**Notes Level 2.1 Accelerated, Class 9**

1. Chefetz: Chapter 4
   1. Providing a sense of safety and being heard are imperative
   2. Simple questions such as ‘how are you doing’ can generate a multitude of responses
   3. Feeling unreal ‘unembodied’ can become the norm
   4. Dissociative experience often starts in childhood without capacity or knowledge to monitor it – it may take over with devastating consequences that may be invisible to an outsider
   5. Clinician’s own ego-states may be activated when a client is working through a situation that activates a similar ego-state
   6. Listening carefully to language that indicates dissociative process and illuminating the details of the feelings that go with experiences is important
   7. Persistent Dissociative Process and SCID-D
2. Neurologically, we can see differential brain map of alternate identity, mainly a a process of neurobiology driven by psychodynamics, not altered neurobiology
3. EEGs, 3 people with DID – show the graphs of the alters are less different than the graphs of the 3 different humans
4. The SCID-D categories (depersonalization, derealization, amnesia, identity confusion, identity alteration) illustrate how the subjective experience is altered by the dissociative process
5. BASK model – underlying perceptual and referential processes are impaired in dissociation and cannot be achieved without inventing a contextual explanation, ignoring the incoherence, or allowing confusion to occur
6. Once the SCID-D questions are mastered, they can become the frame of the interview from a conversational approach about the subjective experiences of the SCID-D categories
   * 1. Depersonalization – the sense of a person being physically located in their body is distorted
        1. ‘thinking without feeling’
        2. Appears to be associated with functional abnormalities in visual, auditory, and somatosensory pathways
        3. \*Importantly, while these abnormalities occur, it appears that the reduced response to external stimuli occurs so rapidly that people with depersonalization experience are in a heightened state of alertness that is isolated from emotional awareness
     2. Derealization – rather than self being unreal, the world is somehow unreal (often occurs along with depersonalization)
        1. It is as if looking at the world through a veil
        2. Objects may not have sharply defined edges
        3. Colors may be muted
        4. Intensity of light dimmed
     3. Amnesia – forgetting outside the normal range of experience
        1. Swiss cheese amnesia – only key pieces of information are missing (the pieces that would contextualize experience and allow a personal to make sense of their personal narrative)
        2. A subject moment of discontinuity, i.e. the client’s eyes become fixed at a distance and the gaze somewhat trance-like. Client may appear startled if this is interrupted by calling the name
        3. Clinically – ‘can you please tell me what we were just talking about’ – may not be able to recall or may shift eyes and report it as if they read it in the newspaper that an experience that just happened in real time – clinician can ask, ‘Do you know this because you are fully alive and recalled the experience that you are reporting to me or it more like something you read in a newspaper rather than what happened 2 minutes ago?’
        4. The nuances of language that are abridged by minor discontinuities in discourse of fleeting facial expressions that signal confusion are wellsprings of valuable information
        5. Time loss, blackouts, disremembered behavior (not recalling eating, buying clothes, writing a note, sexual act), fugue/mistaken identity, unexplained ownership, sudden change in relating skills, habits can also indicate amnesia
     4. Identity confusion – an experience of not being able to know one’s name when directly asked
        1. ‘la belle indifference’ (Janet, 1901) – divestment (dispossess) of personal information to mercifully dilute the impact of experience which undermines the capacity to make identity coherent (not me)
        2. The not-me self-state influences conscious behavior and interpretation of events through implicit processes
     5. Identity alteration – the experience of having several different identities with subjectively different characteristics, i.e. age, sex, face, body size, throughs, feelings, worldview, personal history
        1. Putnam review of 100 consecutive cases – 8 or 9 alternate identities
        2. Chefetz – 15-20 self-states are not unusual
        3. Core number of self-states tends to increase with severity and chronicity of abuse
   1. Noticing discontinuity – somatic experience will pay deep dividends in the psychotherapy of persistent dissociative process
   2. A fleeting glance
   3. Smirk
   4. Shift of eyes – up, down, or to the side
   5. Grimace
   6. Furrowing of forehead
   7. Glazing over
   8. Quiver of chin muscle
   9. Sudden reaction to room temperature
   10. Change in body position
   11. Coherence, Interior Decorating, and Tethered Memory
   12. Reviewing in great detail aspect of physical spaces may help to activate implicit memory
7. Tethered memory is ubiquitous when there is an active dissociative process – the memory is just out of reach
8. Interior decorating is a metaphor for a simple neurobiological reality – the conscious stimulation and recall of neutral items of interest to a person will activate memory and cognition for those items and associated items tethered nearby – also known as priming
   1. Compartmentalization and Discerning Reality – sensing personal failure that includes a sense of being mortified, rendered worthless, dripping with shame and humiliation is the kid of experience that activates dissociative process
9. The Detachment and Compartmentalization Inventory (DCI): An assessment tool for two potentially distinct forms of dissociation
   1. Compartmentalization – a structured separation of mental processes (emotions, thoughts, memory, cognition, identity) that are normally integrated
   2. Detachment – a subjective experience of an altered state of consciousness characterized by a, ‘sense of separation from certain aspects of everyday experiences (body, emotion, sense of self or external world)
   3. Absorption, derealization and some varieties of depersonalization characterize detachment
   4. Phenomenologically – feeling spaced out, unreal or in a dream, experiencing events without feeling as thought they are occurring, external world appears lifeless/2D
   5. Feelings of detachment can be acute, temporary or chronic
   6. Amnesia may have its origin in attachment at the time of encoding an consolidation, while it is a manifestation of compartmentalization (retrieval failure)
   7. DCI
10. Closely correlated with DES II
11. Detachment scores were higher than compartmentalization for both clinical and non-clinical groups
12. 22 item questionnaire
13. Delineating compartmentalization vs. detachment may help with treatment planning and outcomes
14. Chapter 1 – Howell
    1. Janice – 43, recently remarried with 2 adolescent daughters, accomplished painter, her mom thought she was the product of an affair – she is genetically related to the same father as her siblings, forced to be a maid for her family, especially attending to mom, ‘uncle’ sexually abused her for several years, kids in the neighborhood put muddy sand in her vagina = many UTI, wet the bed since was too afraid to wake parents to use bathroom, mom would make her sleep in urine sheets and when she did wash them would hang them out for neighbors to see and siblings made fun, called a whore
    2. Dennis – 32, works in finance, motorcycle repair business on side, child of 2 artists, dad significant substance abuse, mom physical/emotional concerns, fellatio at age 3 with sons of daycare provider, witnessed his mom shooting his dad, first experienced as blindness/sounds, escaped into the woods for 3 days hiding in trees after shooting, very poor with no food or gorging at times and stealing food/gas if needed, tied up and raped by Big Brother reps, female alter Sophia became stronger and wanted to have sex change in early adulthood
    3. Margaret – 35, married mother of 2, university professor, as a child tortured and abused by mother, father, step-father and step-father’s son, raped, beaten, tied up, left for dead, mom typically did not feed them as children and sent her with a strange man who raped her and several other men raped her in a hotel room, father raped her and tried to murder her multiple times, step-father sadistically raped her and forced abortion although he had a vasectomy, on the day of her beloved grandfather’s funeral her stepfather’s son raped/beat her, she had to bury bloody clothes so her mother would not be mad, at 15 moved out, her mother sent messages through her sister to come home, when she did rapes continued, she told a school counselor who reported to her mom and mom had her hospitalized for 3 months
15. Howell Chapter 3, “The We of Me”, Personality Organization in DID
    1. Karpman drama triangle is a common pattern seen in DID parts; the interrelationships among the parts also repeat the kinds of relationships that the patient experienced and witnessed in childhood.
       1. Victim parts
          1. suffering children
          2. identities have to do with the relationships with the abusers corresponding to certain affective and cognitive understandings of these relationships
       2. Abuser parts
          1. Represent internalizations of the early persecutors
       3. Rescuer parts
          1. Framed around significant positive real person sin the patient’s life
          2. Or framed around restitutive fantasies
    2. Common organization in females with DID
       1. Submissive part who is most often in executive control along with dissociative rageful and terrified parts, child parts and so on who are not usually fronting.
       2. This may have worked well in the family of origin protecting the child from knowledge, affects and behaviors that would have been dangerous or too disorganizing.
       3. Leads to feeling chronically victimized and disempowered
    3. Third Reality
       1. Inner world that is visualized, heard, felt and experienced as real
       2. Trans logic: ideas and relationships of ideas about things in reality are not subject to normal logic.
       3. Contradictory ideas are kept better in separate compartments so ideas can exist together.
       4. Different psychophysiological organizations such as sense of smell, taste, allergies, preferences, handedness, eyesight and glasses prescriptions and responses to medications.
       5. 3D space where parts are often layered behind one another, the deeper trauma behind deeper layers of identity states.
    4. Part in Executive Control most of the time
       1. Host/Usually presenting part/part who appears most of the time/one who has executive control in the body the greatest percentage of time/one out front most of the time.
          1. Functions as a shell, a front
          2. Woman typically are compliant, depressed, depleted and masochistic.
          3. Protectively separated from to hold powerful emotions and memories away from the host.
          4. Not usually the original personality as no one has an original personality.
          5. Not always one part, could be several look-alike versions that take over when another gets tired or overwhelmed.
    5. Child Parts
       1. Tend to hold most of the abuse memories
       2. Often exiled in the system and avoided so to not experience their painful feelings.
       3. These parts are not actual children, can understand abstract concepts and words.
       4. Ages correspond to the ages they were abused. They may grow up, stay the same, or mature.
       5. Twins: compliant and eager to please while other is the “evil one”.
       6. Can hold different jobs, identify with abuser and behave in destructive ways to the body.
    6. Rescuer. Soother and Protector Parts
       1. Protectors/caretakers modeled off a real person, or an adult figure such as a caring grandparents.
       2. Fighters, protect patient from external danger.
       3. Protector parts can become persecutors modeled on the abusers. Hold the anger and rage handing out punishments to other parts of the self.
    7. Abuser Parts
       1. Hold rage and contempt for the most frequently presenting part and other pars.
       2. Responsible for self-injury, can be homicidal towards parts
       3. Tend to be angry adolescents/children bent on feeling powerful.
       4. Can have names like Satan, Devil, Lucifer or Demon
       5. Can usually become engaged in treatment and become allies.
       6. Live in the past, protect the person from behaving in ways that would have been dangerous in the past.
       7. Survival behaviors needed in the past might not be needed in the present.
       8. Psychopathic parts are not protective and wish only for their own power
    8. Differently Gendered Parts
       1. Male parts in female patients may represent safety, strength and aggression
       2. Belief that if they are boys they cannot be raped as girls are.
       3. Female parts in male patients may represent experience of being raped and demeaned by the abuser calling them a sissy or a girl.
       4. Female parts in male patients may be stereotypically nurturing females providing internal comfort
    9. Managers
       1. Have extensive knowledge of events and of the system.
       2. Internal self-helper
       3. May not always have the best interest for the whole person.
    10. Psychotic Parts and Dead Parts
        1. Psychosis could really be the result of flashbacks of experiences that have not been labeled or contextualized. As a result the patient cannot explain the bizarre behavior which from the outside may appear psychotic.
        2. Dead parts often believed during abuse they were about to die or did die. Dead parts have been locked away only to reemerge when the person experiences extraordinary stress that brings into question the viability of existence.
    11. Animal identities
        1. Children often identify with animals as protectors, peers or both.
        2. Protector states that can express emotion that the host can’t
        3. Could be self-representations that are consistent with the abusers treatment and labeling of the child. Treated like a dog.
        4. Can be helpful to address the extreme guilt resulting in participation in acts felt to be inhuman. Patient may have been a co-participant in animal torture, the issue of responsibility has become even more muddled than in other incest situations.
        5. Animal parts may also express evaluations of one’s own experience metaphorically.
           1. Awakens from sleep feeling like she is wriggling like a fish and unable to use her arms and legs.
           2. Cobra could be a protector. It could also represent the abuser specifically the penis.
    12. Different Schemas
        1. The uninvolved nonabusing parent and neglected child
        2. The sadistic abuser and the helpless, impotently enraged victim.
        3. The omnipotent rescuer and the entitled child who demands to be rescued.
        4. The seducer and the seduced.
        5. The certain believer and the chronic doubter.
    13. Inner Antagonisms: The theory of Structural Dissociation of the Personality
        1. Hold different types of memories and having opposing views about how to conduct a life and how to manage unmanageable feelings.
        2. Van der Hart’s Structural Dissociation:
           1. EP Emotional part, ANP Apparently Normal Part
           2. EP remains fixated in the traumatic experiences which is often reenacted.
           3. ANP conducts daily and business of life in a constricted way. ANP must avoid the affect and information held by the EP
           4. ANP vigilantly avoidant of the information and affect held by the EP, phobic of the memory.
           5. EP and ANP are dissociated as separate dissociative parts of the personality.
           6. EP as a defense uses hypervivilance, fight, flight, freeze and total submission.
           7. Primary structural dissociation involves one EP and one ANP as in simple PTSD. ANP tends to be detached and numb. EP is usually limited in the scope but is hypermnestic, or reexperiencing the trauma
           8. Secondary structural dissociation involves one ANP and more than one EP. This happens in complex PTSD and DDNOS. Consists of 2 or more defensive subsystems.
           9. Tertiary structural dissociation there are 2 ANPs as well as more EPs. There may be different ANPs who perform aspects of daily living.
    14. The Closed System, The Self-Care system and the third reality
        1. Closed system doesn’t allow for internal world to interact with the external world.
        2. Self-care system allows the child to manage traumatic attachments and self supplement what is not available in the interpersonal environment.
        3. 3rd reality can be an internal world of castles, dungeons, fields, etc. This can be playful creativity, but remains stagnant if not allowed to connect with the outside world (as in a closed system). As long as parts remain separated from each other, contradicted in their beliefs the internal world will remain conflictual and problematic.
        4. Invite pars into interaction with the therapist and to share their 3rd party reality with the therapist. Therapist operates as a relational bridge for self-states to share the more aspects of their segregated experience with each other.