

The Expression of Dissociative Process in Experiential Play Therapy (EPT)©

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Expression of Dissociative Process in Experiential Play Therapy.

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Workshop Description:

Children express dynamics of dissociative process in play. This is their way of expressing the severity of the trauma they endured. This will be identified on the dissociative continuum. It is important for the play therapist to be attentive to these expressions and their meanings to the distressed child. This workshop will help the play therapist become more sensitive and responsive to the levels of this process as part of the play dynamics.

Objectives:

To illustrate the occurrence of dissociative processes as children confront trauma in play therapy.

To provide the play therapist with a working understanding of how children express dissociative processes in their play dynamics.

To provide the play therapist with direct examples of dissociative processes in play therapy.

Agenda:

Orientation to dissociative continuum.

Behavioral and dysfunctional characteristics of dissociation.

Children's play examples of dissociative process in EPT.

Play therapy sessions of a boy indicating dissociative process.

Play therapy session of a girl indicating her alter egos.

Dissociation Continuum

In every trauma sequence expressed by the child in Experiential Play Therapy (EPT) there is a dissociative element that accompanies this dynamic. The dissociation continuum is the degrees of experiential dis-integration; affective, sensory, somatic, cognitive, and loss of self in a moment of trauma fear that threatens survival (Norton, 2011). Authors (Norton, B., Ferriegel, M., & C. Norton, 2011) postulate that trauma dissociation during childhood effects brain functioning that is usually inaccessible to verbal recall for the child.

Avoidance	Depersonalization	De-realization	Amnesia	Fugue states	Alter ego (DID)
Shock/Freeze/Immobility	Conversion/Somatization	Fragmentation	Hallucinations		
Confabulation	Compartmentalization	Out of body Experience			

Externalization: Hyper arousal - energy goes outward and is usually aggressive toward the world (expecting danger).

Internalization: Hypo arousal - energy goes inward and is focused on aggression toward self (expecting shame/blame).

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Levels of Dissociative Experience*

<u>Normal Range</u>	<u>Functional Level</u>	<u>Disruptive Level</u>	<u>Pathological</u>
Daydreaming	Fears	Sleepwalking (somnambulism)	Alter ego
Avoidance	Repression	Fragmentation	Polyfragmentation
Thought disruption	Flashbacks	Out-of-body experiences	Hallucinations
Fainting	Freeze/Immobility	Compartmentalization	Delusional thinking
Highway Hypnosis	Confabulations	Somatization disorders	Violent rage
Flat affect	Shock	Alexithymia (no words to feelings)	Suicide
Fantasizes	Numbing of body or parts	Self-mutilation	Evil behavior
Loss of perceptual focus	Fainting (Syncope)	Phobias	
Excessive crying	Memory gaps	Seizure-like absences	
Spaced out	Excessive crying	Hysterical paralysis	
Distractibility	Distorted perceptions	Conversion reactions	
Helplessness	Denial of reality	Childhood amnesia	
Mood shifts (detached)	Insomnia	Loss of sense of self (non-existent)	
Constriction (emotionally)	Intrusive thoughts	Estranged from one's body	
Constriction (physically)	Thrill-seeking behavior	Blackouts	
Confused thinking	Detachment	Identity alteration	
Reoccurring De ja vous Experiences	Fear of going crazy	Feeling possessed	
Unresponsive	Intrusive Memories	Conduct disturbances	
Zoned out	Mystical experiences	Dissociative amnesia	
Separation anxiety	Raging tantrums	Splitting of conscious/unconscious	
	Fear of going crazy		
	Tingling of body parts		
	Extreme defiance		

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*Norton, B., & Norton, C. (2012). Levels of dissociative experience. Webinar: Dissociative Process in Experiential Play Therapy (EPT)[®]. www.playtherapy.ws.

Short History of Dissociation

The term “dissociation” was first coined by Moreau de Tours in 1845 in the attempts to understand hysteria.

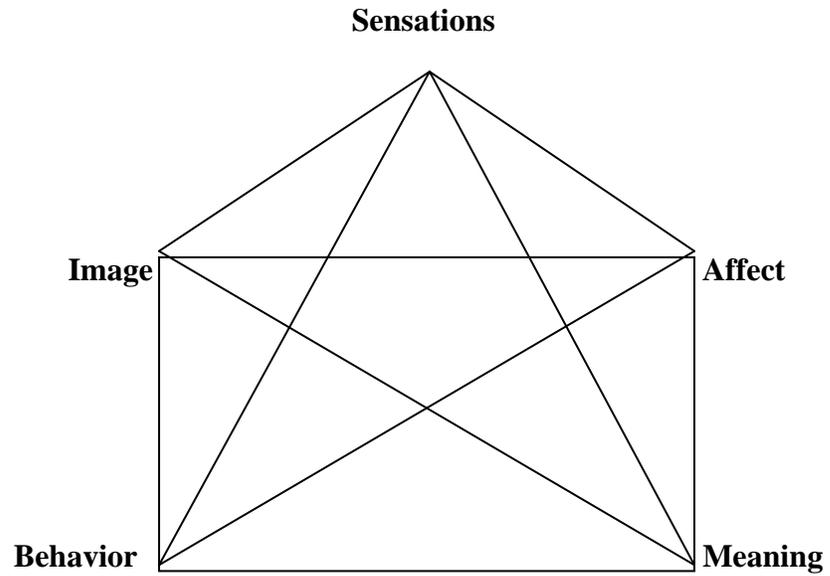
Janet (1907) - Dissociation is a division among “systems of ideas and functions that constitute the personality” Janet, 1907, p. 332). Janet developed the concept and is considered by many as the “father of dissociation.” Spent fifty years focused on this concept of treating hysteria. He is quoted in most current literature on dissociation because he was so advanced for the times.

B.A.S.K Model (Braun, 1990). See Reviere (p. 22 & 148). Dissociation is an inborn biopsychological process of behavior, affect, sensation, and knowledge that are normally integrated in one’s experience of self and the world.

Harry Stack Sullivan (1953) – “The good-me, the bad-me, and the not-me.” Sullivan believed that the “good-me” and the “bad-me” were conscious processes. “The good-me is the personification that organizes experience involving satisfaction and tenderness and activities that have met with approval from the mothering one. The bad-me is the personification of self that is associated with the increasing gradient of anxiety.” The not-me is dissociated and anything evocative of not-me experiences can be expected to arouse tremendous anxiety. It is the partition between the “me’ and ‘not-me’ that is the dissociative organization of the psyche.

SIBAM Model (1992).

The SIBAM Model of Dissociation*



*Levine, P. (1992). *The body as healer: Transforming trauma and anxiety*, Lyons, CO: Author, in Rothschild, B. (2000). *The body remembers*. NY: W.W. Norton.

Dissociative Process in Experiential Play Therapy

(Not in the same order as the lecture)

Dissociation is the first indicator in a trauma event that predicts the future diagnosis of PTSD.

“Dissociation is also one of the first defensive coping methods children have available to them.” (Shirar, 1996, p-4). (Sir Richard Bowlby, PTI Conference, Africa).

Survival is the primal need of an organism. Dissociation makes the intolerable, tolerable enough to survive.

Dissociation tells the therapist the level of pain the child has and is experiencing (Norton, 2007).

To a traumatized child, fantasy play is disguised reality (Norton, 1997).

Metaphor is how children introduce the experience of the dissociation. It can be very subtle and doesn't seem as important as it is, because adults sometimes think it is only child's play.

In play therapy we see far more dissociative activity than one realizes. As play therapist see dissociation but we don't always recognized the importance in the expression.

Young children and infants have the capacity to dissociate. When the situation requires this process to survive the child needs to dissociate!! (Sir Richard Bowlby example).

Trauma memory is not the same as recall memory. Trauma memory comes from the primitive areas of the brain. Recall comes from a higher functioning in the cortex. In court cases attorneys use the concept of false memory without differentiating between the two types of memory.

Dissociation occurs more than we realize in play therapy, especially when the language of the therapist does not disrupt the child's play process.

Regression has an element of dissociation. Regression is common as the child moves into trauma play with dissociation.

Dissociation occurs when affect does not match the content being expressed or played. Child states, “I’m still alive as he’s eating parts of me. He’s eating my eyeballs.”

“You woke up with no head.” The child’s loss of their thoughts or sense of self.

All trauma play has a dissociative factor expressed in the play process. The reason a child can express the dissociative dynamic is because fantasy play is the defense system against the stark reality of the trauma.

Once a child has had to dissociate the more likely that defense system will be used again if not helped by an intervention. Dissociation leads the more dissociative process in future developmental stages. Perry (1995) “states become traits.”

In the Therapeutic Growth Stage of EPT, the child does not use the disruptive level of dissociation, since integration has and is occurring in the play process.

Norton, B., & Norton, C. (2012). Dissociative Process in Experiential Play Therapy. Webinar: www.playtherapy.ws

Dissociative Dynamics of Children's Play in Experiential Play Therapy

The child has to be in an active trauma sequence of play in play therapy to use these examples.

Roles:

Roles explain the internal experience of the child; such as how they function in relation to the world around them and how they perceive their internal impact or functioning in relation to others.

The "role" metaphor indicates the emotional constriction and powerlessness the child has to use in order to still exist in their threatening world.

It's the child's way to be in the world and not be in the world.

Alien (Uses an alien as self or use strange language)

Zombie (dead inside, numb, frozen, etc.)

Robot (not a person but mechanical object) (depersonalization)

Fairy

Ghost (haunting thoughts/memories)

Non-existent (annihilation fears)

Invisible (there but not so vulnerable)

Being lost (disoriented)

Super heroes (absolute power)

Sleeping Beauty (dissociation as escape)

Snow White (living an alternative life)

Rapunzel (isolation)

Animal in feign death (being dead to live)

Wizard (wishing to change one's self or environment)

States of Being:

Fear of entrapment (dominant theme)

Theme of needing to escape (dominant theme)

Dead = dissociation “Scare to death”

“The baby dies.” (dissociation in implicit memories)

Frozen/ Statue (immobile) “Scared stiff”

In the play the child says, “We’re in a dream.”

Hypnotized (Hypnotizing gun) (the experience being played is the child’s dissociation).

Being in Hell (extreme fear and pain, with fire and impending death)

Being in Heaven (gone from life, gone from the pain, it’s over!)

Being in a den of poisonous snakes (total threat)

Child refers to self as opposite gender to disguise himself (not gender identity disorder).

“I’m dead inside but no one knows it.” (depersonalization)

Out of body experiences

Drawings with head only, body parts disconnected, floating body parts (fragmentation)

“I feel weird inside.” (depersonalization)

Thinking one’s another person (not a play role) (depersonalization)

“Now you ruined { sic } away” (Mental escape using dissociation)

“Now I’m here again.” (returning to consciousness after a dissociation experience).

“I turn invisible and you can’t get me.”

Being devoured by animal/monster (

Underwater or underground (not by choice)

Floating experiences (out of body dissipation)

Paralyzed (Hysterical paralysis) (Paralyzing gun).

Knockout drops

Alter ego with distinct name (not theirs)

“My younger brother/sister . . .” Does not have a younger siblings, reference to self in earlier stage of development with trauma pain.

Functional process: Functional process are actions or functions indicating awareness of themes of escape from the dysfunctions experience of the trauma.

A need to escape the situation or moment of distress or trauma memory.

Functional process is the survival of the self in an inescapable event or shock. This is a basic survival response of humans and animals. A thousand years of primitive brain process in action.

Making the “threatening event” disappear to reduce the immediate threat of perceived emotional annihilation.

Runs away (the dissociative escape)

Flying away from trauma scene

Child plays trauma sequence, then blows up balloon and lets it go (his need to dissociation and escape the event).

Numbing (pain reduction through dissociation)

Child falls asleep in or before session (child can't face the unconscious pain that they play is going to express)

Casting spells (theme of dissociation: i.e., gone, numb, zombie, etc.)

Child spins an object or figure obsessively. Spinning around several times creating dizziness is dissociation movement.

Transported to another world

Child is electrocuting each soldier when they're captured in war.

Magic wand: You disappeared, paralyzed, frozen, control your mind. “I always wear a jet pack on me.” Another boy said, I have a jetpack so I can get away fast.”

Identity as Pinocchio (depersonalized identity)

Tosses a self-object toy away from the play focus across the room in the middle of play (escape from brutality and dissociates)

Child aggressively tosses the perpetrator toy-object across the room in the middle of play (dissociation and separation)

Turning lights out and child disappears or turning lights off and child appears.

Fighting in the dark (sword fighting in the dark)

Total silence without movement (frozen and speechless).

Frantic or panic play or phases of this in the play process.

In a frenzy while playing the trauma situation

Boy holding his self-object in his hand and panics saying, “I can't find him.” (flashback and dissociation).

Body jerks (intrusive memories/startle responses/flashbacks)

Environments: What it feels like to be the trauma event. The emotional isolation and struggle the child experiences to their wellbeing as a result of the trauma experience.

Middle of the ocean/Lost at sea

Rocket ship to escape

In a Space Ship

Lost in Space (underground in China or in a satellite circling the earth).

“We’re in another world.”

Escaping to exotic or fantasy places: Transylvania, Tasmania, Moon, Mars, Jupiter, etc.

I’m going to China, Tasmania, North Pole (frozen),

Snow Storm/Blizzard

Stuck in quick sand or “sinking sand” as children call it today.

Airplane to escape

Cars or objects that fly away or child gives them wings.

Children make animals fly that don’t fly. (Remember a trauma sequence is active).

Booby traps everywhere

Stranded alone (island) (The isolation of dissociation)

In the fog (foggy distorted memory)

Behavioral indicators:

Immobilized, standing still or frozen response

Child moves in slow motion or with several pauses in movements.

Glazed look in eyes, far off look, zoned out, spaced out

Immediate conscious awareness is gone, loss of current thought

Lost awareness of the immediate process

Trance state as the child plays (Frog person)

Child speaks in foreign language/chants/gibberish

Can’t find the toy they want, while holding it in their hand (causes slight panic, especially if it’s the child’s self-object, enactment of the fear (death).

Unaware of the last behavior they just did.

Child having to re-orient oneself to their own play process. Like they step out of their life for a moment.

Somatic level

Regression

Loss of body control (Wetting pants in session)

Somatic memories – balloon with Sean's head.

Dysmorphia (body parts missing)

Loss of coordination or clumpy. (Depersonalization; body heavy, extremities are longer, shorter, disconnected, proprioceptor issues.)

Process Indicators:

Play is trauma play: Pressured, high intensity, very deliberate, very intentional, usually aggressive, content is violent, flat or exaggerated affect, with dissociative process, with themes of need for protection or need to escape.

Focus on blood, blood spraying, etc.

Child plays missing a body part

Child plays missing a brain.

Cutting out the heart of perpetrator.

"I'm broken," or self-object is broken

Child steals someone's brain (amnesia of self-pain).

Puts baby (self-object) in oven or microwave

Death but not dying

Person flying around the dollhouse or jumping off the roof.

Child throws the fear object away in violent manner.

Child shakes toy object in violent manner.

Spins until they are so dizzy their balance is gone (Follows trauma expression)

Killing but won't die (WY evaluation)

Repeated killing and dying

Disembodiment

Eating people/ Eating body parts

Assuming the position of the trauma experience (sexual position, birth process, car accident, etc.)

Gutting animals

Torturing themes of people and animals

Makes reference to things being heavy or light (sensory level of memory)

Makes reference to experiencing things as being cold or hot (sensory level of memory)

Child grunts repeatedly as the violent play is being enacted (somatic memories)

Boy cutting up his father's body and feeding it to the sharks.

Regression

"Sometimes my mind just goes crazy."

Child statements that indicate a dissociative process by children less than 8 years of age:

- “Sometimes my mind just goes crazy.”
- “I feel weird inside like I’m not there.”
- “I can turn myself into another person.”
- “I’m dead inside but no one knows it.”
- “My play is not real, and I’m not real.”
- “I don’t know if I’m dying or not?”
- “When I feel alive, it’s like I’m my brother instead of me.”
- “I know I’m moving but my body feels cut in half.”
- “I stay invisible because when you can see me, I’m dead.”
- “I’m being three different people all at once.”
- “My body is made of separate parts that don’t connect.”
- “I’m always practicing to be dead.”

Treatment Plan for Abby:

Provide a play environment that allows Abby to be safe and able to express her experiences.

The therapist must accept the existence of her alters and give meaning to Carpet's (Toby & Christopher) role in Abby's functioning, i.e., protecting her.

Respond to the alter egos as you would Abby in the play therapy process. (Carpet, Toby, and Christopher have to be an accepted entity in the therapeutic process to integrate the purpose of these alter-egos).

The therapist must focus on the dynamics of the dissociation. The therapist must assess the process of dis-integration, i.e., affect dis-integrated with cognition, sensory dis-integrated from identity, etc.

To eventually integrate the purpose that these egos serve for Abby's functioning and personality. Therapist may need to reframe the meaning of the alters so that they can be accepted and integrated.

To focus on empowering Abby, so that the impact, purposes, and influences of the dissociations are diminished.

Work with Abby's parents to provide a broader umbrella of security.

- 1) The parents will need some form of education concerning dissociation and its associated manifestations.
- 2) The parents will need specific interventions that give direct assurance to Abby that she is safe, protected, and secure.
- 3) Work closely with supporting the parents and providing awareness of dynamics that will emerge as part of her therapy (i.e., resistance, regression, rage episodes, etc.).

Cognitive processing comes after the “terror affect” behind the alters is reduced to some sense of control for Abby. At this phase, the child can be more present without denial of self-destruction looming around them.

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