the other 6 adults never trying to rid themselves of their ICs. Furthermore, 4 individuals initially created them as a child and 3 only as an adult. In regards to how they were formed, an equal number of individuals identified replicating someone from TV or movies, replicating a relative or a friend, and that the IC just appeared or was only a voice. A majority of the adults could see and hear the IC and that the IC was around when they would converse or be around real people, in fact 6 adults would argue with their IC. In terms of the type of control that the adult experienced, 3 adults identified that the IC affected

their hearing, 2 adults identified that the IC affected their hearing and actions, and then 1 adult identified that the IC affected his actions or thought/body/actions. Furthermore, in regards to exerting control over the adult, 2 adults identified that their ICs interfered with their daily functioning (i.e., sleeping under the person while they were trying to sleep, influencing them to elope), 1 IC would have the adult hurt himself, 2 ICs would have the person attack others, and 1 IC would influence the adult's perception that his body was changing in gender and size, and influence the person to commit sex offenses. Surprisingly, more clinicians knew about an adult's IC followed to a lesser extent by one's family and then friends.

In regards to functions and consequences of having ICs, out of a total of 18 ICs identified for the 7 adults, the following functions were identified: 6 were for an emotional outlet (containing and/or expressing difficult emotions), 5 were for a company, 3 were as an alter personality, 3 contained forbidden emotions for the adult, and 1 served as a guide. The result of having an IC as an adult included 2 adults being less angry, 2 adults identifying that the IC helped with managing their feelings better, 1 identified getting along better with others, and 1 adult identified the IC helped to manage his fears. In regards to disadvantages, 4 out of 7 adults did not identify a primary disadvantage while feeling controlled, more anxious and confused, withdrawing more from people and more into fantasy were about equally identified as disadvantages for the other 3 adults. Only one individual was placed into a regional secure unit because 3 of his 12 ICs directly influenced him to commit various sex offenses. This person was able to banish all of his ICs with the therapist's assistance as already described in Faccini [5]. Basically, the use of the "Bottle Technique" which was developed by Allison [2] for use with non-ID populations was able to be successfully used to banish all of this adult's 12 ICs. Basically, the strategy involves highlighting all of the disadvantages versus advantages of having the ICs and the person deciding that the disadvantages outweigh the advantages. Subsequently, trauma or abuse would be addressed followed by the person assuming responsibility for the acts that were attributed to the ICs, and their collecting all of the ICs into one breath and expelling them into a bottle, replacing the ICs with an adaptive value and then discarding the bottle.

In regards to adding to the existing research, an additional 5 cases were identified herewithin which when added to the composite of 6 cases already identified in Faccini [4] totals 11 adults (with ICs) diagnosed with schizophrenic spectrum disorders that have been identified in research. Therefore, 11 for the total number of schizophrenic spectrum disorders and adults with ICs appear to be nearly equal to already identified 12 cases who were diagnosed with dissociative disorders (cited in Faccini [4]), less than the over 20 cases identified in Patti et al. [7], and McGuire et al. [3], including adults with Down Syndrome and ICs.

To further illustrate the adult experience of ICs, two cases are presented which highlight how the ICs contributed to acts of violence.

Case A

A 40 year old woman with diagnoses of Schizophrenia and mild mental retardation has an IC that has been with her for all of her life. As a child, she suffered sexual and physical abuses. When she could not live with her family anymore, she was placed initially in family care. However, she was unhappy in this living arrangement and one night threatened her family care provider that while she slept she would "cut her head off." Subsequently, she was hospitalized and when discharged was placed in a nursing home, and then a community residence. While in the residence, she received intensive psychological counseling, where she disclosed that she had an IC. The female IC would talk to her, and intermittently appear to her. Primarily, the function of the IC not only was for companionship but also functioned as a negative alter ego. On occasion (about once per month), the IC would "tell her" to pull a knife on someone, threaten to cut their head off or throw a chair at them. Other maladaptive behaviors that she exhibited included eloping, excessive accusations of abuse against staff, and other acts of aggression (which totaled about three instances per month). Although the psychologist reported that she attributed certain aggressive acts to her IC, she did not attribute all of her maladaptive behaviors to it but identified that she would be "mad at someone" or that she "did not get what she wanted" as precipitants to the other acts of aggression. She never tried to get rid of the IC, and only disclosed that she had the IC to her psychologist and direct care staff.

Case B

The case of "T" was previously presented in Faccini [4]. Essentially, he was a 47-year-old male who was diagnosed with an atypical depersonalization disorder, a gender identity disorder, paraphilia, NOS, mild mental retardation and schizoid personality traits. In total, he had 12 ICs, three of which could control his body and influence him to commit acts of pedophilia, obscene phone calling, exhibitionism, and child abduction. As a young child, "T" experienced emotional abuse (i.e., perceived neglect and abandonment) which he coped with by withdrawing from others and creating ICs. As an adult, he had a total of 12 ICs which served a number of functions such as for guidance, companionship, an emotional outlet, nurturance/love, and as negative alter egos (which contained his deviant sexual arousal). Due

to the influence of the "baby" IC he engaged in a child-oriented lifestyle which usually aroused him and contributed to acts of pedophilia. At other times, when he tired to resist the influence of the "baby," the baby IC would shrink his penis (a partial Koro or genital retraction syndrome) and his body, and as he got older change his body from a man to a woman's body with three vaginas that menstruated and could bear children. He had tried to get rid of all of his ICs on 10 previous occasions but they returned after 6 months. Subsequently, he was engaged in a successful course of individual "Old Me New Me" and cognitive behavioral therapy which resulted in 7 months of symptom-free functioning (as of the date of this study).

4 Discussion

It was hypothesized that adults with intellectual disabilities might have a higher incidence of having ICs. Surprisingly, out of 1914 adults with ID, only a very small percentage, namely, 0.4%, had ICs. However, many similarities were found among the adults with ID and without ID. Similar, to a non-ID population, a schizophrenic-spectrum disorder was also frequently diagnosed for comorbid symptoms other than the IC, for both adults who were living in the community and special units. In addition, the historical antecedents of trauma and abuse were present for both populations; however, experiencing trauma and/or abuse were not critical events to having an IC. Also, the number of ICs that a person could have at any one time was also similar, ranging from one to a maximum of 12 at one time. Primarily, all of the other conditions including how the IC was created, experienced, and its function were similar to a non-ID population (see review in Faccini [4]). The only difference that was observed in this ID population, that varied with a non-ID population, was that 6 out of the 7 adults, in this study, who did report having ICs continued to have them for just about their whole lives without ever trying to get rid of them. In a non-ID population, when the advantages outweigh the disadvantages and the person is ready to take responsibility of his actions, then the ICs could be banished. Only the adolescents described in Adamo [1] and Faccini [5] got rid of their ICs while undergoing therapy. In particular, the Bottle Technique, which was developed for a non-ID population, was successfully used with an adult, in this study, to banish his 12 ICs.

The limitations of this study include that the psychologists completed the survey regarding the characteristics and function of the ICs for the adults with ID on their caseloads; some error may have existed since the direct examination of the adults was not completed by the investigator. However, prior to the study, when the investigator was asking various colleagues about their experience of assessing and treating adults with ICs, it was readily apparent that if the psychologist had an adult with ID and imaginary companions that they thoroughly knew about their existence, influence, function, etc. Also, it might have been more beneficial to sample more adults, however the current sample was deemed large enough to evaluate this phenomena.

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