**Howell Chapter 11: Working With Persecutory Alters and Identification with the Aggressor**

1. Traits of Persecutory Alters
	1. Often modeled after a caretaker that was abusive
	2. They often punish, hurt and torture the host or others on the inside because they believe it is necessary for the person’s safety and protection.
	3. Behavior often mimics that of the original aggressor
	4. Early warning system this is hypervigilant for trauma.
	5. Doesn’t prevent a harmful event, it increases its likelihood, but prevents it from occurring unexpectedly.
	6. “The vigilant intention to avoid current and future trauma ends up as a continual internal reenactment of the past traumatic situations.”
	7. Also protects the child’s attachment to the abusive caretaker.
	8. Child’s ability to maintain attachment with abusive caretaker will depend on dissociative compartmentalization of parts containing contradictory memories and affects.
	9. Started out as protector-persecutors, very little protection modeled in their childhood (mostly in fantasy).
2. Identification with the aggressor
	1. Passive and automatic:
		1. Begins as automatic at first.
		2. can’t assimilated the events into narrative memory so goes into a trancelike state. The abuser is focused on intently but depersonalized and derealized.
	2. Defensive
		1. After repeated activation it becomes a defensive process
		2. part expresses it’s own aggression
	3. Anna Freud described it as active identification with an authority or with the authority’s aggression and power.
	4. Frenczi’s description: Children feel physically and morally helpless. Child becomes obsessed with the aggressor’s wishes and behavior and mimics.
	5. The child’s self-agency, identity and integrity of self are diminished in the process of identification with the aggressor.
	6. The child experiences themselves as an object of use for the caretaker and orients around the caretaker’s needs and responses as the center of self.
		1. Intent focus on abusers postures, motions, facial expressions, words and feelings.
		2. Trancelike state has the aggressor disappear as part of external reality, the child keeps the positive attachment with the abuser in the consciousness.
		3. What can’t be dealt with in the real world becomes living terror in the inner world.
3. Importance of Accessing, Relating to and Empathizing with Aggressive, Abusive and Persecutor Self-States
	1. Vital for the therapist to do what the host can’t: connect with the abuser parts of the person
	2. Goal for the abuser and persecutory parts become allies in treatment so the affects they have held can be shared across dissociative boundaries.
	3. Often believe they are bad.
	4. Therapeutic goal is to increase their appreciation of their own subjectivities.
	5. They often only see themselves as keeping the host in line by punishing them.
	6. Typically don’t like their position and haven’t been able to get out of it.
	7. Typically angry adolescents or children in subjective identity.
	8. Therapist: there must be a good reason why this part behaves the way they do. Ask about the feelings and motivation related to the behavior.
		1. It may feel good to feel powerful and punish parts.
		2. “She deserves it, She is such a wimp.” Could be the abuser’s perspective, and or could be helping persecutor part’s grandiosity.
	9. Therapist tell the part hurting the body is unacceptable behavior. OK to set boundaries!
		1. Tell the part to leave immediately if threatening to harm the therapist, can return when feels differently.
		2. You have been hurt enough, I don’t want to stand by and watch you hurt yourself.
		3. May be testing you to see if you will retaliate as their abuser did.
		4. Help parts learn to use their words rather than actions.
4. Traumatic attachments
	1. Mimicking the attachment figure.
	2. Traumatic procedural learning (how to do things with others)
	3. Aggressor identified, grandiose, dominating abuser self-states that hold rage, contempt and omnipotence may arise in procedural, imitative didactic environments.
	4. When the child learns both abuser and victim roles in traumatic attachment the corresponding self-states are likely to be dissociated.

**Steele 18 The Window of Tolerance**

1. Window of Tolerance
	1. Learn to experience enough rather than too much or too little.
	2. Tolerable for each part of you where you can learn, have inner sense of safety and be engaged with life.
	3. Outside the window of tolerance= hyperarousal or hypoarousal
	4. Being chronically overwhelmed compromises your ability to regulate your physiological arousal.
	5. Interactive regulation: others that are nurturing, encouraging, attending to emotional and physical needs, and comforting. Others help view problems from a new perspective.
	6. Auto-regulation: reassure ourselves, slowing down to reflect, practicing calming exercises, do things that help us feel better.
2. Reasons for difficulty with self-regulation
	1. Lack of Reflection, stuck in the feeling
	2. Avoidance of emotion
		1. More you avoid, less ability to reflect, and more unresolved conflicts or traumatic memories you have the harder it is to stay within window of tolerance.
3. Hypoarousal
	1. Distraction with healthy activities (walking, running, gardening, reading a children’s book, listening to music…)
	2. Containment (bank vault, floating up in a balloon, submarine, computer file)
	3. Calming and soothing yourself (empathetic acceptance
	4. Grounding and reassurance.
4. Hypoarousal
	1. Become physically or mentally active.
	2. Use all 5 senses, notice your movement, don’t fix eyes in one place which may cause you to trance.
	3. If cold try a warm bath or shower, wrap self in a warm blanket, or use heating pad.
	4. Numbness: note where your body begins and ends, are you completely numb or have some sensation in one area?

**Steele Chapter 22 Coping with Anger**

1. Anger is natural and healthy; it can also be powerful and frightening
	1. If anger is chronic, it can become a hinderance to relationships and personal healing
	2. Anger can generate a lot of energy in the body
	3. Some worry if anger is ‘taken away’ they will lose their energy and power
	4. Many feel ashamed of their anger because it is ‘bad’ or believe they will be punished/rejected
	5. Anger is an emotion that guides behavior, not a behavior itself
	6. How you COPE with anger is what makes it adaptive or not
2. Anger can substitute for other emotions
	1. When feeling ashamed or afraid
	2. Dissociative parts may strike out at each other
	3. Anger inhibits grief
	4. In can keep people stuck (acts in protective way)
3. Expression of anger
	1. Persistent revenge strategies
	2. When anger is paired with behavioral control and significant change in core beliefs is it healing
4. Anger – people with complex dissociative disorder
	1. Specific parts of your personality may be angry/easily provoked
	2. Some dissociative parts may avoid or even be phobic of anger
	3. Parts that are phobic of anger are generally terrified and ashamed of angry, dissociative parts
	4. As a whole person you are unable to reconcile conflicts about anger and learn to tolerate/express anger in healthy ways
5. Two types of angry, dissociative parts
	1. Stuck in defensive fight mode – ready to protect you
	2. Much like the original perpetrator
		1. Imitate those that have hurt them in the past
		2. May seem more powerful and aggressive internally toward other parts than they are externally
	3. Angry parts often afraid they are unwanted
6. Dissociative parts that avoid anger
	1. Often stuck in the past
	2. Believe anger makes them more vulnerable
	3. Tend to minimize/deny their needs or desires, work to appease others and have a propensity to freeze or shut down
7. Tips for coping with anger
	1. Distinguish level of anger
	2. Be aware of physical signs
	3. Recognize angry parts as a way to cope
	4. One you feel some empathy for angry parts, you can begin to communicate with them and understand what is beneath the anger
	5. Let angry parts know you do not want to get rid of them
	6. Reframe angry parts to utilize strengths in other ways
	7. Realize it is not ‘wrong’ to feel angry
	8. Notice whether the anger is appropriate to the situation
	9. Try creative/healthy/nonverbal ways to express anger – drawing, painting, writing
	10. Physical exercise may help
	11. Reflect on anger and try to understand it
	12. Give yourself a time-out
	13. Try different things for different parts, listen to what other parts need and negotiate
	14. Notice beginning, middle, end of anger
	15. Watch safe people in your life and how they handle anger
	16. Healthy anger can give positive strength and energy
	17. Learn what triggers anger
8. Working with parts of yourself to cope with, resolve anger
	1. Have an inner meeting to discuss
	2. Many need to shift to internal safe place
	3. Challenge core beliefs and use reflection to resolve anger

**Steele Chapter 23 Coping with Fear**

1. Fear is one of the most pervasive and problematic emotions for traumatized individuals
2. Fear is a universal hyperaroused reaction to perceived threat or danger
3. Fear is life-preserving and signals our bodies to initiate survival strategies such as fight, flight, freeze, or collapse
4. Fear and anxiety are a problem when they are chronically activated in the absence of threat
5. Chronic for clients with dissociative disorder since some parts are stuck in the past
6. Physiological reactions
	1. Shaking
	2. increased heart rate
	3. sweating
	4. nausea
	5. hot/cold flashes
	6. dizziness
	7. racing thoughts
7. Collapse – hyperarousal, an immediate reaction to protect yourself
8. Fear of inner experiences – overwhelming emotion that comes from inside
9. Fear vs. Anxiety
	1. Fear – reaction to threat or danger focused on specific stimulus
	2. Anxiety – more generalized (something bad will happen, but don’t know what it is)
10. Fear and complex dissociative disorder
	1. Different parts are likely to get stuck in fear response
	2. Others parts avoid fear
	3. Parts that have chronic fear are hyperalert – the warning signal never turns off
	4. Fear can be experienced without know why
11. Tips for coping with fear
	1. Reflect inwardly to see if they are experiencing fear
	2. Identify trigger that evokes fear
	3. Determine whether fear gauge level is appropriate
	4. After reorientation to safe present – calm yourself or other parts inside
	5. Practice regulation exercises
	6. If frozen, try small movements – i.e. moving pinky
	7. If you know certain situation evoke fear, make a plan for them
	8. Allow a part that doesn’t experience fear to deal with a situation
	9. Communicate with any parts that engage in reckless behaviors

**Steele Chapter 24 Coping with Shame and Guilt**

1. Chronically traumatized individuals almost always experience devasting sense of shame about who they are and what happened to them
2. Often ashamed of some parts of themselves
3. Most experts consider guilt a particular type of shame that is focused on being ashamed of one’s actions
4. Understanding shame and guilt
	1. Shame – a sense of failure, incompetence, and defeat
		1. Has intense physical manifestations
			1. Head down
			2. Eyes lowered and averted
			3. Flushing
			4. Changes in breathing
			5. Confusion or inability to think
			6. A collapse or freezing
		2. Chronic shame
			1. No amount of punishment or corrective action would be sufficient
			2. Unable to forgive yourself
	2. Guilt – implies you had a choice about your actions, it is not based on realistic facts or on what would have been expected by other people
	3. Shame scripts
		1. Attack self – accept the belief of the shame, ‘I am worthless’, ‘I am stupid’
		2. Attack others – you are not the problem, they are
			1. Motivation is to improve your own self-image by externalizing the same and projecting it on someone else
			2. Behavior is a verbal attack to make others feel inferior/you feel superior
		3. Avoid inner experience – engages in denial, attempts to distract self from painful feeling
		4. Withdraw from others – accepts message of shame as real; feel so badly you isolate yourself from others
5. Tips for coping with shame and guilt
	1. Recognize shame, guilt reactions and name them
	2. Learn patterns of coping with same and how you use shame scripts
	3. Scale shame 1-5 on how often you tend to feel it
	4. Notice body sensations associated with shame
	5. Once patterns are noticed, try to interrupt or shift them
	6. Ascertain which cognitions you might need to correct
	7. Notice specific beliefs related to shame/guilt held in a particular dissociated part of yourself
	8. Recognize/work with strategies employed by other parts of yourself
	9. Talk about shame in treatment
	10. Notice present experience; ground in the present
	11. Pair a positive/joyful experience with a shameful one
	12. Develop empathy for yourself
	13. Have realistic guilt – you are falliable, help parts come to an inner acceptance

**What Mindfulness can learn about Dissociation and what Dissociation can learn from Mindfulness, Forner**

1. Traditional Mindfulness – a deep state of relaxation in which one is engaged in an active mental state requiring great attention.
2. Most common – development of awareness of present-moment experience with a compassionate, nonjudgmental stance
3. Mindfulness from a human development and neurobiological perspective is an altered state and can become a trait that involves interconnected activity in the brain networks that facilitate self-awareness and emotion regulation
4. Areas of the brain associated with mindfulness are responsible for 9 basic functions:
	1. Body regulation – helps us regulate our fear
	2. Attuned communication
		1. the ability to make inferences and close enough guesses to what we are feeling
		2. the ability to transmit and communicate information that is less obvious than spoken word
	3. Emotional balancing – nonjudgmental awareness of our emotional language helps us understand our emotions, feel them, and express them objectively. Mindfulness can help build skill of affect tolerance.
	4. Response flexibility – take a mental pause, ask questions about what is happening inside of you and gather information before reacting
	5. Empathy – a sense of compassion and understanding of others’ feelings/perspectives
	6. Insight – being able tot feel curiosity about why we are reacting from a physical place in our bodies like our gut or heart
	7. Conditioned fear modulation – updating our files from procedurally learned experiences
	8. Intuition – putting instincts and intuition into the correct work
	9. Morality – all the above functions together allows one to engage in full capacity for mindfulness
		1. One can see the end result is a more compassionate, empathic, tolerate, and regulated individual
		2. When exercising mindfulness, it can be turned into a trait = begin at one with reptilian and mammalian brains and reactions
5. The benefits of regular mindfulness and secure attachment the are the same – a calm, regulated, insightful, patient, compassionate, empathic, welcoming of human intimacy, capable of life-enhancing grief, moral, and love
6. Mindful brain is more about connections (enhancing life) and dissociation is more about how to survive disconnection (preserving life)
7. People who over-utilize dissociation have great difficulty relating to their fear
	1. Contentious relationship with their emotions
	2. Little insight to what and why they feel what they feel
	3. Difficulty updating old files; pain and suffering from the past is in their present
	4. Empathy can send them into traumatic re-enactment
	5. Brain structures like Insula and medial prefrontal cortex that help us intellectually and to physically manage pain and suffering are cut off
8. The body makes the logical reaction to cut off mindfulness while it introduces dissociation as primary survival strategy – once danger is over, it is mindfulness that helps us heal and move beyond the terror of surviving into the land of thriving
9. If mindfulness is brought into therapy without considering the power and importance of dissociation, it can be too much and client will have to use dissociation again to escape intense nature of their experiences and feelings = it will reinforce need to dissociate
10. Considering window of tolerance can help balance mindfulness/dissociation