

PART ONE

# **Understanding Dissociation and Trauma-Related Disorders**

## CHAPTER ONE

# Understanding Dissociation

### AGENDA

- Welcome and reflections on the introductory session
- Exercise: Learning to Be Present
- Topic: Understanding Dissociation
  - Introduction
  - Learning to Be Present
  - Understanding Dissociation
  - The Origins of Chronic Dissociation
  - Dissociative Disorders
- Homework
  - Reread the chapter.
  - Practice the Learning to Be Present exercise twice a day, morning and evening, or an equivalent exercise that you and your therapist have agreed is best for you.
  - Complete Homework Sheet 1.1, Reflections on What You Have Learned.

### Introduction

This manual focuses on helping you understand and cope with dissociation and the major dissociative disorders, as well as related experiences and problems. It is important from the beginning that you pace your work in this manual and also in your therapy according to what is tolerable for you at a given time. You may find that focusing on your dissociative symptoms may increase your anxiety temporarily; however, gaining an understanding of what is happening within you and learning more effective ways to cope will soon help you feel more relaxed and comfortable with your inner experiences. If you become too anxious at any time while

working in this manual, stop for awhile and practice the Learning to Be Present exercise found later in this chapter or other exercises in this book that will help you become calmer and more grounded. You can always return at a later time to finish a chapter. You will begin by learning more about how to stay present. Once you have practiced the exercise suggested for being present, you can read about dissociation in the chapter.

## **Learning to Be Present**

Being in the present, being aware of your surroundings and of yourself, is essential to learning, growing, and healing from a dissociative disorder. In the moment you are present, the past is behind you. Thus, before introducing any other topics, we begin with an exercise to help you focus on being present, because it is the foundation for all the work you will do in this manual and in your therapy, and because we know that when you have a dissociative disorder it can be a struggle to be present.

People with dissociative disorders encounter a number of problems that interfere with being present. When you are under stress or faced with a painful conflict or intense emotion, you may have a variety of ways to retreat from the present in order to avoid it. Although retreat may feel better in the moment, in the long run you will become increasingly avoidant of the present, which can make your problems worse.

There may be times when you feel spacey, foggy, or fuzzy. You may lose a firm connection with the present without even being aware of it, and only realize afterwards that you were not very present. Perhaps you become engulfed by negative images, feelings or thoughts from the past, or worries about the future such that you are so preoccupied in your own mind that you are not aware of the present. You may have times when you are aware of your actions, as though you are watching yourself, but do not feel you have control over them. It may seem as though you are present and not present at the same time! In addition, some people with complex dissociative disorders lose time, that is, they cannot account for what happened during significant periods of time in the present. And some people may “blank out” for periods and not be aware of anything. Other people retreat to fantasy or daydreams when life feels too stressful.

The following concentration exercise can help you focus your attention on the *here and now*. You can begin to learn to stop yourself from spacing out and eventually to overcome much of your dissociation by learning to stay present. Remember to gauge whether the following exercise is helpful to you, and if not, stop or modify it.

## **EXERCISE LEARNING TO BE PRESENT**

- Notice three objects that you see in the room and pay close attention to their details (shape, color, texture, size, etc.). Make sure you do not hurry through this part of the exercise. Let your eyes linger over each object. Name three characteristics of the object out loud to yourself, for example, “It is blue. It is big. It is round.”
- Notice three sounds that you hear in the present (inside or outside of the room). Listen to their quality. Are they loud or soft, constant or intermittent, pleasant or unpleasant? Again, name three characteristics of the sound out loud to yourself, for example, “It is loud, grating, and definitely unpleasant.”
- Now touch three objects close to you and describe out loud to yourself how they feel, for example, rough, smooth, cold, warm, hard or soft, and so forth.
- Return to the three objects that you have chosen to observe with your eyes. As you notice them, concentrate on the fact that you are here and now with these objects in the present, in this room. Next, notice the sounds and concentrate on the fact that you are here in this room with those sounds. Finally, do the same with the objects you have touched. You can expand this exercise by repeating it several times, three items for each sense, then two for each, then one, and then build it up again to three. You can also add new items to keep your practice fresh.

### ***Examples***

- **Sight:** Look around the room for something (or even someone) that can help remind you that you are in the present, for example, a piece of clothing you are wearing that

you like, a particular color or shape or texture, a picture on the wall, a small object, a book. Name the object to yourself out loud.

- **Sound:** Use the sounds around you to help you really focus on the here and now. For example, listen to the normal everyday noises around you: the heat or air conditioning or refrigerator running, people talking, doors opening or closing, traffic sounds, birds singing, a fan blowing. You can remind yourself: “These are the sounds of normal life all around me. I am safe. I am here.”
- **Taste:** Carry a small item of food with you that has a pleasant but intense taste, for example, lozenges, mints, hard candy or gum, a piece of fruit such as an orange or banana. If you feel ungrounded, pop it into your mouth and focus on the flavor and the feel of it in your mouth to help you be more *here and now*.
- **Smell:** Carry something small with you that has a pleasant smell, for example, a favorite hand lotion, perfume, aftershave, or an aromatic fruit such as an orange. When you start to feel spacey or otherwise not very present, a pleasant smell is a powerful reminder of the present.
- **Touch:** Try one or more of the following touch exercises that feels good to you. Touch the chair or sofa on which you are sitting, or your clothes. Feel them with your fingers and be very aware of the textures and weight of the fabric. Try pushing on the floor with your feet, so that you can really feel the floor supporting you. Squeeze your hands together and let the pressure and warmth remind you that you are here and now. Press your tongue hard to the roof of your mouth. Cross your arms over your chest with your fingertips on your collar bones and pat your chest, alternating left and right, reminding yourself that you are in the present and safe (the butterfly hug, Artigas & Jarero, 2005).
- **Breathing:** The way in which we breathe is crucial in helping us to be present. When people dissociate or space out, they are usually breathing very shallowly and rapidly or hold their breath too long. Take time to slow and regulate your breathing. Breathe in through your nose to a slow count of three, hold to the count of three, and then breathe out through your mouth to a slow count of three. Do this several times

while being mindful of how you breathe.

Notice whether there are already ways in which you ground yourself in the present.

## **Understanding Dissociation**

In the following sections, you will learn about dissociation that developed from past trauma. This concept is based on years of careful observations and study (Boon, 1997; Boon & Draijer, 1993; Van der Hart & Boon, 1997; Van der Hart, Nijenhuis, & Steele, 2006), including historical research into the original 19th-century literature on the subject and the lessons of the late 20th-century pioneers in the dissociative disorder literature (for instance, Braun, 1986; Chu, 1998; Horevitz & Loewenstein, 1994; Kluft, 1985; Kluft & Fine, 1993; Loewenstein, 1991; Michelson & Ray, 1996; Putnam, 1989, 1997; Ross, 1989, 1997). *Dissociation* is a word that is used for many different symptoms, and at times, it is understood differently by various professionals. We will begin by explaining integration, which is what you strive for as a major part of your healing.

### *Integration*

To understand dissociation, it is helpful first to understand a bit about its opposite, that is, *integration*. In the context of dissociative disorders, integration can be understood as the organization of all the different aspects of personality (including our sense of self) into a unified whole that functions in a cohesive manner.

Each of us is born with a natural tendency to integrate our experiences into a coherent, whole life history and a stable sense of who we are. Our integrative capacity helps us to distinguish the past from the present and to keep ourselves in the present, even when we are remembering our past or contemplating our future. It also helps us develop our sense of self. The more secure and safe our emotional and physical environment as we grow up, the more we are able to further develop and strengthen this integrative capacity.

Each of us develops typical and lasting ways of thinking, feeling, acting, and perceiving that are collectively called our *personality*. Of course, personality is not a “thing” that can be seen,

or that lives and breathes, but rather is a shorthand term that describes our unique characteristic responses as complex, living systems. Usually, people function in a coordinated way so that they make smooth transitions between their response patterns to adjust and adapt to different situations, like shifting gears in a car. They can go from home to work and smoothly shift their thinking, feeling, decision making, and acting, yet still experience themselves as the same person. In this sense, our personality is stable and predictable. Yet, to be most effective in our lives, we are always subtly changing, adjusting, adapting, and reorganizing our personality as we learn and experience more. In this sense, our personality is flexible.

### *Sense of Self*

Over the course of our development, we gradually learn to connect our life experiences across time and situations with our sense of self. We can then have a fairly clear perception of who we are, and we can place these experiences in our “life history” as an integral part of our autobiography. Each of us has a sense of self that is part of our personality and that should be consistent across our development and across different circumstances: “I am *me*, *I am myself* as a child, as an adolescent, as an adult, as a parent, as a worker. I am *me*, *myself* in good, in difficult, and in overwhelming circumstances. These circumstances and experiences all belong to *me*. My thoughts, behaviors, emotions, sensations, and memories—no matter how pleasant or unpleasant—all belong to *me*.”

### *Dissociation*

Dissociation is a major failure of integration that interferes with and changes our sense of self and our personality. Our integrative capacity can be chronically impaired if we are traumatized. It can also be disrupted or limited when we are extremely tired, stressed, or seriously ill, but in these cases, the disruption is temporary. Childhood traumatization can profoundly hamper our ability to integrate our experiences into a coherent and whole life narrative because the integrative capacity of children is much more limited than adults and is still developing.

Of course, not all failures in integration result in dissociation. Integrative failures are on a continuum. Dissociation involves a kind of parallel owning and disowning of experience: While one

part of you owns an experience, another part of you does not. Thus, people with dissociative disorders do not feel integrated and instead feel fragmented because they have memories, thoughts, feelings, behaviors, and so forth that they experience as uncharacteristic and foreign, as though these do not belong to themselves. Their personality is not able to “shift gears” smoothly from one response pattern to another; rather, their sense of self and enduring patterns of response change from situation to situation, and they are not very effective at adopting new ways of coping. They experience more than one sense of self, and they do not experience these selves as (completely) belonging to one person.

### *Dissociative Parts of the Personality*

These divided senses of self and response patterns are called *dissociative parts of the personality*. It is as though there are not enough links or mental connections between one sense of self and another, between one set of responses and another. For example, a person with a dissociative disorder has the experience that some painful memories of her childhood are not hers: “I did not have those bad experiences; I am not that little girl. She is scared, but that is not my fear. She is helpless, but that is not my helplessness.” This lack of realization, this experience of “not me” is the essence of dissociative disorders.

The functions of each dissociative part of personality or self may range from extremely limited to more elaborate. The latter is especially true in cases of dissociative identity disorder (DID), which will be explained in more detail in [chapter 3](#). Dissociation takes many forms, which we will discuss in the next chapter on symptoms. Many dissociative symptoms are common in people with dissociative disorders, but each individual may also have his or her own unique subjective experience of dissociation.

## **The Origins of Chronic Dissociation**

Dissociation generally develops when an experience is too threatening or overwhelming at the time for a person to be able to integrate it fully, especially in the absence of adequate emotional support. Chronic dissociation among parts of the personality or self may become a “survival strategy” in those who have experienced early childhood trauma. To some degree, dissociation allows a



person to try to go on with normal life by continuing to avoid being overwhelmed by extremely stressful experiences in both the present and the past. Unfortunately, it also leaves one or more parts of the person “stuck” in unresolved experiences and another part forever trying to avoid these unintegrated experiences.

It is important for you to know that in your journey toward understanding and coping with your dissociation, you do not need to focus immediately on the painful past. Rather, the first goal is to make sense of the dissociative aspects of yourself and to learn to deal more effectively with them so you can feel better in your daily life. Resolving the past comes after you learn to cope in the present both with your external and with your inner world.

There are biological, social, and environmental factors that make people more vulnerable to dissociation. Some people may have a biological tendency to dissociate or perhaps have organic problems with their brain that make it more difficult for them to integrate experience in general. Young children have less ability to integrate traumatic experiences than adults because their brains are not yet mature enough to do so. Their sense of self and personality are not yet very cohesive, and thus they are more prone to dissociation. And it has long been recognized that those without sufficient social and emotional support are more vulnerable to developing chronic trauma-related disorders, especially those who experience chronic childhood abuse and neglect. Finally, many families simply lack the skills to deal well with difficult feelings and topics; thus, they cannot help children who have been overwhelmed to learn effective emotional coping skills. Such skills are needed to overcome dissociation and resolve traumatic experiences. It is these skills, among others, that you will learn in this manual.

## **Dissociative Disorders**

When people dissociate chronically in ways that disrupt their lives, they may be diagnosed with a dissociative disorder. There are several dissociative disorders, and it is important to know that these classifications cannot completely describe any individual; in fact, we are still learning about dissociation. There is general agreement, however, that the major complex dissociative disorders typically develop in childhood, and that they are the result of disruptions in

the integration of the child's personality and sense of self, the effects of which continue on into adulthood.

At present, there are two classifications of diagnoses, and they differ to some degree from each other. One is the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, which is currently in its fourth edition (American Psychiatric Association [APA], 1994), with the fifth in progress at the time of publication of this manual. Each new edition includes changes to the criteria for mental diagnoses based on further research and other developments in the mental health field. The *DSM* is the major classification system that is used in the United States and many other countries. The other classification system is published by the World Health Organization (WHO) and is known as the *International Classification of Diseases (ICD)*. Some European and other countries primarily use the current 10th edition of the *ICD* (WHO, 1992). If we consider a continuum of trauma-related disorders, with posttraumatic stress disorder (PTSD) being the most basic, and developing in the aftermath of a traumatizing incident at any age, then complex dissociative disorders are a more pervasive developmental accommodation to trauma that originates in childhood, and they are further along the continuum.

This manual focuses on two particular dissociative disorders: Dissociative Identity Disorder (DID) and another dissociative disorder that is a kind of catchall category for people who have milder but similar symptoms of DID, called Dissociative Disorder Not Otherwise Specified, Type 1b (DDNOS) (see Appendix A). This latter disorder actually includes the majority of people who seek treatment for a dissociative disorder. The central difficulty in both disorders is a dissociation of the personality and self in which dissociative parts may take control of behavior or experience, or influence the person's behavior or experience from within. Of course, all dissociative parts compose the single personality of the person as a whole (International Society for the Study of Trauma and Dissociation [ISSTD], in press; Kluft, 2006; Putnam, 1989; Ross, 1997; Van der Hart et al., 2006).

You should discuss your diagnosis with your therapist if you have questions or concerns. Remember, diagnoses are not labels that make a statement about who you are. Rather, they are just ways to categorize broad experiences so that your therapist can help you. Most people with complex dissociative disorders first enter therapy

with other complaints, such as anxiety, panic, depression, eating and sleeping difficulties, substance abuse, self-harm, suicidal tendencies, somatic problems, pseudoseizures, and relational difficulties. If the therapist does not adequately screen for an underlying dissociative disorder, such a person can spend much time in treatment without necessarily getting the relief that he or she needs. Usually these problems or symptoms will resolve when it becomes clear how they are related to an underlying dissociation of the personality, because dissociation can maintain these symptoms until it is addressed.

In this manual we have tried to offer practical help for you to cope with symptoms of dissociation that trouble you, rather than to focus on diagnosis. Of course, diagnosis is important, because it provides a map for you and your therapist to follow so that you get proper help. But because the diagnostic criteria change from time to time, and there are even legitimate disagreements about these criteria, it is probably most helpful for you to focus on what will aid you in resolving the dissociation that hampers your life, rather than to worry too much about your diagnosis.

Practice the exercise at the beginning of the chapter: Learning to be Present. Practice at least twice a day for a few minutes each time. You might try doing the exercise as soon as you get up and just before going to bed. You can also do this kind of exercise for a few moments wherever you are during the day.

## **Homework Sheet 1.1**

### **Reflections on What You Have Learned**

Reflect on what you have read in this chapter about dissociation.

- Notice and write down what may and may not fit your experience.
  
- Notice and write down any thoughts, emotions, concerns, fears, questions, or other experiences that come to your mind.
  
- Notice if you tend to want to avoid the topic, and if so, how you avoid.