SIX ESSENTIAL THERAPEUTIC TASKS IN TREATING
TRAUMA-INDUCED DISSOCIATIVE DISORDERS

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SIX ESSENTIAL THERAPEUTIC TASKS
IN TREATING TRAUMA-INDUCED DISSOCIATIVE DISORDERS

In this paper, I will examine a theory for understanding and treating MPD that emphasizes person more than personality. It is quite easy in investigating MPD to become mesmerized and fascinated with the essentially defensive constructs (personalities) that traumatized persons have created, while failing to recognize or remember that the creator is not the created and, in Monte's (1980) term, there is a person beneath the mask(s).

Six essential tasks necessary in the treatment of trauma-induced dissociative disorders, especially MPD, will be reviewed and predictable neophobic reactions to the therapeutic process will be investigated.

The following section focuses on the distinction between a person and a personality.

Persons and Personalities

In Disorders of Personality, DSM-III: Axis II, Theodore Millon (1981) states:

In the first years of life each child displays a wide variety of behaviors. Although exhibiting a measure of consistency consonant with his or her constitutional disposition, the way in which the child responds to and copes with the environment tends to be largely spontaneous, changeable, and unpredictable. These seemingly random and capricious behaviors serve an important exploratory function. The child is "trying out" a variety of behavioral alternatives for dealing with his/her environment. Over time the child begins to discern which of these actions enable him to achieve his or her desires and avoid discomforts. Endowed with certain capacities, energies, and temperaments, and through experience with parents, sibs, and peers, the child learns to discriminate which activities are both permissible and rewarding, and which are not.

Tracing this sequence over time it can be seen that a shaping process has taken place in which the child's initial range of diverse behaviors gradually becomes narrowed, selective, and, finally, crystallized into preferred ways of relating to others and coping with this world. These learned behaviors not only persist but are accentuated as a result of being repetitively reinforced by a limited social environment. Given continuity in constitutional equipment and a narrow band of experiences for learning behavioral alternatives, the child acquires a pattern of traits that are deeply etched and difficult to modify. These characteristics comprise his/her
personality -- that is, ingrained and habitual ways of psychological functioning that emerge from the individual's entire developmental history, and which, over time, come to characterize the child's "style."

The traits of which personality is composed are not a potpourri of unrelated perceptions, thoughts, and behaviors but a tightly knit organization of attitudes, habits, and emotions. Although we may start in life with more or less random and diverse feelings and reactions, the repetitive sequences of reinforcing experiences to which we are exposed narrows our repertoire to particular behavioral strategies that become prepotent and characterize our personally distinctive way of coping with others and relating to ourselves. (pp. 4-5)

From the preceding quote, I would like to focus on the ideas of random exploration, learned behavior, crystallization, the problem of modification and prepotent behavioral choice to aid the reader in understanding the difference between person and personality.

In the period when the developing child is randomly exploring and trying out behavioral alternatives, the relatively uninhibited young person is displaying what Rogers (1961) called an openness to experience. There is a direct relationship to the world in terms of actions and reactions; motive, behavior and consequence are readily apparent to observing adults.

It is important to distinguish between two types of learning in a child's development -- hedonic and anhedonic. In an earlier paper (Smith, 1987) following the work of Mitchell and his colleagues, I identified a more primitive kind of non-associative learning or habituation. Mitchell found that shocked animals would continue to make choices that resulted in pain. His explanation was that these animals no longer made choices based on the consequences of pleasure and pain but would choose the familiar over the novel (neophobia). The importance of this finding for survivors of childhood trauma is that people habituated to a cycle of pain and numbness use anhedonic cues to guide behavior. In an ontological sense, continuing in a familiar pattern of pain and numbness would seem irrational. However, there is a reinforcing consequence -- the continuation of being. Since the person still exists after engaging in retraumatizing choices, an indisputable logic arises -- patterns of pain and numbness are causally required for existence.

For a crystallized personality to form in a child, a certain degree of development and maturity needs to take place. Mahler noted a consolidation of individuality (2-3 years) in which there is a stable self-concept, a notion of "me" separated from the love object (Monte, 1980). Millon (1981) (p. 83) writes that the "peak period of neurological maturation for certain psychological functions generally occurs between the ages of 4 and 18." He further adds that when children have developed their more basic sensorimotor skills and have reached the capacity for symbolic
internalization of external reality, they are able to construct what could be called a crystallized personality.

When a child is significantly traumatized between birth and five years (I am not addressing intrauterine trauma), aspects of the developing person become fixed and arrested. Personalities are rigidified and because of neophobic learning, these constructs are highly resistant to change. Finally, as they are prepotent, they override any other possible way of being in the world.

Sullivan used the term self-system to describe personality. A self-system is composed of a cluster of "security operations." (Moncte, 1980) A child's sense of security depends on feeling that he or she belongs and is accepted. Any actions or attributes that bring disapproval tend to be blocked from awareness and dissociated.

Because children in traumatizing families or social groups can be brutalized at so many levels in so many ways by so many people, numerous security operations may be formed, often contradictory, to interact with capricious and irrational people in the social environment.

Secondary anxiety arises whenever there is a possibility that dissociated thoughts or feelings may become conscious. (Campbell, 1989) Thus, traumatized children must divide their energy between maintaining their security operations and repressing what are considered to be dangerous aspects of the unconscious.

For people with MPD, there is an additional force at work -- the drive to make sense of their experiences. This is difficult when sensation is problematic and the sensorium is closed to new perceptions and ideas. However, for the arrested aspects of the person behind the personalities, sense, at least unconsciously, has already been made: "these people may kill me, neglect me until I die, or push me to kill myself."

Before I explain the organic theory of multiplicity, I would like to comment on one important aspect of personality theory that makes the process of reunitifying the divided aspects of the person extremely difficult, that is the problem of identifying with the defensive personality constructs.

Monte (1980) in Beneath the Mask quotes Carl Jung: "There is danger in the persona, for 'people really do exist who believe they are what they pretend to be.'" (p. 289) In discussing R. D. Laing's concept of personality, Monte writes the following:

....In the normal individual, the mask or false front presented to others is not the medium of that individual's gratification of true-self desires. For the normal individual, the mask is a convenient social necessity. For the schizophrenic, the mask is the very vehicle of survival -- a necessity without convenience. (p. 396)
For a person overly identified with his or her survival mechanisms, the dissolution of the false front is perceived as a disintegration of the person. Extreme care should be exercised in separating the survival mechanisms from the person they protect.

In the following section, I would like to explain a theory of multiplicity that could be subtitled Persons, Personalities and Elaborations of the Person. The topography of the person/personality system will be examined and the function of the system will be explained.

An Organic Theory of Multiplicity

The Irreducible Level of Integrity

I would like to begin this theoretical explanation by introducing and defining a term, the irreducible level of integrity. This refers to a threshold of connected interaction between the cognitive, emotive and behavioral systems of a person that supports consciousness, feeling and rational choice.

Persons at or above this level are open to experience and evidence what Laing (1972) calls a sense of primary ontological security. Constructs such as personalities can be modified without expectation of annihilation or a fear of nonbeing. Defensive behavior is appropriate to the magnitude of threat and normal homeostasis can be restored when the danger has passed.

If threat or traumatic insult disrupts this level of integration, a person must employ degrees and combinations of distortion, denial and dissociation in order to protect the injured aspect or aspects of the person and to preserve some degree of functioning in the present.

Traumatic Fixation and Isolation of Younger Parts of the Person

To adequately understand the fixation and isolation of younger parts of the individual who are arrested by trauma, it is important to understand three basic areas in which injury can occur. Infants and young children need adequate stimulation and adequate rest, adequate nutrition and hydration, and adequate temperature regulation. Constant stimulation by confusion and trauma pushes the nervous system to the breaking point and rest becomes a matter of collapsing into a state of disorientation and shock. Withholding food and water, force feeding or providing foods that are nutritionally deficient are other ways people can traumatize children. Through deliberate action or neglect, people can injure infants and children by exposing them to extreme levels of external heat and cold and by disrupting the mechanism responsible for a child's internal temperature regulation.
Because so many types of trauma can be experienced during critical developmental stages from a variety of people, many aspects of an injured child simply stop developing. Defense against fear and pain are mechanical; consciousness and feeling are shut down.

Although many investigators of MPD would call these arrested aspects of the person personalities, I prefer to see them as persons or actual parts of a person. Their experiences are real; they want to keep growing, and they hold the spontaneity and vitality necessary for experiencing peace and joy. Often when they have enough trust to emerge during therapy, they want to rush to the caregiver (therapist) for soothing, comfort and validation.

Following Putnam, Stardancer (1991) writes about discrete states of awareness. She notes that: "During a state of trauma, the integration of experience is overwhelming...and...Concurrent awareness is...dissociated into separate states of knowing." (p. 10) This discreteness shields the injured aspects of the person from one another so that concurrent awareness of the total history of assault on the person does not lead to complete personal disorganization. It also serves as an economical storage of memory in terms of isolating the type, the time (developmentally) and the circumstances of the trauma(s). Finally, the discreteness of persons functions as a mnemonic device that tracks the needs and fears of each aspect of the person so that consideration and care may be given during the process of reunification.

At a certain point, a traumatized child (about five years), if he or she has not lost complete touch with reality, reaches a level of development and maturation that allows some sense-making about what has happened in the past, what is occurring in the present and what may occur in the future. This degree of personness is capable of creating and maintaining a defensive personality structure with the requisite attitudes, thoughts and behavioral security operations necessary to repress and minimally care for the less fully developed parts of the person.

This personality which is formed by the most mature aspect of the person can be called the first crystallization. From this crystallization is formed lateral elaborations of the personality. Projection and reification are employed to form imaginary friends or helpers. They may be dominant or submissive, angry or repressed, smart or stupid, obsessive or scattered. The forced accommodation of programmed attitudes, beliefs and behaviors from the social environment may also be part of the first layer of crystallized personalities. However, their function is the same -- to maintain some degree of personal integrity in the face of threat.

It is not clear if there is a relative correspondence between the personalities and the fixated aspects of the individual. The personalities may be an attempt to maximize the repertoire of responses in an unpredictable and frightening world. More research may help answer that question.
A further reason for focussing on person rather than personality is the hypertrophic elaborations of the individual that are permitted or forced to grow by the social environment or that continue to develop, on their own, often unnoticed by either the person or the perpetrators.

These developments may be in the area of work, intimacy, social interactions, spirituality or intelligence. These developments are purposeful. They meet the needs of the present, provide protection from the outside, aid in the repression of the injured person, research reality, have the ability to learn from experience, have the capacity for skill acquisition and, if there is a chance, initiate the process of reunification.

A second, emotionally detached crystallization is formed to organize and coordinate the activities of the elaborations as the individual seeks to reunite the divided aspects of the person.

A protective disavowal takes place during the process of unstable and uneven personal growth. The developed, elaborated parts of the person do not want to fully know the extent of the injury suffered in childhood and the sequestered, hurt parts of the person hidden behind the first crystallization do not want to be uncovered and exposed.

Because of the profound fear of annihilation in both the younger and older parts of the person, and a strong identification with the protective personalities, the concepts of death of the self and ego death in a therapeutic situation are unduly harsh for use in treating people who have walked a fine line between extinction and circumscribed being for most of their lives. The distinction between a personality that can be dissolved and an irreducible person who can deal directly with reality and maintain a sense of unity and wholeness needs to be emphasized and re-emphasized from the beginning of therapy to a successful therapeutic conclusion.

It is astonishing at this point in the study of MPD that so many theorists and clinicians still regard reified personality constructs as real entities with cognitive, verbal, auditory and behavioral capacities. They fail to recognize that the thinking, speaking, hearing and doing attributed to the personalities are generated by the person or aspects of the person residing behind the personality crystallizations.

It seems more fruitful to view defensive personalities as directional constructs that come and go depending on the complex of internal and external stimulus cues present at any given time or in any given situation. These stimulus compounds evoke stereotypical, habitual response patterns that minimize confusion and panic and provide orchestrated behavior that preserves some sense of security and well-being.

The problem with this arrangement is that the aspects of the person who have generated and maintained the personalities have lost touch with their own creations. Thus, the personalities seem to be
separate, disconnected entities who behave in accordance with their own attitudes and beliefs.

The fact that persons animate personalities starts to become clear when the protective disavowal that separates the hurt and hidden younger parts of the person from the more developed personal elaborations begins to dissolve.

The self-love that is implicit in the protective separation is openly shown. The divided aspects of the person can then embrace each other and restore the sense of wholeness and completeness that has been lacking.

The task of reunification is difficult and fraught with potential peril. However, the impulse to be and to grow is powerful and is one of the most important things a person can contribute to the process of regaining wholeness.
An Organic Theory of Multiplicity

Irreducible Level of Integration

Below this level, degrees of denial, distortion, and dissociation are required to protect the injured person or persons to preserve some degree of functioning in the present.

Initial split - Conscious/Unconscious Feeling/Unfeeling

First Person Developmentally and maturationally capable of some sense-making regarding previous traumatic experiences.

First Crystalization

Capable of creating and maintaining a defensible personality structure with requisite attitudes, thoughts, and behavioral security operations necessary to suppress and care for the younger injured selves and to placate and propitiate the perpetrators.

Disavowel

Lateral Personality Elaborations
1. Projections
2. Reflections
3. Imaginary Friends
4. Helpers

Spiritual

Hypertrophic development of innate capacities - aspects of the person that proceed as far as possible in development and maturation.
1. Meet present needs
2. Provides protection from outside
3. Aids in the suppression of injured aspects of the person
4. Research/Reality Testing
5. Ability to learn from present day experience.
6. Skills Acquisition
7. Initiation of Therapy

Hypertrophic Elaboration of Aspects of the Person

1. Emotionally Detached
2. Organizational construct for the elaborated person
3. Coordinated activity between the elaborated persons.

Emergence of First Person
Six Essential Therapeutic Tasks
in Treating Trauma-induced Dissociative Disorders ©

Martin R. Smith, M.Ed.

This paper examines six basic tasks that appear to be necessary in order to restore consciousness and a sense of well-being to persons suffering from dissociative disorders resulting from childhood trauma. Even the most experienced therapist and motivated client can become confused and disoriented working through the complexities involved in recovering from dissociative disorders. As a team, they can work to complete these tasks and bring about a sense of wholeness and independence in the client. These tasks are meant to guide, direct and reorient both therapist and client as they move through the therapeutic process.

1. Recognition. This task centers around the client's awareness of dysfunction including somatic evidence, cognitive problems and interpersonal difficulties in social situations and with significant others. The therapist's task is to mirror and validate the presenting symptoms of the client and establish a therapeutic alliance.

2. Recollection. This task involves identifying and connecting with dissociative personalities or fixed ego states and uncovering their traumatic memories along with the beliefs and habituated reactions that maintain dissociation. The therapeutic subtask is to guide the regression process while reassuring the client that the return of memories and feelings is not an act of self-destruction.

3. Disobedience. The basic belief in a traumatizing family is that the practice and support of destructive behaviors by adults should be tolerated and accepted without protest by the children. Children are threatened, punished, and coerced into keeping the adults' behavior secret. They also incorporate the adults' dissociative and destructive patterns into their own being. Disobedience includes extinguishing dissociative habits stemming from beliefs about maintaining destructive behaviors. This may necessitate detoxification from addiction to exogenous substances and the extinguishing of habitual body tension and cognitive hypervigilance. The client's main subtask is to disobey irrational authority by challenging the belief in the necessity for continuing these behaviors.

4. Retaliation. The motivating force to be inhibited is the talionic response, i.e. direct eye-for-an-eye retaliation for abuse (Reik, 1962). This rage toward the perpetrators has been forcefully inhibited and is often directed back toward the self through retribution or displaced onto others. Reconnecting with this inhibited desire and outwardly expressing the talionic response opens up the client to feel other inhibited emotions and accelerates the process of mourning and grief. The therapist's subtask is to guide the client from transference and displacement to a clear recognition of who the perpetrators were. The therapist can assist the client in the expression of rage while differentiating between introjects conditioned and programmed to act in a hostile manner, and external perpetrators. This aids the client's reality testing concerning expected retaliation.

5. Separation. The task of separation is to distinguish between what has been termed "me and not-me." This includes recognizing the introjection and reification of the perpetrators and their beliefs, as well as introducing the concepts of locus of control and the possibility of independent thought and action.

6. Independence. This final task involves processing reflective grief (the loss of possibilities, opportunities, and self-actualization), teaching reparenting skills, assisting the client through necessary developmental tasks that may have been missed or poorly negotiated, and the building of self-esteem and self-worth. These are accomplished through effective, self-determined behaviors and actions; rehearsing and implementing social skills; establishing the capacity for intimacy, and leaving the client with the capacity for goal oriented living.

These tasks do not necessarily proceed in order and often a discovery made during one task will relate to another. Other tasks that are considered important from alternative therapeutic perspectives can be added to enhance the value of this list. These tasks can be adapted to other theories, serving to guide and direct the therapeutic process to a successful conclusion.

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Comments on the Use of the
Therapeutic Tasks With Multiples

Katharine Thompson, a Los Angeles area therapist, has used the
therapeutic tasks in treating MPD and has provided some valuable
clinical insights (Thompson, 1991).

Her first observation is that the third task, Disobedience, is an
over-arching dynamic that is part of the therapeutic process.
Recognizing symptoms of trauma, recalling taboo material,
expressing rage, separating from an irrational belief and behavior
system, and striving for independence all fly in the face of the
injunction not to be.

Secondly, the task of Recognition needs to be done slowly and with
care. Premature disclosure or exposure can send waves of panic
spreading throughout the person/personality system.

The task of Recollection needs to be delayed until there is
sufficient recognition that unity rather than division offers the
best possibility for feeling secure in the world. The idea that
the drawing together of experience, feelings, intelligence,
capabilities and skills is both possible and profitable gives a
basic stability so the difficult task of recalling and processing
traumatic events can begin.

Thirdly, the expectation of counter-retaliation for the expression
of rage (Retaliation) can be intrapersonal as well as extra-
personal. Beliefs in younger parts of the person that older parts
will act in a punitive fashion are not ungrounded in fact.
Elaborated aspects of the individual may react violently to a
disruption in the status quo. Additionally, aspects of the
defensive personalities, acting in a super-ego function, may demand
self-punishment for the supposed disobedience.

Thompson also suggests a very practical way to use the tasks. The
tasks may be cut up and each task pasted on a separate piece of
paper. Additional pieces of paper may be placed underneath so a
detailed list of items can be noted concerning each task. Because
there is a great deal of "me tooism" in multiples, other aspects of
the person may request or demand lists of their own. This helps to
consolidate therapeutic gains and establishes a sense of personness
in all parts of the system.

In our own clinic, Marjorie Toomim noticed a fascinating phenomenon
concerning the task of Separation. While using an EMG instrument
(to measure muscle tension) to train relaxation, she discovered
that the SCR (sweat gland activity) paradoxically flattened. This
is a sign of intense repression. After some questioning, she found
that the person doing the relaxing had invaded the muscle bracing
area of another person in the system, who became quite irrate.
After some discussion and reassurance, both agreed to the idea of
relaxing. Establishing an irreducible level of integrity takes
time when there is such a sense of division in the system.
One final comment concerns the task of Independence, specifically the problem of reflective grief. When the traumatic events of a multiple's life become clear and the immediate, active grief surrounding the loss of safety and security has been processed, there still remains a sense of a life unlived. Recovery seems like a Pyrrhic victory -- the cost is so great. Helping a client over this hurdle requires a great deal of sensitivity, compassion and reassurance that there can be a satisfying life after a life of muted despair. Perhaps proceeding towards and reaching that goal is a gift that persons with MPD give to others, a manifestation of the idea that life is worth living.
Predictable Neophobic Reactions to Therapeutic Progress ©

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1. Conditioned Feelings
   a. Guilt
   b. Shame

2. Rage

3. Responses to the Recognition and/or Expression of Taboo Material
   a. Depression
   b. Dependency
   c. Despair (Futility)
   d. Self-Harm
   e. Suicide

4. Escalation of Dissociative Patterns
   a. Cognitive (functional non-attention)
   b. Exogenous Substances
   c. Endogenous Substances (Catecholamines, Opioids and non-opioids)
   d. Physical Rebound
      1. Increased Muscle Tension
      2. Myofascitis
      3. Referred Pain
      4. Kinesthetic Memories
      5. Muscular Bracing

5. Fear of Retaliation
   a. From Hostile Intimates
   b. From Original Perpetrators in the Present
   c. From Significant People who are Objects of Transference and Displacement

6. Fear of Loss of Connection to Intimate Others Due to Personal Transformation
   a. Loneliness
   b. Isolation
   c. Abandonment
   d. Alienation

7. Fear of Collapse of Synthetic Self
   a. Shock of Self-Discovery
   b. Collapse of Reaction Formations
   c. Self-Repulsion Concerning Identification with the Perpetrator

8. Fear of the Collapse of the Dissociative System Leading to an Annihilation of the Self
   a. Incapacity
   b. Uncontrollable Flooding
   c. Loss of Minimal Connection of Cognitive-Emotional Behavioral Integrity necessary for Conscious, Rational Choice

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References


