

Psychodynamics and Dissociation:

All that Switches Is Not Split

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ABSTRACT

This paper contrasts the roles of splitting and dissociation in multiple personality disorder. It is proposed that dissociation is a unique defensive process that serves to protect the patient from the overwhelming effects of severe trauma and that multiple personality disorder need not call upon splitting as its central defensive process. Fantasies of restitution may be incorporated into the dissociative defense. Psychological, physiological, and behavioral models all are of use, making it likely that ultimately dissociation will be understood along multiple lines of study.

The dramatic shifts of manifest clinical phenomena noted in patients suffering multiple personality disorder have caused some investigators to emphasize splitting mechanisms to explain these shifting states (Pohl, 1977; Buck, 1983; Fast, 1974; Berman, 1981; Benner & Joscelyne, 1984; Gruenewald, 1977; Clary, Burnstin, & Carpenter, 1984; Greaves, 1980; Gruenewald, 1984; Marmer, 1980; Lasky, 1978). This paper contrasts the roles of splitting and dissociation as defensive structures underlying multiple personality disorder. It emphasizes the role of dissociation as a major defensive process and suggests a significant role for fantasy in the development of multiple personality disorder's clinical picture.

Dissociation is a unique and invaluable defense that does not depend upon splitting for its explanatory power. Dissociation is a protective inhibitory ego function that maintains conflict laden material and painful affects in dissociated states. Further, physiologic findings, as well as early somatic and behavioral models in infants, may provide new insights into dissociation. While splitting may be present in multiple personality disorder, it is not a prerequisite for dissociative defenses.

To avoid the multiple usages and semantic confusion that pervade the literature on splitting (Pruyser, 1975), in this paper the definition of the term "splitting" is restricted to that used by Kernberg 1966 in his formulation of borderline personality organization. Kernberg referred to splitting as the "alternative activation of contradictory ego states" (Kernberg, 1966, p.238), and observed that the function of splitting is a defensive mechanism that keeps "contradictory primitive affect states separated from each other" (p.238). He saw that these affect states were "inseparably linked with corresponding internalized pathological object relations" (p.238) and persist as an attempt to deal with the "non-

metabolized" (p.239) or poorly integrated "internalized object relationships" (p.239). He observed an associated failure in the development of the "highest level of de-personified superego structures and autonomous ego structures" (p.237). The ego splitting first occurs naturally, when the immature ego lacks the capacity to integrate contradictory affective states. Subsequently it is maintained or regressively reactivated for defensive purposes when the patient is unable to modulate intense affects.

LIMITATIONS IN THE CONCEPT OF "SPLITTING"

Splitting requires certain assumptions about psychic structure. Among other things, it necessitates the assumption of contradictory underlying ego states, organized around polarized affects and introjects. Second, splitting assumes a primitive personality organization. Third, splitting assumes a structural defect; it implies a lack of underlying integration.

While these assumptions may be of theoretical value in understanding borderline personality organization, they don't adequately account for the striking and unique symptom picture seen in multiple personality disorder.

These assumptions pose significant problems when applied to the phenomenology of actual patients. In clinical practice, many multiple personality disorder patients function at a high level of organization, and primitive defensive operations need not permeate their personality structure (Horevitz & Braun, 1984; Kluft, 1984a). Secondly, it is now clear that many alters are not polarized around contradictory ego states (Confer & Ables, 1983; Schreiber, 1973). There are often multiple alters whose characteristics may overlap significantly.

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Alters are not necessarily defined by opposing affects and introjects. In Confer and Ables' (1983) case, Rene, the alters were all helpful in resolving the multiplicity. Further the presence of 20, 30, or in Benner and Joscelyne's (1984) patient, 71 personalities, requires us to accept 71 primitive self and object representations with discrete affective linkages. With phenomena of such complexity, their resemblance to splitting as Kernberg (1966) defined the term becomes quite remote. Cases of this complexity suggest that dissociation itself, rather than splitting, is being used as a defense. Moreover, splitting fails to explain the development of new alters with continued abuse, or the restitutive functions of alter personalities in coping with chronic trauma. Finally, splitting requires us to accept an unconscious structural defect. While many patients may have such a defect, there is no requirement for a structural defect to account for dissociative defenses.

There is, in fact, much to suggest that beneath the diverse symptomatology of multiple personality disorder there exists considerable underlying unity. This unity is obscured by dissociation, not disrupted by a structural split. Directional amnesia, shared experiences among alters, overlapping memories, "inner-self helpers" that know all of the patients's experiences, and leakage between alters, especially as therapy progresses, all suggest a process of active but reversible separation of painful memory traces through inhibition rather than splitting. Following integration, the sudden recall of memories and affect (which now feel like they belong to the patient) further suggests an underlying unity. Forgotten experiences are remembered and felt as returning and belonging to a whole person. The presence of dissociative states that are not organized as discrete personalities suggests that there are several varieties of dissociation, and argues against splitting as the central mechanism.

For example, one 26 year old woman treated by the author awoke as herself at age 14, and attempted to get ready for school. Spiegel and Rosenfeld (1984) described this as spontaneous age regression. Another patient, a 34 year old woman was sexually assaulted by her father repeatedly over a period of many years. The father was not only physically abusive, he also told her he would kill her if she became pregnant. This history was obtained from an alter; the primary personality was still amnesic for the abuse and threats. The primary knew she had conflicts around sexuality. When I suggested she had work to do around her fears of pregnancy, she immediately dissociated into an apparently mute, deaf, and immobile state, and was unresponsive for the remainder of the session. The splitting of contradictory ego states did not appear to be as central as the dissociation of painfully repressed material.

At times, the distinction among dissociations short of multiple personality disorder phenomena, multiple personality disorder phenomena, and borderline phenomena can be hard to make. In the previous

case, for example, one alter oscillated between intense denial of any abuse and intense rageful self-destructive abreactions. When her denial was breached, she went through a vivid reliving of the rape experience, complete with the assumption of the physical position in which she had been assaulted, and reenacted the movements associated with the event. She re-experiencing the accompanying beating, cried out, "I'm bad! I'm bad!" She would repeatedly bang her head on an area that had been injured during this episode. These abreactions were predictable and stereotyped, but unknown to the primary personality. One might argue that the patient's intense affect and her self-accusations as bad represented a split self-representation and an accompanying affect. One could also see that she was treating herself in accordance with an identification with her cruel and punishing father who had been internalized. He had told her that she was bad. However, the stereotyped repetitive abreactions with the characteristic amnesic dissociation of the entire event, all of which remained unknown to the primary personality, seem much more in keeping with a view of dissociation as a mechanism of avoiding the painful memory of an overwhelming early experience through inhibitory mechanisms.

Beyond this, an over-emphasis on splitting requires acceptance at face value that the manifest symptom of multiple personalities directly reflects unconscious structure; if conscious experience shifts, then unconscious structure must be split. This explanation gives short shrift, among other things, to the complexity of unconscious mechanisms, and the roles of fantasy (Congdon, Hain & Stevenson, 1961; Davis, 1950) or state dependent learning (Ludwig, Brandsma, Wilbur, Benefelt & Jameson, 1972; Braun, 1984) as elements contributing to alter personality formation.

THE ROLE OF FANTASY IN THE DISSOCIATIVE DEFENSE

Fantasy itself has a major role in determining the symptom picture seen in multiple personality disorder, without regard to the process of splitting. When they become connected to dissociative states, defensive distortions and early fantasies, arising from a traumatic origin, color the clinical picture that is seen. Many of the characteristics of alter personalities reflect elaborate fantasies of restitution in children who have suffered severe traumatization. This process of developing a restitutive fantasy life, together with symbolic elaborations in alter personality formation, is probably universal among multiple personality disorder patients.

One can see fantasy elaboration in many circumstances. One woman presented an angry alter Lucinda, who adopted a name opposite her "perfect" sister Cindy Lou. The author has encountered alters named Black, Blue, and the Prince of Darkness. He is aware of alters whose names merely reflect the symbolic representation of a function, such as Slap, Runner, or Escape. One alter

presented as "Pooh Bear." Another had an alter named Stacey, who remained to stay and see the abuse that was endured. Bliss (1984) met a Cheshire cat. These are commonplace examples of the use of fantasy and the symbolic representation of functions used in surviving abusive situations. They so often color the clinical picture of multiple personality disorder that anyone treating such patients will encounter them. In fact, the production of any personality with its own name and history implies the use of fantasy. Bliss (1984) states categorically that "Personalities are obviously imaginary constructs" (p.140). It is his contention that the personalities are the result of dissociated fantasies produced through spontaneous self-hypnosis (Bliss 1980, 1984).

It is imperative to recognize, however, that multiple personality is not a confabulation, but rather that fantasy elaborations are efforts at mastering severe child abuse. Defensive distortions of this nature regularly can be seen. For example, one patient recollected being victimized severely when she was raped repeatedly by several men. Another alter, however, fantasized that she was being promiscuous and in control, and described herself as sexually active and enjoying the sexual encounters with these men. She, in fact, described a sense of mastery through her ability to have repeated sexual encounters in which she felt she was in charge. In these instances, the distortions and fantasies served the purpose of mastery and psychic restitution from the trauma.

As fantasies become dissociated and connected to dissociated states, they may come to be believed in with the same lack of critical judgment as shown by patients receiving suggestions in deep hypnotic trance states. A classic example of the influence of a dissociated fantasy on one's conscious experience of reality is the case of Bridey Murphy reviewed by Hilgard (1977). Under hypnosis Virginia Tighe began talking in a thick Irish brogue and recalled a prior life as Bridey Murphy in Cork, Ireland. There was enormous reinforcement for this patient's belief in her prior life, including a celebrated best selling book, *The Search for Bridey Murphy* (Bernstein, 1956). Later, it was discovered that as a teenager, Virginia lived for five years across from a Mrs. Anthony Corkell. Note the similarity of the name Corkell to the name of the city of Cork where Bridey supposedly lived. Mrs. Corkell had fascinated Virginia with her Irish background, and one of her sons bore the same name as Bridey's suitor. The story became clearer still when it was discovered that Mrs. Corkell's maiden name was, in fact, Bridie Murphy, but spelled with an -ie instead of an -ey. Here we can see the powerful influence of fantasy and its impact on a patient's experience of reality when it is connected to a dissociated state.

It should be clear that fantasy elaborations in multiple personality are in the service of mastery and serve a compensatory function in patients who have been severely abused. It is not suggested that the traumatic events themselves are fantasies, but rather that

fantasies become connected to dissociated states and serve a protective and restitutive function. The documentation of severe prolonged child abuse in etiology of multiple personality has been clearly established (Bliss, 1980, 1984; Boor, 1982; Bowman, 1985; Coons & Milstein, 1984, 1986; Greaves, 1980; Putnam, 1986; Saltman & Solomon, 1982; Spiegel, 1984; Wilbur, 1984, 1985).

THE FUNCTION OF DISSOCIATION

In multiple personality disorder, the primary symptoms are dissociated mental organizations, inhibited or perhaps faulty memory processing, and shifting between dissociated mental organizations or ego states.

The concept of ego states is an extensive subject in itself and will not be explored in depth here. In the following discussion the term ego state is used in a general sense to represent a specific and consistent mental organization that is dominated by a particular affect that links a particular self representation with a particular object representation. A given ego state may vary within limits according to its affective variance, but is relatively stable in its self and object representations. This is similar to Kernberg's (1966) view, which links object and self representations with a corresponding affect. The term ego state is obviously an oversimplified rendering of a highly complex mental organization that includes multiple contributions from instinctual urges, character traits, defensive constellations, somato-sensory processing, ego ideals, and moral pressures that reflect not only states within the ego, but many processes normally understood as functions originating from id and superego components as well.

The unique feature of dissociation is a protective and inhibitory capacity of the ego to maintain conflict-laden material in dissociated states. The inhibitions in memory processing reduce over-stimulation through an elimination of painful material from the primary personality's field of consciousness. It would appear that a clearer understanding of dissociation is needed.

In this discussion, dissociation is defined as an active inhibitory process that normally screens internal and external stimuli from the field of consciousness. Dissociation functions as a shut-off mechanism (Spitz, 1961; Fraiberg, 1982) to prevent over-stimulation or flooding of consciousness by excessive incoming stimuli. Evidence suggests that this inhibitory process may have somatic and behavioral precursors at the earliest stages of development (Spitz, 1961; Fraiberg, 1982; Lichtenberg & Slap, 1972). These inhibitory processes can become organized psychologically to defend against painful and intolerable experiences. Dissociation regularly eliminates from consciousness painful memories in a variety of conditions, from simple fugue states, to traumatic neuroses, to somnambulistic ab reactions, to the complex dissociative amnesias seen in multiple personality disorder.

Under normal conditions, dissociation enhances

the integrating functions of the ego by screening out excessive or irrelevant stimuli. In the service of normal functioning, most of our mental life is dissociated at any given time. Under pathological conditions, one finds an interruption of integrating functions as in conversion symptoms, amnesias, or dissociated ego states. In these instances, the normal functions of dissociation become mobilized for defensive use.

It would appear then that the primary function of dissociation, in many instances, is one of avoidance of intrapsychic pain that does not require a splitting of psychic structure for its conception. Hypnosis regularly brought one patient, for example, to the edge of a crucial traumatic memory during which she had seen or heard a terrifying event behind closed doors. When she approached the doors during hypnosis, an alter regularly emerged who refused to divulge the information. In a second patient, a tough, assertive alter became increasingly aware of the depression surrounding her emergence and her defensive stance. However, for months, rather than cry in a session, another alter, a child, emerged and cried while the first avoided her own tears.

It is of interest how often severe trauma results in anesthesia and out-of-body experiences in which one seems to be "floating above their own body, viewing rather dispassionately what is being done to it" (Spiegel, 1984, p.101). Hillman (1981) described a hostage in a prison riot who could see his body moving, so he knew he had been kicked, but who felt nothing. The functional shut-off mechanism is obvious and highly reminiscent of the protective dissociations in multiple personality disorder. Alters in multiple personality disorder are often specifically organized not only to survive or be anesthetic to the original trauma, but to prevent recall of the early abuse. They intervene in all possible ways to maintain a primary personality's dissociative barriers and keep the painful memories separated. Even when an alter repeatedly abreacts a trauma, the primary personality may remain oblivious to it.

NEW MODELS

The distinction between dissociation and splitting is reconfirmed when we examine physiologic and behavioral models of dissociation. Emde, Harmon, Metcalf, Koenig, and Wagonfeld (1971) noted in newborn infants, for example, that routine circumcision without anesthesia was "usually followed by a prolonged non-rapid eye movement sleep" (p.496), a state generally considered a low point on an arousal continuum. Emde postulates a "reduction of incoming stimuli by alteration of sensory thresholds" (p.491), in this case, by sleep. Even at birth, there appears a capacity to eliminate excessively painful stimuli.

There is even evidence for the inheritability of dissociative phenomena in Morgan's (1973) study of hypnotizability in identical twins. Compared to non-twin controls, she found a statistically significant

"genetic component in hypnotizability" (p.55). It seems clear now that dissociative phenomena and probably multiple personality disorder are transgenerational. There are now several reports of multiple personality occurring in families across more than one generation (Kluft, 1984a; Kluft, 1984b; Braun, 1985; Coons, 1985). The relative importance of genetic and environmental contributions respectively remains to be established.

Many physiologic studies now note changes between alter personalities including differences in handedness, EEG and/or EMG findings, and in galvanic skin responses, some of which have been interpreted to suggest changes in hemispheric dominance between personalities (Ludwig, Brandsma, Wilbur, Benfeldt, & Jameson, 1972; Coons, 1984; Braun, 1983; Brende, 1984; Putnam, 1984; Sutcliffe & Jones, 1962).

Findings of dissociative phenomena in patients with temporal lobe abnormalities lend further impetus to developing physiologic models in the production of dissociation (Shenk & Bear, 1981; Mesulam, 1981; Akhtar & Brenner, 1979; Sutcliffe & Jones, 1962; Coons, 1984; Bear & Fedio, 1977; Devinsky & Bear, 1984). The significance of these physiologic alterations remains to be clarified, but clearly physiologic models can be further developed to help understand dissociation where a model of structural splitting may not apply.

Lastly, behavioral models derived from infant observation may provide intriguing insights into the origin of dissociation. Fraiberg (1982) studied 12 severely abused infants and noted behaviors that are hauntingly familiar to behaviors seen in multiple personality disorder. Infants develop pathological defenses when faced with overwhelming helplessness and abuse. These defenses reveal attempts to cope at a stage where psychological mechanisms would be, at best, embryonic. Infants can selectively screen out all perceptions of the abusive mother, essentially editing any recognition and thereby any painful affect associated with the mother's percept. Fraiberg (1982) states, "the behavior suggests that, at intolerable limits, there is a cutoff mechanism that functions to obliterate the experience to intolerable pain, analogs with physiological pain suggest themselves" (p.621). Fraiberg notes that, "the mechanism in which the perception of a painful stimulus can be abolished from consciousness may be present in early development" (p.622).

Other infants under conditions of "extreme peril" (p.622) will become frozen and immobilized, staring into space over long periods, completely unresponsive of efforts to intervene. When this "freezing" (p.622) breaks down, a complete disintegration takes place, as in one infant who "screams, flails wildly, begins to strike her mother...and finally runs into a closet to hide...she seems out of touch with reality" (p.624).

In other infants, anxiety could provoke a switch from anxiety to fighting behavior or self-directed aggression. Often these infants reveal high thresholds

for pain that become lower in the course of successful treatment. These pathological behaviors appear as early mechanisms maintaining integration in the face of overwhelming stress.

Observations of this sort may show us early defensive operations that could, in some cases, evolve into dissociative defenses. These dissociative defenses become crucial to the defensive structure of multiple personality disorder and will be understood as highly complex operations the understanding of which will emerge from investigation along multiple lines of study.

CONCLUSIONS

This discussion has presented the limitations in the concept of splitting as an explanation for the dissociative processes seen in multiple personality disorder. Dissociation itself is seen as a major unifying force in its own right. Dissociation is a protective inhibitory ego function that maintains conflict-laden material and painful affects in dissociated states. Early childhood fantasy contributes to the symptom picture by its defensive incorporation into these dissociated states. Newer research findings hold promise for enriching our understanding of the role of dissociation in the defensive structure of multiple personality disorder.

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