

## CHAPTER THREE

# Understanding Dissociative Parts of the Personality

### AGENDA

- Welcome and reflections on previous session
- Discussion of homework
- Topic: Understanding Dissociative Parts of the Personality
  - Introduction
  - The Inner World of the Dissociative Individual
  - The Meaning and Functions of Specific Types of Parts of the Personality
- Review of exercise on Developing Personal Anchors
- Homework
  - Reread the chapter.
  - Continue to practice the Learning to Be Present exercise.
  - Complete your list of anchors.
  - Complete Homework Sheet 3.1, Identifying Dissociative Symptoms.
  - Complete Homework Sheet 3.2, Recognizing Dissociative Parts of Yourself.

*Note:* This chapter contains a significant amount of material. If you are using this manual in a group setting, it may be helpful to take more than one session to cover the content.

## Introduction

People with a complex dissociative disorder have a dissociative organization of their personality that is comprised of two or more dissociative parts, each having (at least somewhat) different

responses, feelings, thoughts, perceptions, physical sensations, and behaviors. The inner world of these individuals involves interactions among various parts of the personality, whether or not within conscious awareness. Everyone's personality, as we noted before, is a complex dynamic system that, like all systems, involves continuous actions and reactions, with parts of the system interfacing for better or worse. Dissociative parts may take control or influence the person as a whole to a greater or lesser extent. As we have noted, these parts, no matter how separate they are experienced, are not other "people" or full "personalities," but rather are manifestations of the way in which your single personality is organized. You are still one person, although we understand that you may not always feel that way.

## **The Inner World of the Dissociative Individual**

### *Images of the "Inner World" of Dissociative Parts*

Many people with a dissociative disorder (though not all) visualize an inner space or world in which their parts reside, and they may also visualize an image of a particular part. They may describe inner scenes such as hallways with doors, houses with rooms, or particular scenes in which parts "live," such as a child huddled in the corner, or a teenager with stringy hair who looks very angry. These images are helpful because they can be changed therapeutically to increase inner safety and communication. For instance, rooms may have intercoms installed for better communication, or the image of a warm blanket or stuffed toy might be added to the picture of a child huddled in the corner to increase a sense of safety and comfort.

### *The Basic Functions of Parts of the Personality*

Although each person may have some unique features of his or her dissociative parts, there are some typical underlying similarities in the basic functions of parts. When people have been traumatized, their personality is generally organized into at least two types of parts based on functions. The first type of part is focused on dealing with daily life and avoiding traumatic memories, while the second type is stuck in past traumatic experiences and focused on defense against threat (Van der Hart et al., 2006).

The part(s) of the personality that function in daily life often comprise the major portion of the personality. Most people with DDNOS have only a single part that functions in daily life, while those with DID have more than one. This type of part usually avoids dealing with or even acknowledging other parts, though it may be influenced by them in various ways, which we will discuss below. This part may avoid situations or experiences that might evoke traumatic memories. Such avoidance originally helps people cope with daily life while keeping painful (past) experiences at bay. However, over time, it results in a life that becomes increasingly limited.

While the part of the personality that copes with daily life is avoidant, at least one other and usually more than one other part remain “stuck” in traumatic memories and think, feel, perceive, and behave as though these events are still happening (at least to a degree) or are about to happen again. These parts are typically stuck in repeating behaviors that are protective during threat, even when they are not appropriate. For example, some parts fight to protect even when you do not need such protection in the present, others want to avoid or run away even though you are safe, some freeze in fear, and others completely collapse. These parts are often highly emotional, not very rational, limited in their thinking and perceptions, not oriented to the present time, and are overwhelmed. They primarily live in trauma-time, that is, they continue to experience the traumatic past as the present, and hold emotions, beliefs, sensations, and so forth that are related to traumatic experiences.

### *Awareness of Parts for Each Other*

Dissociative parts may have varying degrees of awareness for each other. Some are not aware at all of other parts or are only aware of a few other parts. One part may be aware of another, but not vice versa. Some may be aware that other parts exist but do not understand the meaning of those parts. Even when parts are aware of each other's existence, they often are not in agreement about issues that are important to the person as a whole. One of your goals in using this manual is to learn to develop skills for reaching agreements among parts—which is different from forcing other parts to comply with you or ignoring their needs.

## *The Influence of Parts on Each Other*

Regardless of the degree to which parts are or are not aware of each other, they do influence each other. Any part may intrude on and influence the experience of the part that is functioning in daily life without taking full control of functioning, an experience referred to as *passive influence* (Kluft, 1987) or *partial intrusion* (Dell, 2002). In the previous chapter we discussed briefly some of these intrusion symptoms. You can be influenced by other parts in your thoughts, feelings, body sensations, perceptions, urges, or behaviors. For example, while in a store, people with a dissociative disorder may hear an inner voice that says, “Get out, get out, it’s not safe in here! You have to go home!” even though they know that nothing is wrong. This is more than a wish, but rather a desperate inner voice that comes from another part of the personality that may be visualized as a terrified young child. Perhaps such individuals might also hear or sense other inner voices that tell the child part to shut up or that complain about how stupid they are to go shopping because they do not need anything.

Such people may then feel confused, ashamed, and afraid of what is happening inside themselves and might feel a sense of impending doom, as though something terrible is about to happen. And all the while, they remain aware that they are simply in a store where everyone else is going about their business quite normally. In addition, they may hear or sense interactions among several inner parts so they feel like a bystander to a conversation or argument in which they are not included.

These intrusions have a different quality than the normal distress some people without a dissociative disorder may experience in a crowded store (“*This store is crowded and I am eager to finish and leave*”). Instead, it is as though a person with a dissociative disorder has (at least) two completely different minds that do not understand each other or are conversing about completely different topics. These intrusions may seem so bizarre or alien that you might have worried that you are insane, but this is not the case. Even though you may not fully understand yet, other parts of you have their own agendas, their own perceptions, thoughts, feelings, wishes, needs, and so forth for good reasons. Your challenge is to learn about and accept them without judgment, even if you do not agree with them. Only from that point of understanding can you make changes that support all parts in

working together more smoothly.

### *Executive Control*

In some cases, especially in DID, one dissociative part may take full control of your behavior in the world. The process of one part taking over from another, often an involuntary event, is called *switching*. If you experience switching, you may lose time when another part of you is in control. Or perhaps you are aware of what is happening, but it is as though you are watching and have no control over your behavior. For example, one person lost time whenever she was in a crowded store. She “came to” in her car with all her groceries but could not remember buying them. Another person experienced watching herself in the store as though she were walking behind herself or seeing herself from above, outside her body, wondering why she was being so slow in shopping. She reported being back in her body once she returned to her car.

Most dissociative parts influence your experience from the inside rather than exert complete control, that is, through passive influence. In fact, many parts never take complete control of a person, but are only experienced internally. Frequent switching may be a sign of severe stress and inner conflict in most individuals. However, for some patients with DID, switching in daily life is common.

### *Elaboration and Autonomy of Parts*

Parts of the personality may have a very wide range of elaboration of their characteristics, and autonomy, that is, a sense of being separate from other parts (Kluft, 1999, 2006; Putnam, 1997; Ross, 1997; Van der Hart et al., 2006). Some may have their own names, ages, sex, and preferences, but not all of them. But each part does, at the least, have a set of relatively limited memories, perceptions, thoughts, emotions, and behaviors. A few parts may become quite elaborated, with a much wider range of actions, skills, and more complex sense of self, particularly in individuals with DID. For example, a part may be active at work and also in social situations, requiring very complex emotions, thoughts, behaviors, and sense of self, while another part may only cry without words and feel afraid. This latter part has a very limited repertoire of experiences, behaviors, emotion, thoughts, and perceptions. Of course, most people with dissociative disorders have a single main part of the

personality that is quite separate and complex, and which functions in the world. As a general rule, the more parts, that is, the more fragmented the personality, the more rigid and limited is the experience of many (not all) such parts. The more active a part, the more interactions with other people and with other parts, the more this part may extend its own life history and activities. Parts also vary in their degree of autonomy, that is, the degree to which they are able to act on their own outside the control of other parts, including gaining full or executive control (Chu, 1998; Kluft, 1999, 2006; Putnam, 1997; Ross, 1997; Van der Hart et al., 2006).

### *Number of Parts*

People sometimes wonder how many parts they may have. The actual number is not important in itself. It is significant only in that the greater the fragmentation of the personality, the lower the person's integrative capacity tends to be. This usually means that people who have "more" parts may need to work more in therapy on increasing their capacity to integrate their experiences.

## **The Meaning and Functions of Specific Types of Parts of the Personality**

Parts of the personality have their own unique characteristics based on their functions within the person as a whole. Their characteristics, such as age, gender, emotional range, beliefs, and behaviors indicate what still needs to be integrated for the whole person. For example, a very young child part who calls for her mother likely holds longings for love and care that the person as a whole has found overwhelming, shameful, or otherwise unacceptable. Because parts of the personality are representations, they may take an infinite variety of forms, limited only by a person's experience and creativity. For example, a strong male part in a female individual protected her when she was vulnerable in a frightening situation, thus avoiding the realization that she was actually helpless. Another person described a part as a bird. That part could eventually be understood as a part that, in her imagination, tried to fly away and escape when experiences were overwhelming. Thus, the characteristics of a part are informative but are not the important focus of therapy, and they should not be taken literally. It is the *meaning and function* of what they represent



that is essential for you (and your therapist) to understand.

### *Parts of the Personality With Functions in Daily Life*

As noted earlier, people with DDNOS have one major part of their personality that functions in daily life, while those with DID have more than one part active in the world, for example, parts that go to work or take care of children. In extreme cases of DID, parts that function in daily life are not aware of each other. More commonly, there is some awareness, at least for many individuals, but also a degree of avoidance. And most parts that function in daily life are phobic of parts stuck in trauma-time.

### *Parts of the Personality That Hold Traumatizing Experiences*

There are several typical types of parts of the personality that are stuck in trauma-time. These parts are representations of common conflicts and experiences that tend to be difficult to integrate. Please note that the following descriptions are general and that the examples that are given may not fit for you. It is important that you accept your own inner experience as it is and not try to make it fit any descriptions in this manual.

*Young parts.* Most people with a dissociative disorder who experienced childhood trauma will have parts of the personality that experience themselves as younger than the person's actual age: adolescents, child parts of primary school age, and even toddler or infant parts. It is as though these parts are stuck in various developmental time periods of the past. They often hold traumatic memories, distressing, painful emotions or sensations, but sometimes also have positive memories. They typically hold unresolved feelings of longing, loneliness, dependency, and need for comfort, help, and safety, and also of distrust and fear of rejection or abandonment. These parts will be discussed more thoroughly in [chapter 25](#).

Of course, it is completely natural and understandable that people who have been neglected or abused have these experiences of need. At the same time it is common for other parts of themselves to find these normal needs repulsive or dangerous, because they have had negative past experiences with expressing what they want or need. Thus, some parts of the personality reject "needy" parts and have the belief that it is better to have no needs and to be completely self-reliant. This sets up a typical inner

conflict between parts that need and parts that are fearful or repulsed by those needs.

*Helper parts.* Some people with a dissociative disorder, but certainly not all, have “helper” parts in their inner world that take care of the well-being of other parts, an inner form of regulation that can be a resource and basis for learning further self-soothing skills. Sometimes helping parts are modeled on a kind person from the past or on an appealing character from a book or movie or television. These parts are the traumatized child’s attempt to soothe and comfort himself or herself. For some people, the major part of the personality who functions in daily life can learn to be quite empathic and helpful for inner parts as well.

*Parts that imitate people who hurt you.* Usually there are parts of the personality that hold anger and rage that are unacceptable or very frightening to other parts. Some may resemble people from the past who were abusive. These parts shame, threaten, or punish other parts inside, or they may direct their anger to other people in the outside world. Although the behavior of these parts can be quite frightening or shameful, as well as unacceptable, it is important for you to understand that these parts have good reason to exist and are representations, and thus not the same as the people who hurt you. They originally developed to protect you by containing many distressful experiences of anger, helplessness, and sometimes guilt or shame. Furthermore, their function often is to prevent other parts behaving in a way that, in the past, evoked fear or shame. Over time it is important to appreciate why they exist, even though their “methods,” that is, their behavior and attitudes, may not be acceptable. Your fear and shame about these parts must be overcome in order for you to heal. These parts, like all parts of yourself, need to become part of an internal “team” that collaborate and represent you as the whole person and your own history. And once they do so, you will be surprised at what tremendous help they will be to you. These parts are further discussed in [chapter 22](#).

*Fight parts.* Some angry parts are stuck in a fight defense against threat. They have the explicit function of protecting the individual by means of fight responses, either toward other people or toward parts inside that in some way evoke a sense of threat. Fight parts often believe that they are strong, have not been hurt, and are capable of carrying out strong aggressive reactions to perceived threat or disrespectful behavior. Often they view



themselves as a “tough” child or teenager or a large, strong man.

*Ashamed parts.* Shame is a major emotion that maintains dissociation (see [chapter 24](#) on shame). Some parts of the personality are especially avoided and reviled because they hold experiences, feelings, or behaviors that you, or some parts of you, have labeled as shameful or disgusting. You will need to be especially empathic and accepting toward these parts of yourself.

A central problem for people who have a dissociative disorder is that parts of the personality avoid each other and their painful memories and experiences, or they tend to have strong conflicts with each other. In the literature this has been described as *phobia of dissociative parts* (Van der Hart et al., 2006). Parts typically feel fearful, ashamed, or repulsed by other parts. In particular, dissociative parts that function in daily life want as little as possible to do with dissociative parts that are fixed in traumatic experiences. Parts stuck in trauma-time often feel abandoned and neglected by the parts that try to move on without them in daily life.

These ongoing inner conflicts can be painful and frightening, and they cost a person with a dissociative disorder a tremendous amount of energy. As we said before, all parts need to learn to accept and cooperate with each other. After all, in order to adapt and be at our best, we must learn to accept ourselves and all our aspects. Only in acknowledging and accepting are we able to make positive changes in ourselves.

However, we are aware that getting to know yourself and working more cooperatively internally can be a long and difficult process. You cannot expect yourself to immediately function differently when parts have spent a lifetime avoiding each other or being in conflict. Please remember that you will need much patience and self-acceptance in this work and go at your own pace. Remember to be empathic and accepting of yourself as a whole person.

The following exercises that help you to stay in the present can be useful to the parts stuck in the past, especially finding “anchors” in the present.

## **Homework Sheet 3.1**

### **Identifying Dissociative Symptoms**

1. Circle two dissociative symptoms that you may have had in the past week:

- Sense of fragmentation or division of self or personality (may include some awareness of dissociative parts)
- Alienation from yourself/not feeling real
- Alienation from your surroundings
- Experiencing too little/loss of function, for example, amnesia
- Experiencing too much/intrusions

2. Describe your experiences of these symptoms and how they affected your functioning at the time.

3. What have you done in the past that has helped you deal with these dissociative experiences?

## **Homework Sheet 3.2**

### **Recognizing Dissociative Parts of Yourself**

There are various ways in which you can notice parts of yourself.

For example, consider the following:

- You have lost time and you discover that something has been done that only you could have done, yet you have no memory of it.
- You hear yourself talking, but it seems as though the thoughts or words you hear are not your “own” and you have no control over what you say.
- You experience yourself as outside your body, as though you are looking at someone else.
- You have body sensations that do not feel they belong to you or that seem to come “out of the blue” and do not fit with your present situation. Sometimes these sensations are accompanied by feelings of fear or panic.
- You have thoughts or emotions that you experience as sudden, not appropriate to the situation, or as not belonging to you.
- You hear voices in your head that talk to you or to each other.
- You find yourself in a place and have no idea how you got there.
- You feel your body, your movements, or behaviors are not within your control.

1. Describe one example of noticing the (inner or external) actions of another part of yourself. How did you become aware of this part?

2. Describe what you understand about your own internal organization of parts. For example, how do parts of yourself seem to interact, if at all? Which parts do you avoid or are avoided by other parts of you? What emotions are held in parts of yourself? Are there parts you feel more comfortable with? Less comfortable? Do some of your parts communicate with each other?