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The assimilation of anger in a case of dissociative identity disorder

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Abstract
The assimilation model considers personality as a community of voices, each representing the traces of past experiences. Problematic voices are kept separate by painful emotion, but they may be gradually assimilated into the community in successful psychotherapy. People with dissociative identity disorder may be considered as having multiple subcommunities of voices. For Kristen, a nineteen-year-old therapy client diagnosed with dissociative identity disorder, the process of assimilation proceeded in at least two ways. Assimilation appeared to occur via negotiation among Kristen's various subcommunities (alters). It also occurred simultaneously through dialogue between the discrepant voices within each of the subcommunities. In this paper, Kristen's and her primary alter's changing experiences of anger over a 36 month period of therapy were identified, tracked and discussed using the assimilation model.

Keywords: *dissociative, identity disorder, assimilation model, dissociation, therapy, anger*

In over 200 sessions and three years of humanistic therapy, Kristen, a client diagnosed with dissociative identity disorder (DID) reported that for years she had maintained an imaginary world filled with ''as many people as there are in the real world''. In therapy, she discussed events that occurred only in her imaginary world, such as performing concerts, using drugs and torturing or killing those who angered her. Kristen also reported that in the real world, she regularly felt overwhelmed during most interactions or confrontations with her peers and parents. She reported that it was during these stressful interpersonal exchanges that various others (alters) often stepped forward to ''handle things'' for her. These alters also attended therapy where they presented as consistently dissimilar to Kristen in thought process, communication style, vocabulary, affect, vocal tone, and appearance. While Kristen regularly presented as passive, depressed and suicidal, some alters appeared full of energy. Whereas Kristen struggled to identify, accept and express her anger, her primary alter, Zac, presented as remarkably fluent in the expression of anger. Despite feeling comfortable with anger, Zac also made significant changes in

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her experience of it. In this paper, Kristen and her primary alter's changing experiences of anger over a 36 month period of therapy are identified, tracked and discussed using the Assimilation Model.

The Assimilation Model

The Assimilation Model (Stiles et al., 1990; Stiles, 2002) is an evolving trans-theoretical description of the process of change individuals experience in relation to problematic experiences as they are addressed in therapy. The model is based on a multi-voiced view of the self. It suggests that all experiences leave traces and that an internal *voice* is comprised of traces of past experience. These traces can be reactivated at a later date and are often triggered by similar events. Voices are thought to have independent agency; they can speak and act autonomously and can be linked together through dialogue, negotiation, and joint understandings, that is, by building *meaning bridges*. Meaning bridges are signs (words or other expressions) that are understood in the same way by both parties in a dialogue. Increased communication between voices can facilitate the building of a meaning bridge.

Through such meaning bridges, voices can become linked, or assimilated, to form a *community of voices* (Honos-Webb & Stiles, 1998; Stiles, 1997). A well-functioning community is comprised of interlinked voices that can communicate smoothly with one another. Within communities, voices can be viewed as resources, which can be reactivated when a particular talent or skill is required. However, a voice is considered problematic when it is discrepant from the community, represents a conflicting position of the self, or is a trace of a traumatic experience. These problematic voices are unable to assimilate into the community without some negotiation with the other voices. From this perspective, what distinguishes health from pathology is the degree of communication between internal voices. The model thus asserts that therapeutic change occurs through dialogue, not only between the therapist and the client, but also between the client's internal voices (e.g., Honos-Webb, Stiles, Greenberg, & Goldman, 1998; Leiman & Stiles, 2001).

The assimilation model suggests that similar patterns of change occur for most individuals in successful therapy. In session transcripts and tape recordings, clients' problems can be identified and tracked as they change over time using the Assimilation of Problematic Experiences Scales (APES; see Table I). The APES is an eight-point scale that represents both cognitive and affective responses to a particular problematic experience. APES scores range from dissociated or unwanted (0) to problem clarification (3) to integration or mastery of a particular problem (7).

Dissociation

Dissociation, or disconnecting from feelings, events, or experiences that one is generally associated with, includes a disturbance in memory, identity, or consciousness (International Society for the Study of Dissociation, 2002). Dissociative symptoms include the following: amnesia, fugue, depersonalization, derealization, identity confusion, age regression, autohypnotic experiences, intrusive thoughts, hearing internal voices, and identity alteration (Putnam, 1991; Steinberg, 1995). The DSM-IV-TR (American Psychiatric Association, 2000) describes four criteria of dissociative identity disorder (DID). They are: A) two or more discrete identities or personality states each with its own enduring pattern of experiencing and relating to the world and itself; B) These states take control

Table I. Assimilation of Problematic Experiences Scale (APES).

0	**Warded off/dissociated**. Client is unaware of the problem; the problematic voice is silent or dissociated.
1.	**Unwanted thoughts/active avoidance**. Client prefers not to think about the experience. Problematic voices emerge in response to therapist interventions or external circumstances and are suppressed or avoided.
2.	**Vague awareness/emergence**. Client is aware of a problematic experience but cannot formulate the problem clearly. Problematic voice emerges into awareness.
3.	**Problem statement/clarification**. Content includes a clear statement of a problem—something that can be worked on. Opposing voices are differentiated and can talk about each other.
4.	**Understanding/insight**. The problematic experience is understood in some way. Voices reach an understanding with each other (a meaning bridge).
5.	**Application/working through**. The understanding is used to work on a problem. Voices work together to address problems.
6.	**Resourcefulness/problem solution**. The formerly problematic experience has become a resource, used for solving problems. Voices can be used flexibly.
7.	**Integration/mastery**. Client generalizes solutions; voices are fully integrated, serving as resources in new situations.

of the person's behavior; C) There is significant memory loss; D) Symptoms cannot be due to the direct effects of a substance or medical condition. Dissociative responses and, in particular, DID are linked with trauma, violence, and persistent childhood abuse (Kluft, 1999; Bentovim, 2002). They have been described as adaptive childhood defenses (Spiegel, 1984) originating from traumatic situations (Classen, Koopman, & Spiegel, 1993; Kluft, 1993; Zulueta, 2003). The process of dissociation and the construction of separate self-states or alters in DID have been described by Schwartz (1994) as a ''self hypnotic process that attempts to anesthetize and isolate pain'' (p. 191).

The assimilation model considers the multiple selves, self-states or alters associated with DID and borderline disorders as *subcommunities* and suggests that each one is comprised of its own set of traces of experiences (Osatuke & Stiles, 2005). Theoretically, in DID cases, each subcommunity reports a unique set of life experiences kept hidden from other subcommunities. The amnesic barriers that often separate one subcommunity from another in DID make assimilation of problematic voices particularly complex. One subcommunity cannot assimilate that which only other subcommunities report experiencing (due to amnesic barriers). One subcommunity may have to struggle to assimilate a problem when another subcommunity remains quite proficient in facing that problem. In principle, building meaning bridges between subcommunities facilitates assimilation. However, for clients diagnosed with DID, it is also necessary to build meaning bridges among the discrepant parts of each subcommunity.

Kristen's assimilation of anger proceeded in at least two ways. It proceeded via negotiation between Kristen's various subcommunities (alters). It also occurred simultaneously through dialogue between the discrepant voices within each of the subcommunities.

Method

Participants

At age 16, Kristen, a Caucasian female, presented for therapy at the clinic of a medium size university. Previously diagnosed with intellectual functioning in the borderline range with some indication of socio-emotional difficulties, Kristen had received a combination of school-based and clinic counseling between the ages of ten through fourteen.

Kristen reported having been repeatedly bullied in school because she was "different". An only child, she was painfully shy and also reported having few friends. She described feeling easily overwhelmed in social situations and suffered from severe allergies, asthma, and headaches.

Kristen was distraught after a school counselor expressed concerns over her unusual self-disclosures. Kristen said that she had an elaborate imaginary world that she had believed in since third grade. She described her imaginary world to the school officials as being filled with both violent and sexual imagery. Kristen's mother responded by calling the Psychology Clinic.

At this writing, Kristen is 20 years old and continues therapy. She was diagnosed with DID after years of experiencing symptoms consistent with DSM criteria. Both she and her parents have signed releases allowing this research to be conducted, presented, and written about. Identifying information has been changed.

The therapist was a 42 year-old, Caucasian female, clinical psychology graduate student who had previous experience as a social worker, child therapist, and teacher. She is the first author of this paper. Over the course of therapy, two licensed psychologists, a female and a male, supervised the student therapist. The female supervisor, a former special educator, specialized in psychological assessment and developing special educational programs for children. She had over 20 years experience as a psychologist and supervisor. The male supervisor specialized in archetypal therapy and had over 25 years experience as a therapist and supervisor.

Treatment

Kristen's therapy was primarily humanistic. Archetypal theory and Experiential Personal Construct Psychotherapy informed the therapist. Though the therapist was also knowledgeable concerning assimilation theory, the language of assimilation was not used in therapy sessions. This research reflects the beginning date of therapy and continues through the thirty-sixth month of therapy. Session frequency varied over the 200 sessions from once a week to three times per week.

Measures

The Dissociative Experiences Scale (DES) (Bernstein & Putnam, 1986) is a 28-item self-administered screening instrument that measures the frequency of a client's dissociative experiences. In response to each question, clients identify a percentage of the time that they experience dissociation in a particular way or situation (Steinberg, 1996). The percentages of all questions are then averaged. The DES is considered descriptive rather than diagnostic and any score over 20 suggests further clinical exploration (Carlson & Putnam, 1992).

Procedure

Audio recordings and/or detailed notes were made of all sessions. Significant portions of the audiotapes were transcribed. The transcripts were read and analyzed by the therapist who identified the experience of anger as a significant problem for Kristen. Therapy passages associated with anger were then selected and tracked over the first 200 sessions. APES ratings were assigned to the selected passages and discussed with the fourth author. Additional consultation was obtained from the clinical supervisors as well as clinical graduate students knowledgeable in assimilation theory and members of an assimilation

research group. Preliminary analyses were presented at various psychology conferences where consultation by psychotherapy researchers was actively sought.

The DES was completed on two separate occasions one month apart. The therapist administered it orally once to Kristen and once to Zac. Before, during, and after each administration, the client consistently identified herself as either Kristen or Zac accordingly.

Results

The results section describes the client's two primary alters, Kristen and Zac and their individual DES scores. A chronological account of how Kristen assimilated Zac's capacity for experiencing and expressing anger in therapy follows.

Kristen: The host personality

Kristen, the host personality, presented in therapy as compliant, depressed and helpless. She dressed in feminine-style clothes and often depended on her mother's advice as to how to dress. She spoke with a nasal vocal quality that was often difficult to understand. Even at her first therapy session, Kristen denied experiencing any anger toward her bullying peers or her battling parents.

Kristen's score on the DES was 45 indicating a significant degree of dissociation. She scored particularly high on items such as hearing voices, finding evidence of things that she did not recognize, feeling like an observer of her own life and forgetting important things or events. As supported by the results of the DES, it appeared that Kristen often dissociated rather than face overwhelming interpersonal interactions.

Zac: The primary alter

Unlike Kristen, Zac, the primary alter, presented as an angry, aggressive person. Despite her male name, she was a female with masculine characteristics. Zac maintained a clear vocal quality and her body movements were broader than Kristen's (e.g., she swung her feet and arms while talking). She defined herself as a lesbian and dressed in masculine clothes.

Zac often served as a reporter as she proficiently described most of Kristen's activities and struggles in the real world. Zac also served as Kristen's protector and often took control in anticipation of potentially stressful interactions. For example, if children cruelly teased Kristen, Zac stepped in to make them stop. If Kristen's parents yelled at her, Zac also stepped in to defend Kristen or to argue back. When Kristen was afraid to drive in the rain, Zac also took over. In such situations, Zac would then stay in control of Kristen's body for periods of time ranging from minutes to days. Zac was ambivalent about therapy in its early stages; she shared her fear of being "killed off" if therapy was successful and Kristen no longer needed her.

Zac also reported on the imaginary world where the many alters lived. She introduced herself as a famous musician who often was away on tour, traveling to various countries and often getting kicked out of them due to her inappropriate behavior. Zac also discussed violently torturing or killing those she was angry with in the imaginary world. Whether in the imaginary world or the real world, Zac demonstrated having easy access to her angry feelings.

Zac's score on the DES was 22, worthy of clinical exploration, but not a high enough number to elicit concern. Zac appeared to remain present in most situations rather than to dissociate.

First three months of therapy: Anger is warded off

During the first three months of therapy, expressions of anger could be described as APES levels 0–1 for Kristen but at APES levels 5–6 for Zac. When Kristen entered therapy at 16, she denied ever feeling angry. She said she forgave those who hurt her including the children who bullied her throughout her early school years. Kristen also spoke of forgiving her parents, who often placed high expectations on her. Later, she responded in anger when she was unable to meet their expectations. According to Kristen, her parents frequently expressed their anger by explosively yelling at her or each other. Either during or after such confrontations, Kristen reported feeling overwhelmed and suicidal. In response, Kristen would call the clinic and leave emergency messages for her therapist. Later, she would have no memory of the phone call or the interaction that had preceded the call. In one session, Kristen brought in pen and pencil drawings of guns, knives, and evil signs that had been drawn after an intense interpersonal interaction, yet she retained no memory of drawing them. It appeared that when confronted with others' anger or a situation that had the potential to elicit angry feelings from her, Kristen often dissociated. After the situation ended, Kristen returned, only to find herself unaware of what had since transpired.

During such real world confrontations, Zac protected Kristen by using both her words and body to assertively respond. She did this by walking away, grimacing, laughing, yelling, cursing, using sarcasm, or slamming doors. Simultaneously, in the imaginary world, she cursed at, fought, sadistically tortured or violently killed people without remorse when they irritated her.

Kristen's experience of anger as demonstrated early on in the therapy process was rated on the APES scale as a 0 (Warded off/dissociated). She denied anger and rejected the idea that she might have something to be angry about. However, Zac's experiences of anger in both the real and imaginary worlds were rated on the APES scale as a 5 (Application/working through) and 6 (Resourcefulness/problem solving). In most situations, Zac was aware of her anger and applied it successfully according to the logics of each world. In the real world, Zac was resourceful in solving the problems by defending against Kristen's abusers. In the imaginary world, she killed those she was angry with.

Tenth month of therapy: Emergence of anger

In the tenth month of therapy, expressions of anger could be described as being at APES level 2 for Kristen but at APES levels 5–6 for Zac. At one session during the tenth month, Kristen reported that she had felt suicidal when a male acquaintance rubbed her back.

Therapist: How did that feel?

Kristen: I don't know . . . it was weird. I didn't like it.

Therapist: Did you say something?

Kristen: I said ''no'' but not loud enough.

As the touching continued, Kristen thought of suicide and dissociated. Zac stepped in to protect her and later reported, "She (Kristen) couldn't tell the guy to stop... She was mad... I was pissed at Kristen for being so weak... I was pissed at him... I came and told the guy to back off". Whereas Kristen was unable to tell the young man how she felt about him touching her in an intimate way, Zac stepped in, expressed her anger, and aggressively rejected his advances.

In the imaginary world, Zac displayed an adversarial relationship with many of the other subcommunities. She reported that she continued to kill off those who angered her.

Kristen's experiences of anger in the tenth month of therapy were rated on the APES scale as a 2 (Vague awareness/emergence). Kristen realized she could speak up and she attempted to do so. However, it was too painful and the suicidal feelings enveloped her.

Zac's experiences of anger in both the real and imaginary worlds remained consistent with past ratings. In the real world, Zac continued to step in, express anger, and address Kristen's problem. Although Zac's expression of anger in the imaginary world appeared extreme, within the logic of that world, it was resourceful and unsuppressed.

Twentieth month of therapy: Clarifying the problem of anger

During the twentieth month of therapy, expressions of anger were rated at APES level 3 for Kristen and APES levels 6 for Zac. In reference to another painful male-female interaction, she described how angry and scared she felt during an inappropriate come-on. However, rather than progress to thoughts of suicide and automatic dissociation, Kristen consciously requested Zac's help.

> Kristen: I just said "Please Zac, come in, please..."

In therapy, Kristen recalled that she was aware of her anger as the interaction began. At some point, she realized she could not change the situation, and rather than allow her self to become overwhelmed by the emotions, she chose to ask for help. Kristen said that she felt like she exerted some control over the situation by calling for Zac and then dissociating. Although she was unable to express her feelings during the interaction, she realized she was angry and felt confident that Zac's anger would stop the young man.

Zac also reported on this real world interaction. She described how she held back, allowing Kristen a chance to handle it on her own. Only after Kristen requested help did Zac step in. Because Kristen took proactive steps in helping herself, Zac was not as angry with Kristen as she had been in the past. In the imaginary world, Zac also said that there had been fewer and less violent killings than previously. She reported that she was on better terms with a number of the other alters. It appeared that as Zac handled her anger appropriately in the real world, her use of anger was somewhat moderated in the imaginary world.

Kristen's experience of anger was rated at APES stage 3 because she knew there was a problem and was able to clarify it. Zac's experiences of anger in both the real and imaginary worlds were rated at APES stage 6. In the real world, Zac continued to effectively step in, express anger, and address Kristen's problem. In the imaginary world, Zac took action if necessary but appeared to moderate her extreme display of anger.

Twenty-fourth month of therapy: A new understanding between Kristen and Zac

In the twenty-fourth month of therapy, expressions of anger were rated at APES level 5 for Kristen and at APES level 6 for Zac. Kristen described feeling irritated with her new

boyfriend who frequently preached religion to her despite her requests that he refrain from doing so. One day in public, he spontaneously sang aloud a religious song. Kristen reported that she asked him to stop singing. As he ignored her requests, she yelled at him three times to stop. He continued to ignore her and as a result, she ended their relationship. Throughout, Zac never stepped in and Kristen never asked for help. Instead, Kristen expressed her own anger.

Later Zac reported that she was mad at Kristen's boyfriend, and yet, in the moment, she found no need to step in to assert Kristen's anger. Instead, Zac reported pride in Kristen's decision to handle the conflict on her own. Zac also reported that there continued to be less frequent and less violent killings in the imaginary world as the various alters collaborated to keep Zac out of trouble as she took her concert on tour.

Kristen's experience of anger was rated on the APES scale as a 5 (Application/working through). She worked through the anger and expressed it during a confrontational situation. Zac's experiences of anger in both the real and imaginary worlds were rated on the APES scale as a 6 (Resourcefulness/problem solving). Zac restrained her expression of anger in the real world as Kristen stood up for herself. In the imaginary world, she continued to kill off offenders, if necessary, but the overt violence declined and various alters worked together to keep her out of trouble.

Thirtieth month of therapy: Applying the understanding

In the thirtieth month of therapy, expressions of anger were rated at APES levels 5–6 for Kristen while remaining at APES level 6 for Zac. Kristen decided that she wanted her parents to know the extent of her anger. She asked to have a meeting with her parents, therapist and the therapist's supervisors. Kristen insisted that although she wanted the meeting, she did not think she was ready to attend such a meeting. Instead, Kristen wanted Zac to teach her parents about her anger.

> Zac: I'm Zac, basically the aggressive part, angry part of Kristen, like when she was at school and she couldn't handle it and I came in and took care of it for her.
>
> Father: Why are you angry?
>
> Zac: She made me that way
>
> Father: Who is she? And why did she make you that way?
>
> Zac: Kristen . . . To handle her anger problems.
>
> Father: What are the anger problems? What's the reasons behind the anger?
>
> Zac: All the kids emotionally abusing her and it got her upset, like she's not worth anything so she made up an imaginary place to interact with people . . . She (Kristen) gets upset and she doesn't know why she is upset. I usually come in and try to help her out. I'm not coming in as much because she needs to handle more problems on her own.

Zac adeptly stepped into the role of teacher as she spoke with Kristen's parents about the complex imaginary world that Kristen created and identified herself as the one who contained most of Kristen's anger. At one point, Kristen's father seemed to discount the anger and said, ''killing people is just over the top''. Zac stood up to the father and defended Kristen's right to be angry as well as Kristen's right to create a part of her capable of expressing such anger.

Kristen's experience of anger as demonstrated in the thirtieth month of therapy was rated on the APES scale as a 5 (Application/working through) and 6

(Resourcefulness/problem solving). Although Kristen was still unable to express her anger directly to her parents, she actively chose to use Zac as a resource to share the depth of her feelings with them. Zac's experience of anger was rated on the APES scale as 6. Zac appropriately problem solved in the following three ways: 1) She stepped in only after being asked 2) She educated Kristen's parents about their anger and 3) She defended Kristen's and her right to feel angry in both worlds. In the imaginary world, her expression of anger remained assertive but appeared to moderate as the killings continued to decline.

Thirty-sixth month of therapy: Solving the problem of anger

In the thirty-sixth month of therapy, expressions of anger could be described as being at APES level 6 for Kristen but at APES level 7 for Zac. Kristen left her therapist the following message after having an argument with a friend:

> I was mad and had a suicidal thought and it was tempting but I talked to the person and I worked it out. I know our agreement is for me to let you know when I have a suicidal thought so I am calling. But I worked it out.

In therapy, Kristen described the dispute and her decision to work through the problem without dissociating:

> Therapist: Why didn't Zac handle it?
>
> Kristen: She will be cussing out the ying yang and I really didn't want her (Zac) to go off . . . I needed to handle it by myself.
>
> Therapist: Do you feel like you have grown a bit?
>
> Kristen: Yeah, it's weird . . . What it feels like is if I am hurting other people and then they get mad at me because of it and then they hurt me back and I get mad. It is kind of like a hurt/mad battle type thingy, I don't know . . .
>
> Therapist: So, you got your feelings hurt, she was mad, you got mad, and then you felt suicidal?
>
> Kristen: I got hurt because I made her mad. I don't know why. I was starting to get frustrated and mad because I don't understand why I think she is mad at me.
>
> Therapist: Did the suicidal thoughts come in when you started getting frustrated? (Yeah) And kind of angry? (Yeah) So, you start to feel like "I'd rather just be dead then deal with this". (Yeah) So, in the past when you got to that point, you would either call me (Yeah) or Zac would come in (Yeah) but this time you felt that and instead, you hung in there and had a conversation with the person?
>
> Kristen: Yeah . . . which was very, very hard.
>
> Therapist: At the end of the conversation, did you feel suicidal?
>
> Kristen: Uhhhh . . . . a little but not as strong as it was when the conversation started.
>
> Therapist: So, you found a way that, as hard as it was, you got from feeling really suicidal to just a little suicidal? (Yeah) So, you were able to calm yourself down?
>
> Kristen: Yeah and . . . it was like, maybe if I try and talk to her a little bit, I will calm down and she won't be mad at me . . . It was so hard but I did it. I kind of wish Zac could have done it for me. It was hard.

Zac did not report on this incident. When she did return to therapy a few weeks later, she reported that things were different in the imaginary world. She was getting along better with many of the other alters and there had been only rare episodes of violence and killings.

Kristen's experience of anger as demonstrated in the thirty-sixth month of therapy was rated on the APES scale as a 6 (Resourcefulness/problem solving). Kristen appeared

to remain present despite feeling angry in the face of a peer confrontation rather than dissociate. Not only did she negotiate a resolution, she initiated the working through process. Zac's experience of anger was also rated on the APES scale as 7 (integration or mastery). Since therapy first began, Zac felt confident in her ability to express anger in the real world if needed. However, Zac admitted that significant changes had occurred in the imaginary world.

Discussion

As Kristen worked in therapy, she became increasingly reflective as to why she may have originally created her imaginary world. In addition to her loneliness, she described repeatedly feeling overwhelmed in relation to others. During confrontational or stressful interpersonal interactions, she often experienced hurt, anger and suicidal ideation. Dissociation and the creation of her imaginary world appear to have served as valuable resources that rescued her from these feelings. However, as she aged, maintaining and engaging in increasingly complex, concurrent worlds became confusing and she sought help again. Though Kristen's therapy focused on many issues, her assimilation of the experience of anger seems to suggest some important considerations for the Assimilation Model.

When Kristen initially entered therapy, her symptoms included amnesic barriers between her and Zac's experiences. She originally denied experiencing anger (APES 0–2). However, as therapy progressed, she acknowledged Zac's role in containing and expressing the anger. Internally, she appeared to negotiate meaning bridges with Zac as she began to ask for Zac's help rather than allow Zac to automatically take control (APES 2–4). Zac honored this negotiation, limited her interventions and increasingly held back her own expression of anger unless Kristen requested it. Kristen proceeded to stand up for herself in various situations (APES 3–6). When Kristen proposed a meeting to introduce the angry Zac to her parents, she flexibly used Zac as a resource (APES 5–6). Six months later, Kristen demonstrated the ability to effectively problem solve her own experience of anger during an argument with a friend (APES 6). In addition, though Zac had exercised violent anger in the imaginary world, she began to moderate her presentation of it. Her imaginary acts became less violent and she rarely tortured or killed impulsively. Over 36 months of therapy, Kristen's assimilation of her experience of anger progressed through many of the APES stages as she bridged the gap between two disparate parts of her self. As meaning bridges were built through increased communication and negotiation between the subcommunities of Kristen and Zac, the amnesic barriers slowly decreased and Kristen seemed able to amend her experience of anger. At this level, Kristen's assimilation of anger seems to have proceeded via negotiation between Kristen's various subcommunities (Zac & Kristen). Thus, the greater assimilation of anger by Kristen can also be described as a greater mutual assimilation of Zac and Kristen into each other's communities of voices. Both Zac and Kristen had to make accommodations to make this happen.

Assimilation for Zac, and ultimately Kristen, appeared to occur at a second level as well. Although Zac arrived at therapy comfortable in her expression of anger in the real world and in the imaginary world (APES 5–6), her experience of anger changed qualitatively across treatment. This shift in Zac seemed to occur through dialogue between her discrepant, internal voices. These voices also appeared to engage in internal negotiation. For example, Zac, a powerful, angry self-state also presented as a caring, self-sacrificing protector of Kristen. At various times, she stepped in to aggressively halt abuse or to protect Kristen from feeling pain. Part of her lamented taking control so much of the time as she

preferred partying in the imaginary world. Yet, a separate part of her felt compelled to "keep it together" in order to assist Kristen. Her almost paternal pride in Kristen's increased ability to stand up for herself was quite unlike the part of her that thought nothing of torturing someone in the imaginary basement. When she attended the parent meeting and served as a teacher, the part of her that was a self-centered rock star seemed quite distinct. Zac often reported feeling torn between the disparate parts of her self. In therapy, she allowed these conflicting voices to speak out and negotiate with each other. Though anger for Zac was never a problem, as her internal parts (e.g., Killer, protector, partier, self-centered celebrity and teacher) also engaged in more fluent negotiation her expression of anger moderated in both worlds.

These two levels of assimilation as experienced by Kristen and Zac suggest that assimilation, for those who experience dissociation and have more than one community of self, may look quite different than for those who maintain a single community of self. Assimilation for those with multiple self-states (subcommunities or alters) may initially occur by building meaning bridges between the various subcommunities (e.g., Zac and Kristen). In addition, assimilation may also occur within individual subcommunities (e.g., Zac) through dialogue between internal voices (e.g., Killer & teacher).

The Assimilation Model for a client diagnosed with DID does not suggest the loss or suppression of any part of the self; rather it describes a process of change in which problematic voices are identified and heard. Negotiation follows and the disparate voices learn to collaborate with each other. For Kristen, assimilation did not result in a killing off of Zac as she had initially feared. Instead, the Zac part became accessible to Kristen as a resource rather than a problem.

As with Kristen and Zac, the APES may not accurately reflect the various levels of assimilation that occur for those who experience multiple self-states. The continued extension of the theory includes a recognition that dissimilar internal perspectives within the same individual may qualify for divergent APES ratings. Further assimilation research with those who experience internal subcommunities is needed to assure that the Assimilation Model and the APES can accurately account for such multi-layered experiences.

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