INTRA-TP
INSTITUTO DE INVESTIGACIÓN Y TRATAMIENTO DEL TRAUMA Y LOS TRASTORNOS DE PERSONALIDAD

Working with Voices and Hostile Parts of the Personality

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- Videos cannot be recorded

Things are not always as they seem …

Dissociation and Psychosis
Some symptoms …

- Some apparently psychotic symptoms can be better understood and treated as dissociative symptoms.
- Patients presenting with the belief of being controlled by an external force, intrusive thoughts and hallucinatory voices that comment on one's thoughts or actions or that have a conversation with other hallucinated voices, can often be effectively treated from a dissociation perspective.

Structural dissociation of the personality

Van der Hart, Nijenhuis & Steele 2006

Structural Dissociation

- Structural dissociation of the personality describes a mechanism by which trauma generates psychopathology.
- It is related to all the trauma-based problems, not only dissociative disorders - the most severe clinical picture in the posttraumatic spectrum - but also the other end, PTSD.

Defense and daily life

Emotional Part: fixated in traumatic memories and defensive action systems

Apparently Normal Part: focused in daily life and trauma avoidance

EP and ANP: Defense and daily life

- Defensive subsystems become rigid and fixated in traumatic experiences: that is the **Emotional Part of the Personality (EP)**.
- To deal with daily life, part of the client´s mind must avoid all that is related to this EP. This part, focused on daily activities, is different from an *integrated personality*, but **tries to go on with life**. Because of this façade of normality, this part is called **Apparently Normal Part of the Personality (ANP).**

Defensive action systems are the foundation of EPs

- Submission
- Fight
- Flight
- Hypervigilance
- Attachment cry
- Anesthesia
- Analgesia

Dissociative Phobias

- Structural dissociation of the personality is generated by trauma, but **it is maintained** by a series of phobias that characterize trauma survivors and by relational factors (Van der Hart, Nijenhuis & Steele 2006).

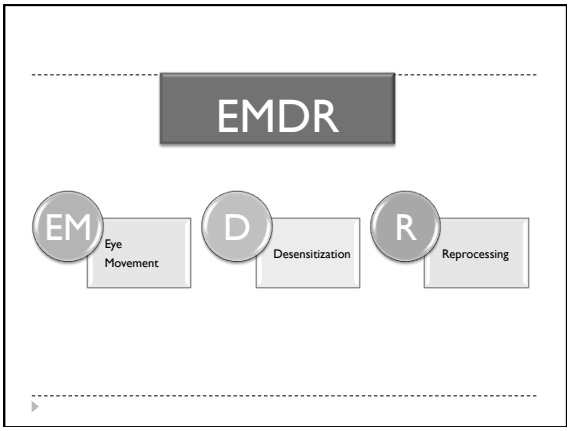
The core **phobia of traumatic memories** (Janet, 1904).

Dissociative Phobias

- In TSDP the term "phobia" is understood as a mechanism. It does not mean that the client presents a co-morbid diagnosis of phobic disorder.
- The personality is divided in ANP and EP, and it is the phobia that the ANP has towards the traumatic memories that prevents the resolution of this initial division and the re-integration of the personality. This is the core **phobia of traumatic memories** (Janet, 1904).
- Other phobias: of mental actions, of dissociative parts, of attachment, related to the perpetrator, of change, of intimacy, of normal life…

EMDR Therapy

Shapiro, 1989, 1995



EMDR

- EMDR is an integrative 8 phase approach which can include specific interventions to enhance affect tolerance, emotional self-regulation and self-care.
- EMDR is based on the Adaptive Information Processing (AIP) model which posits humans have an intrinsic capacity to integrate external and internal experiences toward an adaptive resolution.

Eight-phase protocol

- Phase 1. History taking and conceptualization
- Phase 2. Preparation and stabilization (resources, safety, emotional regulation, ability to maintain dual attention…)
- Phase 3. Assessment: Different elements of the traumatic scene:
  - Image
  - Cognition
  - Emotion
  - Degree of Disturbance
  - Body sensation
- Phase 4. Desensitization: Alternating bilateral stimulation of the brain. Associations are made until we reach a positive or neutral element.
- Phase 5. Installing the Positive Cognition.
- Phase 6. Body scan.
- Phase 7. Closure.
- Phase 8. Reevaluation.

EMDR

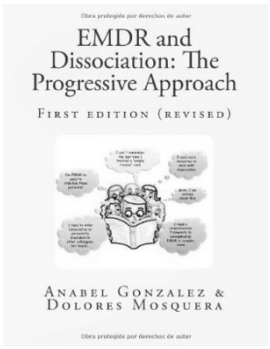
- EMDR is a psychotherapeutic approach with a growing empirical support for the treatment of trauma-derived disorders.
- Extensive empirical support: 24 randomized controlled studies including comparisons with drugs (van der Kolk et al., 2007) and other treatments (Bisson & Andrew, 2007).
- Recommended as first-line treatment in the Clinical Practice Guidelines of numerous organizations (next slide)

Clinical Guidelines: Category A (highly recommended) for PTSD

- American Psychiatric Association, 2004
- Bleich, Kotler, Kutz, & Shalev, 2002
- Chambless el al., 1998
- CREST, 2003
- Department of Veterans Affairs & Department of Defense, 2004
- Foa, Keane, & Friedman, 2000
- INSERM, 2004
- National Institute for Clinical Excellence, 2005
- Therapy Advisor, 2004
- United Kingdom Department of Health , 2001
- World Health Organization (2013). Guidelines for the management of conditions that are specifically related to stress. Geneva, WHO.

EMDR and Psychosis

- The empirical evidence about the application of EMDR in psychotic disorders is not as high as for PTSD at the moment, but there are some promising studies (see reference list).



Performing the therapeutic process from the Adult Self

The Adult Self

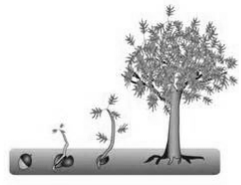
We propose to work with dissociative patients through the *Adult Self.*

The adult self (the observer, *reflective self*) relating with compassion and acceptance for the *experiencing self*

The adult self: more than the ANP

- Is not equivalent to what the theory of structural dissociation of the personality defines as the Apparently Normal Part (ANP) of the personality.
- This ANP lacks relevant personality characteristics which we want to enhance in the patient.
- The Adult Self is the integrated, healthy, well-functioning self, the *future integrated Adult Self* (Korn and Leeds, 2002).
- The Adult Self is an emergent set of self-capacities, which are not yet developed in any part of the personality, including ANP.

Promoting the Adult Self: A seed



- We proceed from the implicit understanding that the future self is already present, as a seed.
- We do not need to explain this in detail to the patient, but we will gradually introduce this understanding at different times in therapy.
- We are confident in the patient´s possibilities of improving.

We work with the entire system

- We do not choose a single part of the system for this function; we are looking beyond
- Some parts or the entire system may feel insecure about the possibilities of changing (the phobia of change is a usual dissociative phobia) but we will remain calmly confident about the patient´s possibilities

The Adult Self: Empowering the patient

- **We do not talk directly to the parts**, but instead we show the *Adult Self* how to talk and communicate with the parts.
- We help the *Adult Self* learn how to understand what they need, how they feel and how to take care of them.
- By doing this, patients develop their capacities for self-care and self-soothing, and become capable of using these capacities outside the consultation.
- The therapist places her/himself from the beginning as peripheral, lowering the risk of excessive dependency from the patient.

The Adult Self: fostering capacities for Self-care

- Through consistently working with the Adult Self, we model a new way for patients to look at themselves.
- We foster their capacities to understand their needs, and to develop empathy and true communication with dissociative parts.

By working through the Adult Self:

- We are enhancing **metacognitive** processes and **integrative** capacities
- Increasing **self-reflection**
- Developing healthy **self-care** patterns
- **Empowering** the patient and promoting his **autonomy**

Working with dissociative parts and voices

History taking

- In complex trauma and dissociative disorders to take a complete history is not always possible and can be destabilizing.

Goals

- Establish a good alliance with the whole system
- Avoid insults and negative comments
- Increase genuine curiosity
- Promote dialogue instead of arguments or fights
- Identify the adaptive function of each part
- Promote empathy, cooperation and negotiation (compassion and understanding will be crucial)
- Identify and promote the available resources
- Respecting the rhythm of each part of the system

- By doing this we promote integration from the first session

Working with parts and voices

- Work through the Adult Self
- Initially it will be more cognitive than emotional
- We want to promote reflexive functions
- Our messages should keep in mind the whole system
- Important to respect the feelings and thoughts of all parts Do not take sides, it would only increase the conflict
- Use the client´s language (parts, aspects, things in me, voices, …)

Working with parts and voices - warning

- Avoid possible triggers
- Do not do the work for the client

Working with parts and voices Basic aspects to keep in mind

- Each part has a role and a function
- Even the more hostile parts or voices are trying to help in some way
- We rename the parts when these names are negative, disrespectful or threatening
- Important to understand why parts need to be separated (if we don ´t understand we won´t be able to work in promoting integration)
- Remind clients that parts are not different people, they represent different aspects of a person
- When we explore the internal system of parts we should make sure we include all parts and voices, even the ones that cannot show themselves.
- Make sure we don´t ignore any parts, specially the hostile ones (clients tend to avoid them and therapist should not do the same)
- Accepting how the client experiences what happens without necessarily agreeing with it

Working with parts and voices Procedures that can be used

- Talking through the Adult Self promotes dialogue and integration
- Dissociate table / meeting place procedure
- Drawings, playmobil…: they promote externalization and allow the client to think about difficult aspects in a more stable way (seeing the conflict represented outside is not a fearful as looking inside)

Careful with:

- Talking directly to parts
- Exercises such as talking to the "empty chair": they might promote parts taking control

Important aspect to keep in mind

- Hostile or aggressive parts might be blocked in a defensive state: if this is the case, they need to know that the present is safe and there is no need to defend themselves now.
- Teaching new ways to protect the self are usually well received by all parts, including the most hostile ones.

Role of negative parts (Blizard, 1997)

Maintaining dissociative defenses used to isolate and contain **traumatic memories** and protect the personality from revealing **secrets**.

Containing feelings such as **anger**, which the patient cannot tolerate or has not been able to express due to fear of retaliation from the abuser.

Controlling the pain by inflicting it to the main personality, instead of suffering it without any control from the abuser. Through this it can identify itself with the abuser and stop feeling vulnerable and humiliated.

Trying to **protect** the main personality by generating suspicion towards people who might abuse them or punishing her in order to control a behavior that could expose her to future abuse.

Offering a way to maintain the **attachment with a caregiver** who at times is abusive and other times is caring. By dissociating in different parts the good and bad aspects of the caregiver, the child can preserve the bond with the "good" caregiver.

Attachment to the perpetrator

- Isolation and lack of support strengthens pathological bonds
- Devaluation of the self is a way to keep the idealization of the perpetrator
- Longing to be loved and accepted. Sometimes the only person "who cared" was the perpetrator
- Difficulties to grief the loss of the idealized figure

First steps towards the work with hostile parts and voice: establish a good alliance

- We acknowledge the protective function the parts had and still have (and will have)
- Remember they protect how they learned to protect; they cannot not see a different way of functioning (nobody taught them)
- They had to carry the burden of the most difficult feelings: rage, shame, powerlessness. Some of them were created to enjoy certain things that the client detested and could not endure
- Underneath all the the defenses there is a lot of pain
- They are afraid of disappearing
- Keep in mind they feel very lonely, they have been ignored and disliked for a long time
- They believe that therapists will never want to work with them (nobody, including the rest of the parts ever show interest)
- They will think that therapists want to destroy them or kill them (in many cases previous therapist told clients to ignore them or tried to "kill them" with medication).

And after we establish a good alliance, we can introduce relevant information:

- They are relevant parts of the Self
- It is impossible for them to disappear or die
- They can learn new ways of managing their emotions
- They can keep the control
- They won´t become weaker or lose strength
- They can complain or feel bad
- They can begin living "the good side of life"

Meeting place

Meeting place

- Adapted to the characteristics of the client
- Norms of no aggression
- Screen
- Drawings, playmobil, imaginary meeting place
- Do the work through the Adult Self
  - What do you see?
  - How does this part feel? / How do you think the part feels?
  - What does this part need? What is this part´s function?
  - How can this part help? / How can we help this part?
  - Does this part know that the danger is over?

Exploring the Internal System through drawings or maps

We help the Adult to

- Understand
- Change defensive attitude for curiosity and observation
- Function from a caring position
- Understand the needs of each part
- Develop reflexive thinking
- Improve communication
- Promote collaboration

We will know we are on the right track if:

- Empathy among parts is developing
- Phobic avoidance is decreasing
- Parts are closer
- Awareness of what happened (trauma) and regarding what other parts had to do
- Knowing the past is past
- Core beliefs begin to change
- Personification: that little girl is me!
- Grief for the lost childhood
- Feel rage (when it was dissociated)
- Presentification: I am in the present, the past doesn´t have to influence me anymore, I am an adult, I can chose now

45

Integration

- More integrative capacity
- More mental efficiency
- More capacity to engage in adaptive behaviors
- Healthy and safe attachments
- Capable of using adaptive defensive responses

46

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50

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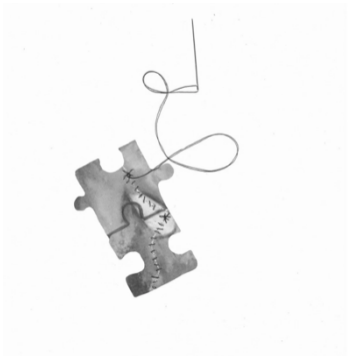
51

Closing reflections

If we focus on the diagnosis



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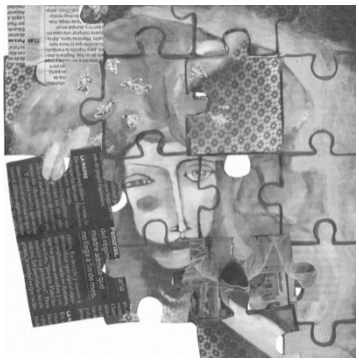
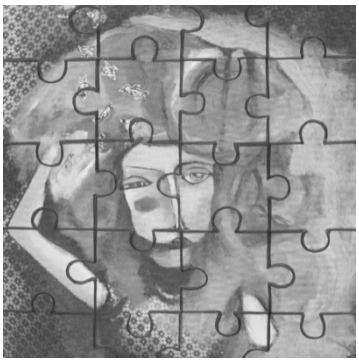


If we focus on the diagnosis, in the most evident and troublesome symptoms and we forget about the person, his or her motivations; what is behind the behaviors, we are at risk of seeing the tree and not the forest



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If we focus on the diagnosis, in the most evident and troublesome symptoms and we forget about the person, his or her motivations; what is behind the behaviors, we are at risk of seeing the tree and not the forest, the person as a whole.

Reinforcing integration

- As a part of the natural process of integration, an integrated self gradually develops and appears.

CONTACT INFORMATION

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