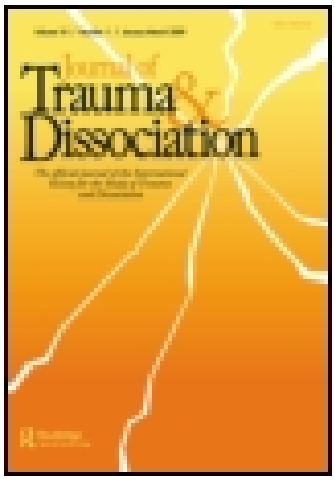

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Fostering Internal Cooperation Through the Use of Imagery in the Treatment of Dissociative Identity Disorder

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Fostering Internal Cooperation Through the Use of Imagery in the Treatment of Dissociative Identity Disorder

Wendy Lemke, MS

ABSTRACT. Most clinicians working with dissociative identity disorder (D.I.D.) recognize the importance of working towards a cooperative system especially during the initial stages of treatment. However, achieving this can be a monumental task given the inner war that goes on inside the mind of an individual diagnosed with D.I.D. From an ego-state theoretical framework, this article will demonstrate through clinical cases and artwork, the value of imagery techniques in changing internal perceptions, especially with regards to introject ego states. These changes can assist in eliciting more internal cooperation, a necessary task prior to working towards a collaborative, co-conscious system or what some theorists would call integration. doi:10.1300/J229v08n04_04

KEYWORDS. Imagery, hypnosis, dissociative identity disorder, ego states, cooperation, collaboration

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INTRODUCTION

Most clinicians treating dissociative identity disorder (D.I.D.) work towards a goal of integration however, that definition of integration can vary depending on the theorist (Kluft & Fine, 1993). This author subscribes to the ego-state therapy theoretical model that describes integration as the goal of ego-state therapy, but indicates that integration implies, "a mutual needs-meeting resolution of differences" (Watkins & Watkins, 1997, p. 106).

Although in agreement with the Watkins's definition of integration as an ultimate goal for treating individuals with D.I.D., it is this author's experience that the word "integration" often causes chaos in the inner world of individuals diagnosed with D.I.D., especially in the early phases of treatment planning. The word is often met with resistance, largely in part, because it is known as defined by the dictionary. According to Merriam-Webster (2005) to integrate means: "to form, coordinate, or blend into a functioning or unified whole" or "to unite with something else" or "to incorporate into a larger unit." These definitions imply to individuals with D.I.D. that they are to become one, which means they have to join those they despise and/or they have to disappear; obviously neither option sounds very appealing to them during the initial treatment planning phase. In fact, years ago when discussing this concept of integration with one of my clients, she shared a D.I.D. cheer, "two, four, six, eight, we don't want to integrate."

THE FOUR C'S

In efforts to avoid the anxiety the word "integration" creates, this author proposes "The Four C's," cooperation, collaboration, co-consciousness, and coinciding as a way of introducing goals for the treatment of D.I.D. Although similar in meaning to the Watkins' (1997) definition of integration, the word integration is avoided. This also seems consistent with the International Society for the Study of Dissociation's (ISSD) treatment guidelines for D.I.D. (2005) which imply that, "a fundamental tenet of the therapeutic work with D.I.D. is to bring about an increased degree of communication and coordination" (p. 85) among their various states.

Cooperation is as implied, to elicit internal cooperation and end the internal war that exists between the ego states. Once you have a cooperative system, it is possible to elicit collaboration amongst ego states. In

other words, help the client identify and utilize inner strengths and resources that exist among the ego states to solve internal and external conflicts in a healthy adaptive manner. A number of authors (Frederick & Phillips 1995; Frederick & McNeal 1993; Frederick & McNeal 1999; Lemke, 2005; Watkins & Watkins, 1997) discuss ways to elicit and utilize internal resources within ego states.

When you have a cooperative, collaborative system, it is possible to work on the symptom that quite possibly creates the most chaos for individuals with D.I.D., memory impairment. By working towards a cooperative, collaborative, co-conscious system, the boundaries described by the Watkins (1997) that exist between ego states will become more permeable, thus allowing for greater exchange of information and activities, reducing symptoms of memory impairment and increasing a sense of unity.

For many individuals, having a cooperative, collaborative, co-conscious system seems like, and can be an adequate place to function, but being co-conscious doesn't necessarily mean that ego states are now experienced as part of the self. This brings us to the fourth and final C, 'coincide.' The definition of the term 'coincide' according to Merriam-Webster (2005) is to "occupy the same place in space or time." This definition seems to be an effective way to describe a step beyond co-consciousness, which still recognizes the value of multiplicity indicated by the Watkins (1997), but describes a state where ego states are also now experienced as part of the self.

Accomplishing these goals can be a monumental task with this complex population, and although, there are numerous clinical applications and interventions that help achieve this, this article will focus specifically on the benefits of imagery techniques that help promote more internal cooperation and collaboration, especially with regards to ego states that developed through the introjection of a significant other and are often perceived as 'internal perpetrators.'

EGO STATES

Ego states, according to the Watkins (1997) are defined "as an organized system of behavior and experience whose elements are bound together by some common principle, and which is separated from other such states by a boundary that is more or less permeable" (p. 25). According to the Watkins (1997), ego states can develop through three different processes: through normal differentiation such as for a specific

purpose and/or behavior, through trauma, and through the introjection of significant others.

This becomes very evident when noting the differences between ego states in clients with dissociative identity disorder. Certainly, they have traumatized ego states that usually manifest as children. There are also usually ego states that have developed for a specific behavior and/or purpose such as: the narrator, the parent, the professional one, the student, the gatekeeper, the wise one, the sexual one, etc. Additionally, there are usually introjects of significant others, especially those that have perpetrated against them.

These perceived "internal perpetrators" often perpetuate an ongoing cycle of self-abuse; verbal and/or physical abuse through self-injurious behavior. The traumatized ego-states are extremely fearful and anxious of these internal perpetrators and often view them as horrendous monsters, even though many of them also seem to be "traumatized children" (Watkins & Watkins, 1993). This opposing dynamic often fuels the inner war individuals with D.I.D. are so familiar with, creating constant internal conflict, anxiety, internal noise, and headaches, among other symptoms. It is crucial to help change these perceptions in the view of the introject ego state as well as in the view of the traumatized ego states; in other words figuring out how to change the perception and behavior from a perceived perpetrator to a protective ally. This process can involve many therapeutic tasks and making changes to perceived imagery, can be an effective place to start.

IMAGERY

Imagery is one of the most common techniques utilized in hypnosis. The literature is full of information on the benefits of imagery (Bringham, 1996; Brink, 2002; Hammond, 1990; Lazarus, 1977; Phillips, 2000; Rossman, 2000; Samuels, 2003). It has been utilized for trauma, performance enhancement, childbirth, chronic pain, age regression and progression, enuresis, sleep disturbances, smoking, and of course with dissociative disorders (Hammond, 1990). Individuals with D.I.D. are often in a state of altered consciousness, thus making them great candidates for hypnotic techniques such as imagery. Because of their high level of hypnotizability (Frischholz, Lipman, Braun, & Sachs, 1992), they are usually highly responsive to these types of interventions. Kluft (1982, 1994) also has used hypnosis extensively with this population.

Due to the often altered states of consciousness individuals with D.I.D. are in, a formal hypnotic induction is not necessary in order for imagery techniques to be effective. That being said, this author still prefers to structure hypnotic techniques by starting with a 'safe place' induction, proceeding from there to the 'internal meeting room' which is similar to Fraser's dissociative table technique (1991, 2003). This is where ego states can be accessed and therapeutic suggestions and/or recommendations for changes in imagery are often given. After the therapeutic work, suggestions are given to return to the 'safe place,' and then the client is orientated back to the office. This type of hypnotic structuring seems to help the anxiety these clients often have about dissociating during therapy, as it prepares them, and helps create more awareness of their dissociative processes.

INTERNAL PERCEPTIONS

Ego states are parts of our personality that have developed over time. Individuals with D.I.D. have very vivid perceptions of these ego states. They have created their own imagery and perceptions that often include visual images of how they look and are different from one another in size, age, and overall appearance; different voice tones and or language utilized; different mannerisms and demeanor; and even different names. These perceptions are so vivid and real that they often feel they are different people rather than different personality parts. Kluft (2003) describes this process when discussing personality formation, he indicates that,

> the patient forms and autohypnotically envisions an illusory embodiment of an identity that could manage the adaptation that is believed to be required. What is envisioned with a great sense of reality is believed to be real, and the mind undergoes a cognitive restructuring that accepts and interprets what is believed to be real as real, and makes it possible to act as if it were real. (p. 73)

Some of these perceived illusions are so scary and intense that the client lives in a perpetual state of anxiety. Imagine having any of the following sharing your residence and perceiving them to be real (see Pictures 1, 2, and 3); by doing so, one can easily understand the intense anxiety these individuals struggle with.

PICTURE 1. An introject of an abusive male

PICTURE 2. An introject of an extremely abusive mother who is also a traumatized child

PICTURE 3. Clip art symbolizing how one perceives an internal introject of her father

Having the client and/or an ego state draw the images of how the internal system is organized and/or how ego states look, gives the clinician a clear picture of what imagery is at play and how/or what changes in imagery might reduce anxiety and facilitate more internal cooperation. Often these drawings come from an ego state the client may not be consciously aware of, if this is the case, they are unlikely to remember having drawn the pictures, and caution should be utilized when discussing them. This author suggests talking through to the system with recommendations of using a folder that can be transported to and from therapy for artwork and/or journaling. Contents of the folder should include only material that alters are comfortable sharing at any given time. Contents also should not be reviewed prior to bringing the folder in, if it evokes too much anxiety. One should also note, that early in treatment, some ego states are often too 'scary' and intense to even be included in artwork of the system.

In order to accomplish the initial task of achieving internal cooperation amongst ego states, it is imperative to stabilize the client and deal effectively with the anxiety that these clients commonly struggle with. This is consistent with most models of treatment for D.I.D. including the phase oriented treatment approach cited in ISSD's Treatment Guidelines for Treating Dissociative Identity Disorder, which emphasizes "safety, stabilization and symptom reduction" during the first phase (2005). One way to deal with the fear and anxiety that many ego states have of their introject ego states is to change the perceptions of how they see, hear, and/or feel them. In other words, eliciting changes with their internal imagery.

It is important to state and educate the traumatized ego states that the introject is NOT the perpetrator even though he/she may sound, look, feel, and/or even have the same name as one of their abusers. Even though, the introject ego states relish in the power that their intensity and image creates, they ultimately were created to protect the system and/or the secrets that they or others hold and usually are going about it in the only way they know how. I Introject ego states are not as scary as they seem and often play an integral role in the treatment process. As the therapeutic relationship progresses, they can end up as an ally in the treatment process as well as an internal resource for the client (Frederick, 1996). The transformation of Robert Oxnam's (2005) ego state the evil Witch, into Wanda, a meditative, helpful spiritual woman is a great example of this. However, in order to progress in treatment, and certainly prior to any such transformations can occur, it is imperative that

ego states are not paralyzed with fear. This is where changes in internal imagery can be of great value.

Due to the way the internal system operates, it is imperative that the introject ego state(s) agree with any changes you suggest and surprisingly they usually are cooperative. They do not want to be thought of as the perpetrator because the perpetrator triggers issues for them as well. Often and as mentioned earlier, an introject ego state can be a traumatized child who is acting and/or mimicking behavior from their perceptions of an abusive parent and/or adult (Watkins & Watkins, 1993).

IMAGERY OF A NAME

It is often that a name of an introject ego state has the same name or a similar name to the original perpetrator. One can imagine the stress and previous trauma a name can trigger. If the ego states are in agreement, offering the option for the introject to change their name is often a welcomed solution. One might argue that a name change really isn't changing imagery, but if that name holds with it connotations and images of a perpetrator from the clients past, it makes a significant difference to those ego states traumatized by that perpetrator. It is a way for the traumatized ego states to start to see the introject ego state in a different manner. It is important to note that changing a name is by no means eliciting further splitting or creating a new personality, it simply is an attempt for an introject ego state to shed the connotations of their name.

Case 1

(Please note that all names utilized when discussing cases are pseudo names and that appropriate authorization to utilize included artwork has been obtained.)

Consider the case of Karen, although Karen had several years of therapy prior to seeing me, she had not been previously diagnosed with D.I.D. Even though she had some suspicions that she had D.I.D. from things she had read over the years, she never revealed that to anyone including myself. I suspected D.I.D. due to slight unusual shifts in her demeanor, her history of extreme abuse, and her 'day to day' struggle with memory impairment. A score of 82 on the Dissociative Experiences Scale (Bernstein & Putnam, 1986) also solidified my suspicions. When discussing my suspicions with the client, she was not surprised and indi-

cated that she also suspected that she may have D.I.D. and was fairly educated due to all the reading she had done on the subject.

My being somewhat aware of the possibility of a dissociative disorder seemed to create enough trust for the ego state named Anna to reveal her self. Anna began revealing information about the client's past and her internal system.

As I began to have access to the inner system, I soon found out how much the younger, traumatized ego states feared Anna. She was bossy and extremely scary to them, even though to me she seemed extremely helpful and protective. Later, when sharing information I had obtained from Anna to Karen, she cringed when she heard the name Anna. Karen then shared that Anna had been the name of her mother who had been horribly abusive to her.

The next time I worked with Anna, I asked what she thought about her name and she reported that she could not stand it. I suggested that she could change it if she would like, and she was very pleased with the idea. She thought for a few minutes and informed me that she would like to be called Sally from now on. When I shared with Karen that Anna changed her name to Sally, Karen smiled, and replied, "Cool!" It turns out, Sally was the name of a previous therapist that died tragically in a car accident. Now, instead of connotations of a perpetrator, her name held connotations of a trusted professional that had helped her immensely.

Later when addressing others in the system, they all shared how the name change had helped. Even though her previous therapist had not known about them, they certainly knew her and they were now comforted by the connotations the new name held. The traumatized ego states could start to see Sally in a different way and it was the beginning of fostering better internal relationships and communication, which eventually would lead to a more cooperative, collaborative system.

In fact, another ego state named "Ally" also changed her name, as Ally had been a nickname of the abusive mother and did not care for her name either. She did this on her own and informed myself and the rest of the system through a letter asking us to please try and remember her new name. As suspected, the traumatized ego states were very pleased with her name change as well.

Case 2

Roy (or someone in the system) had drawn pictures of his entire system or the one's I was allowed to know about, at the onset of our work

together. It was very evident in the drawing who the "scary one's" were. They were pictured as traumatized children but the system perceived them to have traits of their adult perpetrators and found them very frightening. When I asked about their names, it was not surprising to find out that they had names of their original perpetrators and that their names alone had very unpleasant connotations.

I suggested to one I had access to, that he could change his name to something he felt better about, and that if there was anyone else that also struggled with a name that triggered unpleasant memories, they too could change their name. He agreed to think about it.

At the beginning of our next session, Roy, who had a co-conscious link to the system with one of his ego states, informed me that two of his alters had changed their names and that it felt much better to the "inside."

IMAGERY OF INTERNAL DISTANCE

Because traumatized ego states view the world from their inner reality of fear and trauma, their views are often distorted and generalized, such as "all men are monsters." This can be evident by the different internal imagery other ego states may have of the introject ego states. Picture 1 shows how Carol, a traumatized child views the "Man" (who is an introject of an abusive male). Picture 4 shows how another ego state named Jane (whose purpose was to handle flirting and dating) views the same "Man."

PICTURE 4

If there is any internal communication, one ego state can help the other see the "Man" differently. However, in this case, the traumatized children did not know or trust Jane very well as she had been locked up by the "Man" for years. As one would suspect, the "Man" was very much in control of the system, and although helpful and wanting the best for the client, he went about it by instilling fear and intimidation.

The "meeting room" technique, which is an adaptation of Fraser's (1991, 2003) dissociative table technique, was utilized with this client and where most of the clinical interventions with the ego states took place. However, in the beginning it was too stressful for the traumatized ego states to be in the same room with the "Man." The traumatized children would literally shake in fear and little could be accomplished.

By creating some temporary internal distance, such as putting the "Man" in an adjoining room (with his permission, of course), the traumatized ego states calmed down enough to begin working with them. Internal distance can be facilitated in a number of creative ways; this particular client chose a temporary wall between two of the traumatized children and the "Man" depicted in Picture 5. Later when appropriate, the wall can come down at a pace and in a way that is manageable for both sides. Alden (1995) describes Daniel Brown's hypnotic bubble technique that also proves very effective for creating an internal sense of 'safe' boundaries. Although Alden (1995) references use of the 'bubble' as a means for a safe, protected, regression technique, the technique can also be tailored for constructing a sense of safe boundaries between ego states. This author finds that traumatized ego states are quite fond of

PICTURE 5

this technique and very creative in making the 'bubble' just the way they need it to be for them.

IMAGERY INTENSITY

Another creative way to assist in changing the internal imagery of introject ego states, is to simply have the ego state be drawn less scary. After all the image of the ego state is a created perception and just as we can change the perception of how one feels the intensity of chronic pain (Erickson, 1990) with hypnosis, it is also possible to assist the client in changing the intensity an introject ego state projects with hypnotic and/or imagery suggestions.

Case 3

Kelly had an introject ego state of her abusive mother, who was extremely internally verbally abusive to Kelly and the rest of the system, perpetuating the feelings of worthlessness her mother instilled. Originally she was too scary to even be drawn and was only included in any artwork as the letter 'A.' 'A' was also a traumatized child who as a routine punishment had her hair pulled out by the roots. When the system was ready to have 'A' drawn, the 'artist' in the system drew a very disheveled image including hair that was the result of 'A's' traumatic past (Picture 2). In an attempt to soften her 'rageful' intensity, as well as tend to the wounded child, a permissive general suggestion was asked of the system, "would it be ok to 'see' and draw 'A' in a gentler, softer manner–in other words could they tend to the wounded child hidden by the rageful front. The following session, the system 'artist' turned in (Picture 6). Not only were her eyes and facial expression softened, but 'A' was now given hair along with an assurance that she could keep this new (obviously) metaphorical image as a reminder that her hair would never again be pulled out by the roots. This simple internal gesture fostered more trust between the introject part of this ego state and the rest of the system as they seemed to be 'looking out' for the traumatized part of her, a goal they all now had in common.

Sometimes, simply drawing or creating a "less scary" image on paper helps the traumatized ego states to start seeing them differently internally and to begin tolerating those that have had previously horrifying images, such is the instance in the following case.

PICTURE 6

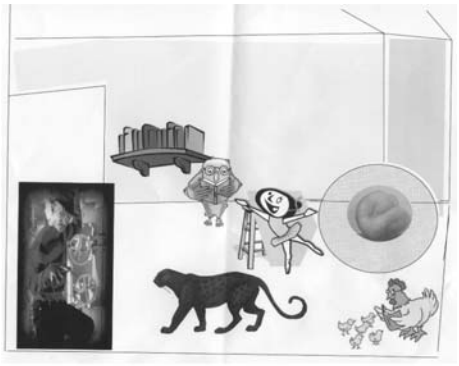
Case 4

Pictures 7 and 8 depict with clip art how one client (who does not meet the full criteria for a dissociative identity disorder but very evidently has traumatized ego states and an introject ego state) changed the image of an introject (bottom left of each picture) that represented her abusive father. Although still a monster, the cartoon version is much less intimidating and threatening than the "Freddy" figure. This simple shift marked a beginning that made for a much easier existence with a lot less internal anxiety. Note in Picture 8, the difference in the traumatized child who is now on a flying carpet rather than curled up in a ball. Also added was a "Home Sweet Home" picture where all the ego states are now able to pose together for a family picture, suggesting more internal cohesiveness.

CONCLUDING REMARKS

Given the complexity of clients with D.I.D. and their treatment, techniques that can reduce anxiety and help foster internal cooperation and collaboration can be of great value in order to put the client in a place where the difficult work of processing and integrating memories can occur. Imagery, perhaps the most common hypnotic technique utilized by those trained in the field, proves to be a very effective therapeutic tool

PICTURE 7



PICTURE 8

with this population. Simple hypnotic suggestions that change the internal perceptions the client and/or ego states have about other ego states can make significant contributions towards the goal of establishing internal cooperation, a necessary task before working towards a collaborative, co-conscious system.

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