THE CORE SELF: A DEVELOPMENTAL PERSPECTIVE ON THE DISSOCIATIVE DISORDERS

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ABSTRACT

Multiple Personality Disorder and the Dissociative Disorders are characterized by the subjective experiences of extreme fragmentation, disorganization, and disintegration. While our current system of classifications identifies these experiences as central to dissociation, clinicians have been limited in their ability to describe the nature of these states specifically. Recent findings from developmental psychology and infant research provide observational data which describe stages of self development. The careful focus in this work on defining and describing the domains of self experience provides a useful framework for studying Dissociative Disorders.

INTRODUCTION

The past decade has been a time of rapid advances in the study of the dissociative disorders and of Multiple Personality Disorder (MPD). Despite this burgeoning interest, or perhaps because of it, current theory and research in the field is troubled by a set of definitional problems. We are still limited by difficulties in precisely describing and defining the extreme states of disorganization and fragmentation which our patients report as part of their personal experience. It is in describing these extreme states that the growing field of developmental psychology and infant research may provide some assistance.

Developmentalists are rewriting the text of the growing infant's capacities, and of the infant's inner world. While early life experiences have often been recognized as central to considerations of later developmental achievements, as well as to many forms of psychopathology, it is only recently that we have been able to acquire and study direct observational data about infants to get a sense of both normal parameters and pathological developmental lines. In contrast to most developmental theories, which have been retrospectively derived from work with adults in psychotherapy, recent developmental theories are the product of direct prospective observation of infants and children. The challenge of integrating this new research with clinically useful psychodynamic constructs has become the province of a number of clinical researchers, and particularly of Daniel Stern.

In his book *The Interpersonal World of the Infant* (Stern, 1985) Stern suggests that the infant can best be understood from the perspective of how he/she subjectively experiences and organizes his inner world. He describes four levels of self organization, supported by observational data from infant studies, each of which heralds a radical restructuring of how the child experiences himself in the world. The first two years of life ideally bring the sequential achievement of a sense of an emergent self, core self, intersubjective self, and verbal self (Stern, 1983, 1985). He states that each of these new levels of self organization establishes a context within which all other ongoing life issues will be handled.

How can these findings from infant research be of use to clinicians working with patients with MPD and dissociative pathology? The dissociative defense results in profound and specific alterations in the individual's sense of self. In contrast to other defensive processes, including denial and repression (in which specific events or fantasies are barred from consciousness and the sense of self remains intact), dissociation implies a radical alteration in the sense of self. The I which remains intact when other defenses are employed is not maintained in dissociation, and dissociated content becomes *not me* experience. The essence of the pathological process operative in MPD is designed to satisfy one injunction: That did not happen to me, it happened to another. We are limited in our ability to describe these not me experiences, these extreme states of fragmentation, disorganization, and disintegration which our patients report as their subjective experiences. As a result, we run into a problem of nosology in which the extremes of dissociative experience are categorized as *polyfragmented multiple personalities, personality fragments* (Braun, 1986) and *ego states* (Watkins & Watkins, 1982). While all of these emphasize the underlying dissociative mechanism being used, they do not aid us clinically in specifically defining or describing the nature of the individual's experiences.

Stern addresses this dilemma directly and defines the developmental domain of the *core self*, which may help us in describing experiences of *fragmentation* more precisely. The achievement of the secure sense of being a unified integrated person is described as part of core self. It is in the context of core self development that the infant and subsequently the adult develops and maintains

"the sense of being an integrated, distinct, coherent body with control over his own actions, ownerships of his own af-

fectivity, a sense of continuity, and a sense of others as distinct and separate interactants" (Stern, 1985, p. 99). Stern suggests that the four self invariants of agency, coherence, self affectivity, and continuity, while constituting the specific developmental material of the second to seventh months of life, remain essential aspects of experience throughout the life span. It is these invariants which are the elements of the secure sense of *bodily* or core self (Stern, 1985). Disturbances of development related to these invariants can be found in specific forms of psychopathology:

> Absence of agency can be found in catatonia, hysterical paralysis derealization and some paranoid states in which authorship of action is taken over. Absence of coherence can be manifest in depersonalization, fragmentation and psychotic experiences of merger and fusion. Absence of affectivity can be seen in anhedonia and some schizophrenics, and absence of continuity can be seen in fugue and of other dissociative states"
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> (Stern, 1985, p. 71).

It is precisely in these areas of core self that patients with MPD are most profoundly disturbed. Certainly patients with MPD experience disturbances in both the intersubjective and the verbal domains. However, the individuals with dissociative disorders have a profound disturbance of identity which is rooted in bodily perceptions and in their difficulties in organizing somatic experience. The defining characteristics of dissociation seem to be most fundamentally rooted in the core self. We can learn more about the nature of MPD and the process of dissociation by thinking of them in terms of disturbances in Stern's four invariants in the domain of core self. Here I will attempt to briefly present each of the elements of the core self and discuss each in terms of clinical work with patients with dissociative illnesses.

MULTIPLE PERSONALITY DISORDER AND THE CORE SELF

The first self invariant of the core self that Stern describes is agency. He breaks this down into: (a) the sense that volition precedes a motor act, (b) the proprioceptive feedback that does or does not occur during the act, and (c) the predictabilty of consequences that follow the act (Stern, 1976, p. 76). It relates, then, to a primary sense of being embodied and to being able to discern a unity of bodily function and action. It is captured by the statement, "My body initiated this action." Deficiencies in this capacity are plain in individuals with MPD in descriptions of experiences of passive influence, of being contolled by an outside agent, and in a general sense of inability to rely on themselves as an agent, one who predictably initiates and completes tasks with their body.

> A twenty-eight year old male patient with MPD has a long history of masochistic behavior. He has routinely harmed his body by repeated laceration, burning, hitting, head banging, etc. What is most remarkable about his experience is that he reports being unaware of initiating or continuing these actions as they are happening. Instead, he characteristically reports a feeling of anxiety or dread that something bad is going to happen to him; that he is going to be a victim of an assault which he subjectively experiences as being initiated by another agent outside his control. He also has experiences of parts of his body functioning outside of his conscious control. One leg might shake dramatically or one hand open and close forming a fist. At one point when several alters were actively in conflict, he experienced an uncoordination in his gait and felt that he did not have full coordination of his legs or trunk to exercise voluntary control over walking.

This patient had a disorganization in his experience of being an integrated physical being with control over the initiation and continuance of his actions. This is, in Stern's terms, a disturbance of agency in the domain of the core self.

Where self agency concerns the growing experience of oneself as reliable initiator of actions, self coherence concerns self boundaries and fundamental distinctions between self and other. This is the class of interpersonal experiences that define one as a single bounded physical entity. Stern describes a group of experiences which establish self coherence: (a) unity of locus; (b) coherence of motion; (c) coherence of temporal structure; (d) coherence of intensity structure; and (e) coherence of form (Stern, 1985). Through his interpersonal experiences the infant begins to organize experience around variability in these spheres. Other individuals in the environment are experienced as coherent based on the reliable and predictable repetition of interactions in these domains. As another is discovered to be coherent as a physical entity, so the infant learns of his own coherent physical presence. Dissociative pathology in the realm of self coherence is manifested in the switching process and in the experience of oneself as multiple. The uncertainty of one's own invariance in relation to another is markedly disturbed in MPD as reflected by the statement: I am not the *same person* when I am with X as when I am with Y. The host of specialized idiosyncratic shifts of attitude, posture, and presentation manifested by different alternate personalities in different circumstances reflects a failure in self coherence. Rather than feeling that one integrated personality can adapt to the varying demands of the environment, the MPD patient relies on a series of separate selves. One woman with MPD writes in her journal:

> I caught a glance of my face in the mirror. It was the first time that I was consciously aware of some kind of separateness. I felt like *I* was outside the body as an observer of something totally bizarre to me. It was my face in the mirror but it felt as though it was someone else. There was a vicious expression on the face, and I was aware of this person saying to drown myself in the tub or kill myself in some way and kept attacking verbally and viciously about what trash I was. Almost immediately there was change to a little girl's expression on the face and *she* started crying saying "why are you doing this to me, please leave me alone. Don't do this." Immediately it switched to the vicious one attacking again and saying how I must die, etc. This went back and forth for some time and the whole time felt like an outside observer.

The failure of the sense of a coherent self is evident in both the content and form of this clinical vignette. The content reveals the patient's sense of having several unintegrated as-

pects with differential experiences occurring simultaneously within her body. The inconsistency and confusion about the descriptive pronouns she uses in writing about this event supports the lack of coherence in her sense of having a unified identity. She refers to herself as *I, the face, this person, she, me,* until she finally in the last sentence deletes the personal pronouns entirely and writes "the whole time felt like an outside observer." The person is lost entirely.

The third invariant aspect of the core self which becomes a central developmental focus (organizer) for the infant is self affectivity. It is during this period that the infant begins to be able to distinguish his own emotional states and define them as part of himself rather than as part of the environment or whomever might elicit them. The invariant self affectivity includes the growing recognition of "proprioceptive feedback from particular motor outflow patterns to the face, respiration and vocal apparatus" (Stern, 1987, p. 89). In keeping with the works of Izard (1977) and Tompkins (1987), Stern considers the affects to be highly organized arousal systems. The invariant self affectivity refers to the child's growing yet rudimentary sense that the autonomic discharge associated with his different states of arousal are an expectable and acceptable part of him, and that they are beginning to take on a stable organization in the context of his life experience.

Mistrust of self affectivity is a cornerstone of dissociative pathology. The severely traumatized individual has not learned to rely on stable affective experience, but instead experiences emotion as disintegrating. Either as a primary response to trauma, i.e. an inability to integrate overwhelming neurophysiologic stimuli, or as a secondary response based on the conditions implicit in the traumatic circumstances, the MPD patient is unable to rely on a secure, well modulated pattern of affective arousal. There is then a resultant insecurity as to how affect will be experienced, an insecurity as to whether the physiologic components of affective states will follow a predictable pattern of increasing and decreasing intensity or whether they will be experienced unpredictably and as chaotically disorganized and overwhelming.

In patients with MPD, this deficit is seen most grossly in the establishment of alternate personalities which have discrete and limited affective spectra. For instance, one personality will experience and express all the angry affect and another personality all the sad affect. The individual does not experience a smooth integration of contrasting or conflicting affective states. This can result in the ongoing mistrust and misperception of autonomic affective cues, such that the adult MPD patient cannot accurately discern discrete affects. The patient cannot translate the somatic experiences of sadness, joy, excitement or anger, into personal experience as reflected by the statement "I feel sad." This is a failure of discrimination and a lack of tolerance of affect at the level of the core self.

A young woman with MPD presents herself as remarkably pleasant, cooperative and ingratiating. Throughout the course of her extended psychotherapy, she is without complaint or criticism; unable to register or acknowledge frustration or irritation about many small interruptions and inconveniences in the therapy or about the limiting realities of her inpatient hospitalization. She is most importantly unable to express anger in the context of discussion of traumatic episodes, but instead experiences nausea, anxiety, or feels sad and tearful. After much therapy, she finally acknowledges that one might have angry feelings towards an assailant. She states without affect, flatly and intellectually: "If I felt anger I would explode. I would be like a raging volcano. I would destroy things." Late in the therapy this patient has revealed an enraged alternate personality who expresses the angry feelings towards her injurers. This affective expression is not yet recognized by the primary personality. Since its emergence, she is able to recall the content of this alters statements but not the affect. The primary personality when reflecting on similar or identical content continues to experience a mixture of somatic symptoms and is unable to identify her predominant affective state.

In this case the dissociative defense is used primarily to disavow intolerable and overwhelming affect. The subjective experience of being a unified person, with an intact sense of self, is lost in her inability to handle her affective states.

Stern writes, "A sense of core self would be ephemeral if there were no continuity of experience . . . the infant capacity necessary for this form of continuity is memory" (Stern, 1985, p. 90). The emerging capacity for memory of experience and events is the glue which joins the other three invariant aspects of the core self. Current research offers support for pre-verbal memory systems which provide continuity of experience in all three domains; a motor memory (Olson & Strauss, 1984), perceptual memory (Fagan, 1973), and affective memory (Emde, 1983). Stern asserts that infants have the ability to constitute, store, and update memory in these three domains. Experience in the other three domains (self coherence, agency, and affectivity), is integrated through memory and gives rise to an emergent construct which is greater than the sum of the separate ingredients. Memory allows the synthesis which gives rise to the new organizing subjective perspective of the core self. The converse is also true. Experience in the core self domains contributes to the establishment of the sense of continuity or history. Emde describes how the internal stability of affective patterns contributes to self development. "The proprioceptive feedback from smiling or crying remains the same from birth to death. For this reason our affective core guarantees our continuity of experience across development in spite of the many ways we change" (Emde, 1983, p,iii.). Our core self experiences ideally provide the stability which reinforces our subjective experience of continuity over time.

The research findings establishing the centrality of memory in the maintenance of a unified sense of self have direct bearing on clinical findings in patients with MPD. As described earlier, dissociative pathology reflects an essential disorganization in the experience of being the same person over time. It is the manifestation of a disturbance in the domain of self continuity of self history. Amnestic periods, fugue states, dissociation, loss of time, and memory lapses for circumscribed events all suggest disturbances of self continuity. The use of dissociation and switching to alternate personalities negates the possibility of a sustained coherent self history. The inability to maintain an uninterrupted scheme of personal experience impinges on the individual's subjective sense of being essentially the same per-

son over time. Disturbances in memory in patients with MPD create the constant uncertainty as to what they have done, what they have seen and what they have felt. Separation of memory systems by the utilization of different personalities reinforces the individuals' experience of not being a single unified person with a continous life history and creates the sense of being many different *individuals* with discrete histories inexplicably contained in a single body.

The histories we get from patients with MPD are unique in several respects. For the clinician the discontinuities and difficulties in establishing a coherent chronology of events is characteristic. There is a quality of gaping holes or *memory lacunae* in the early history taking. Later, as separate alters are discovered, the history, as pieced together by the outsider, becomes more consistent, but this is not initially the experience of the patient, who instead, has the unsettling awareness of having *parallel* histories. Some alters have discrete, entirely separate bits of historical information, while other alters have different versions of *familiar* events. The patient may struggle with the question, "which is the real me?" One patient described the disturbing sense of being several different people, with different life stories, painfully trapped in one body. At times, this patient would feel out of control; i.e., that she could not keep other alters from emerging. If other alters could gain executive control of the body they then could dictate which version of past events would be accepted as the true one, and thereby define the true *me.*

DISCUSSION

Stern's synthesis of recent advances in infant research offers a theory for the emergence of a series of qualitatively unique states of subjective self organization. During the first six months of life, the infant establishes a core self by way of his interactions in the domains described. The result of these experiences is the sense of being embodied, of being a physical person in a world which holds the potential for physical intimacy. With a core self development underway, the groundwork is prepared for the next realm of self experience. Stern describes the new capabilities of the intersubjective self:

> The potential of self and of other has been greatly expanded. Selves and others now include inner or subjective states of experience in addition to the overt behaviors and direct sensations that marked the core self and other . . . Intersubjective relatedness and the development of the intersubjective self marks the first awareness of separate minds, different points of view held by self and other and also the possibility of sharing and communicating these subjective states . . . Psychic intimacy as well as physical intimacy is now possible (Stern, 1985, pp. 125-126).

The ideal outcome of this latter developmental epoch is the capacity for emotional intimacy. The pathological result, isolation. While it is clear that concerns of empathic failure are significant in traumatized patients with MPD, I contend that this is not the area of primary disturbance. As detailed above, the pathologic findings inherent in MPD, reflects a predominant disorganization in core self experience. The characteristic traits which define dissociation illness are more closely linked to disturbances of the sense of self as whole, intact, and volitional, than to concerns of self with other. Stern is careful to describe the interdependence of core self and intersubjective self in the life of the growing individual, but eschews the notion that later development *displaces* earlier:

> Intersubjective relatedness does not displace core relatedness, nothing ever will. It is the existential bedrock of interpersonal relations. When the domain of intersubjective relatedness is added, core relatedness and intersubjective relatedness coexist and interact. Each domain affects the experience of the other (Stern, 1985, p. 125).

It is important to emphasize that the developmental approach described is grounded in the premise of lifespan developmental lines. As first put forward by Anna Freud (1965), the concept of developmental lines strives to describe the maturational sequence of events which occur in all areas of the personality. She describes the parallel developmental processes which occur in all spheres of the ego from the dependence of early infancy to the consolidation of the more mature well-defined ego capacities of the adult (Freud, 1965). The developmental stages of an individual's subjective sense of self reflect the translation of many of these ego capacities into organized systems which define one's experience of self and other in the world. In this light, the successive levels of self development are understood as subjective organizations through which experience is filtered. A six month old infant experiences events exclusively in the domain of core relatedness. An eighteen month old will have an additional capacity for intersubjective understanding. Each of these levels of organization, however, will be a continued source of information about others and about the self throughout the individual's life. What is significant for consideration of individuals with MPD is the possibility of differential failures or setbacks in each domain. It may be that core and intersubjective self experience are differentially affected by pathogenic physical truma. Either the magnitude or frequency of profound trauma may selectively and differentially alter function at the level of core self more than at the level of intersubjective self. That is, physical trauma may cause particularly *physical* psychic wounds with resultant deficits in the realm of bodily somatic self perceptions. The consequences of physical and sexual trauma for the young child obtain most directly to uncertainty for the individual's perceptions of and relation to his or her body, to aspects of core self experiences, including sense of agency, coherence, and affectivity. The magnitude of incestuous trauma disturbs the child's gradually emerging security in the sphere of his existence as a physical being. Disturbances in the realm of core self mirror the quality of dissociative experience.

While I maintain that core self experiences form the bedrock of dissociative experience, this is not in any way to suggest a post-traumatic regression to a level of function commensurate with early infancy, but rather to suggest that disorganization occurs in comparable spheres. In keeping with the notion of developmental line, the achievements which are first identified in infancy continue to develop throughout the lifespan and require support to be maintained in the face of environmental change. Each of the domains of self experience will be selec-

tively maintained in the context of the individual's ongoing interpersonal interactions.

CONCLUSION

Inclusion of a developmental perspective offers a number of advantages to the study and treatment of patients with MPD and dissociative disorders. In keeping with recent work which has emphasized the childhood antecedents of MPD (Kluft, 1985), findings from developmental psychology provide a detailed normative frame of reference by means of which pathological disturbances can be evaluated. The conceptualization of the stages of self-experience and organization as discrete developmental lines allows us to describe syndromes characteristic of each developmental domain and to differentiate among these areas of disturbance. The clinical findings, common to patients with dissociative disorders, reflect significant disturbance in the development and maintenance of the core self, in the areas of self agency, coherence, affectivity, and continuity. A different set of findings arise from disturbances in the area of the intersubjective and verbal self. Failures in the intersubjective domain are seen in empathic distortions where pathology in the verbal domain is manifest in the sphere of verbal constructs, i.e., thoughts and ideas. There is, potentially, great clinical usefulness in making diagnostic distinctions among these levels of experience and meaning. Within the context of core self experiences and their relation to dissociative pathology, much research remains to be done. It may ultimately be possible to describe and categorize the different dissociative illnesses, as well as to define sub-types of MPD, in terms of differential disturbances in Stern's four domains of the core self.

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