

EXPANDING THE PSYCHOANALYTIC VIEW OF THE INTRAPSYCHIC: PSYCHIC CONFLICT IN THE INSCAPE

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ABSTRACT

Dissociation theory and psychoanalysis have to some extent emerged as conflicting paradigms to explain mental illness, a conflict which perhaps reaches its peak over the Oedipus Complex. Psychoanalytic theory has generally been unable to accommodate itself to dissociation, and psychoanalysts have instead relegated it to the status of historical curiosity or mistake, tried to assimilate it into more conventional psychoanalytic theory, or neglected it altogether. There is thus a paucity of psychoanalytic accounts of many dissociative themes, and, when present, they are generally misrepresented. Dissociative pseudo-hallucinations and other inter-alter communications are generally misinterpreted as psychotic phenomena, flashbacks as conversion symptoms, and inscapes (internal landscapes) as the world of internal object relations. Two cases of DID illustrate classic oedipal conflict played out in the inscape. The paper concludes that traumatic etiology and oedipal conflict need not be contradictory; that multiplicity cannot be assimilated by current psychoanalytic theory; that current psychoanalytic theory remains pertinent to the treatment of all patients, including dissociative ones.

INTRODUCTION: DISSOCIATION AND PSYCHOANALYSIS

Dissociation theory and psychoanalysis have to some extent emerged as conflicting paradigms to explain mental illness. To the clinician versed in trauma, dissociation and hypnosis, psychoanalysis appears not yet to have figured out what to do with dissociation – continuing to neglect, downplay or misinterpret it. At the same time, in dissociation-oriented meetings and literature, there is an expressed appetite for certain psychoanalytic themes such as splitting, enactment, perversion, attachment, narcissism, and transference-countertransference. In hindsight, greater familiarity with the psychoanalytic therapeutic frame and alliance, including its principle of abstinence and non-judgmental stance, might have mitigated the False Memory debacle. On the other hand, with even further hindsight, long-standing psy-

choanalytic denial of the reality of trauma, especially through the uncritical invocation of the Oedipus Complex (e.g. Simon, 1990), may be understood as having promoted the uncritical invocation of forgotten childhood sexual abuse in reaction.

The general stance of this paper is that dissociation cannot be accommodated by prevailing psychoanalytic theory. But this is not to say that psychoanalytic theory should be rejected in work with dissociative patients. It is rather to suggest that while it may be mistaken about the nature and causes of dissociativity and especially of multiplicity in patients, it is quite adequate in understanding many non-dissociative aspects of patients, aspects which are fully present in dissociative patients as well.

The dissociation paradigm will be briefly contrasted to the psychoanalytic paradigm regarding etiology, psychic structure and psychic stages (scenes), and this will be followed by clinical vignettes demonstrating classic psychoanalytic dynamics (including oedipal dynamics) in patients with dissociative multiplicity, as played out in their respective inscapes.

ETIOLOGY AND THE OEDIPUS COMPLEX

Freud's purported abandonment of the so-called "seduction theory" in favor of the Oedipus Complex (Laplanche & Pontalis, 1973) has been, at one extreme, hailed as the founding moment of psychoanalysis, the discovery of the Unconscious and, at the other extreme, condemned as a defensive, conformist fabrication (e.g., Masson, 1984). Recent scholarship (e.g., Blum, 1996) clarifies the mythic character of both extremes, finding some fault with Freud, but finding more fault with selective misreadings of him.

The structure of the oedipal situation is that the boy has sexual wishes for his mother, and thus murderous wishes for his rival, his father; father responds by threatening him with castration, the basis of the incest taboo. The boy represses his wishes into his Unconscious (see below under "Phase 2"), and identifies with his father's prohibition, which becomes the nucleus of his Superego (see below under "Phase 4"). When this fails to work properly, the boy becomes a pervert (see below under "Phase 5"). As his attachment to father increases, a negative oedipus operates as well, with the boy wishing to remove mother to have father for himself.

Curiously, the process does not work quite as well for the girl. First of all, the negative oedipus may come first, as mother is the primary attachment figure for both sexes. Then the girl has sexual wishes for her father, colored by her penis envy: she wants her lost penis "back" but will settle for having father's baby instead. So sexual desire is specifically oriented to getting pregnant. She also has murderous wishes for her rival, her mother. Mother cannot respond by threatening her with castration, however, because girls are already castrated, so she can only threaten the loss of her love. As a result, incest is less taboo for a girl, repression is incomplete, and she is more prone to perversion. Her identification with mother's prohibition is less compelling, so her Superego is weaker: she has a weaker conscience. So the theory goes in its narrowest, most concrete interpretation.

In a different light, perhaps first explored by Marcuse (1961), the oedipal scene is reinterpreted when Libido and Aggression are complicated by the Life and Death Instincts. Libido includes the child's attraction for the parent, and Aggression includes both the murderous wish and the castration threat. Curiously, Death motivates Libido, and Life (Eros) motivates Aggression. In terms of Death and Libido, the boy is attracted to mother, but the attraction is lethal – being swallowed up by the big mother's vagina and returning to her womb, to pre-life, death, Nirvana. In terms of Eros and castration, the boy is rescued by big father, warning to castrate him if he tries to claim the mother. So now the boy may claim that he and mother want to be together, and are able to, and indeed would, if only the big father had not threatened him with castration. Thereby life and self-esteem are preserved, as the boy identifies with father, has an affectionate relationship with mother, and hopes for a future mate that will be his alone.

A parallel dynamic exists for the girl. In terms of Death and Libido, the girl is attracted to father, but the attraction is dangerous – being penetrated and ripped by the big father. In terms of Eros and prohibition, the girl is rescued by mother forbidding both her and father from trying. So now the girl may claim that she and father want to be together, and are able to, and indeed would, if only the big mother had not forbidden it, were not in the way, and so forth. Thereby life and self-esteem are preserved, as the girl identifies with mother, has an affectionate relationship with father, and hopes for a future mate that will be hers alone. However, even in this revised version, the girl's dynamics still play second fiddle to the boy's.

Given such variations on the theme, the oedipal dynamic emerges as a general schema underlying all triadic conflicts, as opposed to dyadic ones. Two's company, three's a crowd. Jealousy requires a trio. The first triad in a child's life is with its parents. Leaving etiology aside, dissociative patients have many triadic conflicts, and thus have oedipal dynamics.

PSYCHIC STRUCTURE AND MULTIPLICITY

Cause brings effect. Etiology begets structure. The problematic feature of dissociative pathology is the inaugural question of western philosophy: the One and the Many (Coppleston, 1946). Thales (ca. 600-545 B.C.) said the One was Water, and he was promptly recognized as the first "philosopher," the first lover of wisdom. How can what seems to be many really be one? How can what is one manifest as many? Just what is it that there are many of, and what is it that remains one throughout? What follows is a brief trip through a number of psychoanalytic constructs to see to what extent they can accommodate multiplicity, and in what way they remain useful even when they cannot.

Phase 1: The Prepsychoanalytic Freud – Dissociative Splitting

Dissociation, multiplicity, trauma, and hypnosis all figured very centrally and undisguisedly in the Freud of Breuer and Freud, *Studies on Hysteria* (1899-95/1955), where his first use of splitting ("spaltung") was, in a dissociative sense, the vertical splitting of consciousness:

The splitting of consciousness which is so striking in the well-known classical cases under the form of "double conscience" [French; "dual consciousness" in English] is present to a rudimentary degree in every hysteria, and that a tendency to such a dissociation, and with it the emergence of abnormal states of consciousness (which we shall bring together under the term "hypnoid") is the basic phenomenon of this neurosis. In these views we concur with Binet and the two Janets [Pierre and Jules].

(Breuer & Freud, 1893/1955, p.12)

Unfortunately, with subsequent psychoanalytic development, this "dissociative" period came to be dismissed as pre-psychoanalytic, and dissociation was dismissed, relegated to the status of a historical curiosity or mistake, or neglected altogether. Since then, there have been few attempts to reinstate the study of dissociative pathology within psychoanalysis, but there have been attempts to reduce it to any psychoanalytic concept other than dissociation.

Dissociation was abandoned by clinical psychiatry as well as psychoanalysis. Splitting in clinical psychiatry became associated with schizophrenia [schizo = split; phren = mind], while hysteria continued to be described in both dissociative and conversion forms. Overall, the concept of dissociation fell into disuse.

A century later, we are still left with the legacy of the vocabulary and ideology of that era. When consciousness is split, does one get two halves or two wholes? Is multiplicity many fractions or many wholes? The last century was obsessed with laws of conservation: mass and energy could neither be

created nor destroyed, and so the idea of creating many out of one would be anathema to many. Multiplication, however, better describes multiplicity as such, while division better describes somatization and specialization of function. "Split" connotes dividing a whole into two halves, but the French for splitting is *clivage* and *cleavage*, in English the meaning can go either way, occurring, need it be said, between two whole breasts. Indeed, "cleave" means both "hew, cut asunder, split" and "stick fast, adhere" (Onions, 1966). When something is halved, we tend to say cleft, as in cleft palate, but when doubled, we tend to say cloven, as in cloven hoof or clove of garlic.

The other conundrum is how to go from two to many. Division or fragmentation metaphors, such as *désaggrégation* and dissociation, go beyond two to many, but only in the direction of many fractions that cannot add up to more than one. In violation of conservation, the original multiplying expression, *dédoublement de la personnalité*, happily connotes a number of things, apart from simple doubling (Larousse, 1990): you *dedouble* a cloth when you unfold it or open it up; you *dedouble* a jacket when you remove its *doublure* or lining, in other words, when the *doublure* comes out; but a *doublure* is also an understudy, stand-in or stuntman. So *dédoublement* allows for a second whole hiding within the first whole to come out.

Phase 2: The Topography: Repression and Conversion

Psychoanalysis stripped hysteria of its dissociative core, and the vertical dissociative split was rotated 90° to become the horizontal split of the topography between the Preconscious (Pcs) and the Unconscious (Ucs), caused by repression. Conversion symptoms were understood to arise out of conflict between these layers (Freud, 1915/1957). There was also the minor horizontal split between Pcs and Conscious (Cs), caused by inattention. Freud used the letters rather than the words when intending to denote parts of the psychic system. Repression was understood to be a dynamic forgetting, and so needed work (working-through) to be undone (Freud, 1914/1958), whereas inattention could be addressed with a reminder.

Repression and conversion remain serviceable concepts when applied to an individual host or alter. Even if a trauma is dissociated from the host into an alter, it may still be repressed in that alter, in whom a partial somatic flashback may function as a token, index or reminder of what was repressed. The partial somatic symptom may have secondary symbolic elaboration, as a compromise formation expressive of conflict, in accordance with the classic psychoanalytic idea of conversion. But somatic symptoms are often simply partial and undisguised, and psychoanalytic interpretation of symbolic significance may then be in the service of denial rather than insight – a "fallacy of misplaced abstraction" as opposed to the oft-invoked "fallacy of misplaced concreteness."

Understanding dynamic forgetting within an alter is one thing; accounting for the alter's genesis is quite another. "Repression" can clearly not pretend to do both.

Phase 3: The Vertical Splitting of Representations

Following the horizontal split of the topography, Freud then returned to a kind of vertical splitting – the splitting of self and object representations into good and bad (Brook, 1992). Representations are objects of consciousness of which one is conscious (or unconscious) – and so this was not the dissociative splitting of consciousness itself. The technical term "object" has come to mean anyone other than the ego. It had originated from "object of the drive" or "object of desire" and thus most often meant an other person, or person's body part.

This kind of splitting was developed conceptually by Melanie Klein (1946/1984) who fleshed it out with other seminal concepts, such as her part-objects, paranoid-schizoid, and depressive positions, and projective and introjective identifications. These concepts remain eminently applicable especially to the dynamics of borderline personalities, and to hosts or alters who are characterologically borderline (certainly not all are). Klein's contribution led from the concept of internal self and object representations to the idea of representations of the relations of self and object, or internal object relations. Object relations theorists (e.g., Fairbairn, Winnicott, Guntrip, and Bion, among others) help us understand the interpersonal schemata operative in any patient, underlying her attitude toward others in the world, and especially to us in the transference. By extension, the theory helps us understand the interpersonal schemata operative in any given host or alter, underlying her attitude to others in the world and to her alters, and especially to us in the transference (Baker, 1997).

But can the splitting of representations explain multiplicity? No, for two reasons. First, a split is into two, not many. Kleinian splits are invoked to explain all manner of part-objects and part-selves, but these manifest polarity: self/object, good/bad, male/female, etc., whereas alters generally do not (though they may). Secondly, hosts and alters are intentional subjects or agents, entities capable of uttering "I." Indeed, one may profitably regard "alter" as short for "alter ego," literally "other I." A given "I" has intentional objects which are its respective self and object representations. In other words, a representation, even of the self, is an object of thought, and not a thinker, not a subject or agent or "I." Klein herself was confused in this regard (Hinshelwood, 1991), because she made no clear distinction between a split self representation and a split ego between a split object and a split subject or agent. My view is that patients exist with severe borderline pathology, with internal worlds characterized by highly split part-objects and part-self representations, who do not have dissociative identity disorder. But patients with multiplicity (overt or covert) also exist whose

internal subjects (alters) are misinterpreted as internal objects, engendering years of futile therapy.

Internal subjects and objects may overlap. Klein's theory also is concerned with how the person develops through introjection of or identification with objects or part-objects. The theory can apply to an alter, and it is clear that many alters are modeled after real others or aspects of real others, both perpetrators and admired figures. Thus a given alter may do double duty as an internal object representation and as an agent (internal subject). A core question in dissociation theory is "Which comes first?" Is an object representation or introject somehow secondarily imbued with agency, with subjectivity? Or is an alter created who secondarily identifies with an object representation through classic identification with the aggressor (A. Freud, 1936/1966) or, less commonly, identification with an admired or envied figure? My view is that the latter occurs, and that the former argument is circular – it begs the question (see also under "Phase 6," below).

Phase 4: Structural Splitting

By structural splitting I mean the split between the Id, Ego, and Superego (S. Freud, 1923/1961). The structural theory is generally interpreted as having supplanted the topographic model of theory (see "Phase 2" above). In the topographic theories the ego (small "e") was in the Pcs-Cs and, among other things, was responsible for defense mechanisms. But then Freud recognized that defenses were also dynamically unconscious. That is to say, he found that he needed to work to get people to recognize not only what they repressed, but how they repressed. So the ego defenses seemed to belong in the Ucs, not the Pcs-Cs. Secondly, he interpreted dynamically unconscious guilt in some of his analysands, and so needed to put some of the conscience into the Ucs. So he gave the Ucs two levels. The sub-basement he called the Id, which remained the source of impulses. Above that he partitioned the Ucs into unconscious Ego (defenses and repressed contents) and unconscious Superego (the source of unconscious guilt). He then allowed this new division to carry up through the old systems Pcs and Cs, so that Ego and Superego could be side by side at each level (despite the name "Superego" which literally means "above the ego").

This division is mostly functional. Various mental faculties are allocated to various structures. But it is personal as well. The Superego is something like the little angel telling the Ego to be good over one shoulder, while the devilish Id tells the Ego to be bad over the other. And regardless of the language, "Ego" must remain "I" – the subject of the verb, as opposed to "me" or "self" or "myself" or any object of the verb; what Braude (1991) would call an "apperceptive center." This division might seem to apply if the alters of a given patient happened to be functionally distinct in exactly the right way, (e.g., pure impulse, pure rationality, pure morality, pure guilt, etc.) just as stopped clocks tell the right time

exactly twice every 24 hours. As we noted above, however, working even with the average alter generally requires dealing with different apperceptive centers, different "I's," each of whom requires the working through of her own unconscious defenses against unconscious mental contents, her own impulses, defensive style, cognitive ability, and a moral code. In general, in other words, a given alter has its own Id, Ego, and Superego. This suffices to reject structural splitting as a viable explanation for alter generation or for relations between alters.

At the same time, the enormous psychoanalytic structural literature on the Superego may apply to intra-alter, alter-alter and alter-therapist dynamics that feature conflict among impulses, defenses, prohibition, punishment and guilt. More particularly, just as is the case for internal object representations, a so-called "harsh superego" may be reinterpreted as an alter defensively identifying with an aggressor, or authority figure. With such a correction, the specific psychoanalytic literature on the harsh superego may be found to apply in a given case (Howell, 1997).

Phase 5: The Fetishistic Splitting of Reality

For the self-styled "classical" psychoanalysis or psychoanalytic Ego Psychology of the United States, the repertoire of available concepts to apply to dissociation is quite limited. Dissociation itself is dismissed as prepsychoanalytic, the topographic model is eclipsed by the structural theory, and Klein is regarded as a heretic. Freud's Thanatos or Death Instinct is rejected as well (in part, at least, because Klein embraced it). One remaining recourse, perhaps the only one, is to Freud's brief and late paper, *Splitting of the Ego in the Process of Defense* (1940/1964). This sort of splitting of the Ego is of the fetishist's attitude to reality as a whole (Brook, 1992). One attitude is realistic: women have no penises, castration has taken place, and so "my" penis is in danger. The other attitude is based on wishful thinking: women have penises, so castration has not taken place, and thus "my" penis is safe; and in any case, even if women don't have penises, at least they have high-heeled shoes. Thus, the fetish. Such attitudinal splitting has cleavage, in the sense of just two contradictory attitudes in close juxtaposition – the real and the perverse.

A host or alter might be perverse, and in fact it is not unusual to find perverse dynamics in a multiple (e.g., Brenner, 1996). Such perversion may be considered as lying on a continuum. At one end would be the activation of innate perversion, especially of sado-masochism, along "classical" lines. At the other end would be identification with or introjection of the perversion of the perpetrator. Under either interpretation, this sort of perverse ego splitting remains a serviceable concept in the treatment of dissociative patients, and may help explain the special perverse characteristics of a given alter, or perverse dynamics in the transference-countertransference.

The splitting of one's attitude to reality, so as to hold,

concurrently, two incompatible versions of reality, may be extended beyond perversion. In fact it is a therapeutic goal that one hopes to achieve with each alter. Take the example of an alter exhibiting "Rip Van Winkle Syndrome." She insists that she is eight years old, and that this is 1976. We hope to induce "splitting of the ego in the process of defense" so that she can know, at one and the same time, that she is now eight years old in 1976, and that she is also now "really" 30 years old in 1998. Another example would be for a host or alter to know, at one and the same time, that she is sitting in a chair in trance in her therapist's office, and also sitting in a special chair in a work room in the presence of her alters projecting images on a screen that all can see.

Once again, this sort of splitting can apply to a given alter, but cloven attitudes can hardly explain the genesis of alters each of whom utters a distinct "I."

Phase 6: Federn's Ego States

It is curious that Paul Federn was dubbed "Apostle Paul" by his colleagues for his religious devotion to Freud and the psychoanalytic movement, because he then went on to analyze Edoardo Weiss, who analyzed Jack Watkins. In the process, his germinal heresy regarding "ego states" took root, sprouted, and flowered. But this occurred only in non-psychoanalytic soil. It did not occur in the Italian psychoanalytic society that Weiss founded, nor in the American Psychoanalytic Association. Watkins, a psychologist non-physician, was not permitted to join the American Psychoanalytic Association. This is just as well. His creative genius was thereby spared the crushing embrace of psychoanalytic orthodoxy.

In my view, contemporary ego state theory, as developed by Watkins (1997), best describes the majority of dissociative patients, as well as the dissociative component of patients who would generally not be clinically diagnosed as dissociative. Interestingly, their recent book (1997) has an introduction by Ernst Federn, the son of Paul Federn. But ego state theory no longer easily connects to mainstream psychoanalytic theory. And while ego state theory may best describe multiplicity, that is not to say that it explains it. As with Klein, the problem has to do with subjects and objects.

Federn conceived of there being a variety of mental objects, comparable to Kleinian self and object representations, and these could then be invested with more or less ego energy or cathexis. But "energy" is also a mental object, in the mind of the theorist, and calling it "ego energy" (in whatever language) hardly explains its character as subjective agency. We do not generally converse with energy.

Of all Freud's explanatory metaphors, the energetic or economic one is the least tenable in general. Steam engine metaphors hardly apply to nervous systems. Contemporary versions of the metaphor invoke information-processing, but also miss the point. While information can be thought, it cannot think. Information can, however, be duplicated or proliferated, so that information-processing at least provides a

metaphor for alter genesis other than splitting.

PSYCHOANALYTIC SCENES AND STAGES

In the psychoanalytic tradition, psychic conflict is thought to be played out in part along typical story-lines or narratives, such as the oedipal drama (see above). Another narrative is the Family Romance (Freud, 1909/1959), in which the child believes herself to have the wrong parents – she is really a royal princess and her imprisonment in the home of her current step-parents is a dreadful mistake and injustice – the basis of many fairy tales.

Narratives are also condensed into particular "snapshot" scenes. The oedipal narrative has a snapshot scene which Freud (1918/1955) calls the "primal scene" in which the child witnesses sexual relations between her parents. Tradition has extended this to the birth scene, in which the child witnesses the delivery of her sibling rival, and the deathbed scene, in which the child witnesses the dreaded or desired illness or death of whomever.

Finally, psychic conflict, in a story-line or typical scene, is thought to be played out on a variety of stages: in the external real world and in the transference, in dreams, fantasies, and phantasies (unconscious fantasies). These vignettes add the dissociative internal landscape, or inscape, as a distinctive stage for the play of psychic conflict.

The inscape is an autohypnotic internal landscape populated by the patient's alters (Young, 1994). The alters typically have distinct bodies in the inscape, with inter-alter consensus as to what each one looks like. Some DID patients have reported having access to such inscapes (presumably through autohypnosis) prior to any treatment. If a dissociative patient seems to have no inscape, guided hypnosis or guided imagery may provide one, for example, as developed by George Fraser (1991) in his Dissociative Table Technique. But in my experience even this therapist initiative typically arrives in a space connecting to a seemingly "ready-made" extended inscape, simple or elaborate, whose "inhabitants" (alters) claim that it preexisted the hypnotic intervention. The space and extended inscape will also have idiosyncratic features, perplexing to the patient and therapist, which later (even years later) prove to have dynamic significance.

The temptation to reduce the inscape to the psychoanalytic world of internal objects ought to be resisted. The inscape is experienced by the patient as distinct from external reality, dream or fantasy. It can be conscious, unlike a phantasy. It has continuity over time (inertia), like reality. The inscape is a double challenge to psychoanalysis. First, it constitutes a patient-authored psychic structure, whereas psychoanalytic structural and object-relational concepts are therapist-authored, for application by the therapist on the patient. Secondly, while patient-authored, exactly what specific psychic structure is the author remains unidentified. "Ego" will not do, given the problem of ego multiplicity, and

no other psychoanalytic structure is equal to the task. Despite this multiplicity of the ego, however, and of corresponding internal bodies, the inscape also constitutes a single psychic context of unity underlying the multiplicity. The inscape does for the internal world what the single physical body does for the external.

ILLUSTRATIVE CLINICAL MATERIAL

Now on to part two – clinical material from two dissociative patients that illustrate classic psychoanalytic themes. While psychoanalytic theory cannot yet accommodate dissociation, dissociation theory can assimilate psychoanalytic theory. This is just as well, because the patients we treat have not been tutored in either tradition. Both patients happen to be separated, with children, and work as college academics.

Patient Number One

Prior to the session, the various alters and the inscape have been operative for a few years. In the inscape there is a meeting room with a semi-circular table and six chairs. Off this room there is a corridor, with three doors on each side. The five alters each have a room. The first door to the left has not yet opened. X is a young girl, generally dressed for a party – bouncy and upbeat. NoName is a sullen boy. Y is a wispy, fragile, doll-like figure, as if made of corn husks, with no feet. She is dressed in the traditional garb of the patient's ethnic group and floats across the floor. DarkOne is a small, dark, charred boy, as if burnt and shrunken. Tree oscillates between being a girl split up the middle and a tree, always freshly split, its exposed white wood always wet and glistening.

The Session

Pt.: Saturday evening I went out for a walk – found a baby rabbit and brought it to town with me. It was so small and so perfectly formed – like a newborn – like my newborns. OK, it's time to go inside.

The patient enters trance on her own. She describes Y, No Name, X, Dark One and Tree emerging from the corridor and taking their seats. The focus is on Y, described as hollow, empty, fragile, sad, neglected. She sees an image of Y on the screen to the left.

Pt.: She's not afraid of the dark. She just doesn't like being on the outside of the circle. It's like somebody is shaking her and screaming at her – right in the face – it's scary.

Dr. O: We'd wonder – if this is a memory – what happened before that . . .

Pt.: It's from inside a room, because she's outside a room. On the left, being shaken. On the right, there's a room – just a door – it's not her room – she was curious – she must have been in the room.

Dr. O: Let's see if we can be with her when she was first curious.

Pt.: It's dark. It's night-time. She has her long nightgown on. She hears noises. She goes out in the big hallway – it's long and wide. It must be the chalet. It's very dark. There are banging noises coming from the room across the hall from her room. I think it's Uncle's room. The corridor's dark, and there's light at the bottom of the door. She opens the door and goes inside. Uncle and a woman are on the bed. She asks about the banging: "What's all the banging noise?" Uncle says "It doesn't matter – get out of here!"

Y: [In a young voice] The hall's dark. I don't want to go back in the hall. Uncle's girlfriend gets out of bed on the other side and puts on her housecoat. I say, "I want uncle to take me back. Not you. He's big and strong and safe and the hallway is dark." But the woman grabs me and I don't understand why uncle's mad at me and she pulls me and throws me out of the room and shakes me and shakes me and says, "Don't you ever do that again! Just stay in your own room! And don't tell anyone you were in the room!" She's mad. But I don't know what's wrong. I just want to know what the noise is about. She's shaking me just like a rag doll. She's meaner than uncle. I don't understand why they're so angry. Uncle is my best friend. She's shaking me. She's not shouting, but it's screaming in my head. And she opens my door and gives me a smack on the bum and closes the door after me. "Just stay there!" she says.

Dr. O: So now you're back in your own bedroom?

Pt.: I can't see inside the room. Y just crawled into her bed and curled up and made sure all the covers were covering her.

Y: [In a young voice] When people shake me like that I get empty inside so it doesn't hurt – and if I didn't do that people would shake me harder and harder. I don't like that lady

because when she's there I don't get to see uncle. She's sweet when others are there. But she's like a witch when others aren't there and she looks like a fairy princess. Tall, long blonde hair, dresses pretty, but not really a nice fairy—she's a witch. She fools everybody. I know I have to stay away from her.

Pt.: She's crying in her bed. I'm rubbing her back under the covers and telling her that she didn't do anything wrong – that the lady shouldn't have scared her. Uncle and the woman were so angry because they're not married. She's not supposed to be in his room. Everybody else is downstairs. They don't want to get in trouble. Grandma doesn't like the girlfriend. She's French and not ethnic. Too fresh. I'm back at the table now.

Dr. O: And how does Y look?

Pt.: Like she understands better. X kicks when you say something bad about uncle. Uncle is her friend. She knows uncle yelled at her but she doesn't want us to talk about it. It's OK to talk about his girlfriend, she's jealous of her. No Name just laughs. It's not a nasty laugh. Just like Old King Cole. A merry laugh – with her and not at her – because she wants to protect uncle. He knows she has to do that. He doesn't get mad at her. OK – they're going now. They all go on their own except X. X asks me to walk her to her room. I tell her the light is on – she won't be scared. Ha-ha! She wants to be walked to her room like a princess, which I do. OK – I'm ready. I'll come back on my own.

The patient exits trance on her own, and "returns" to the office.

Pt.: That's how I became the flower girl at their wedding – in exchange for keeping the secret – dressed up in a fancy gown. They're still married. She's still an incredible manipulator. Uncle was the youngest son and the apple of grandma's eye; the older ones married ethnics. His girlfriend was tall and blonde and gorgeous and didn't kowtow to grandma. X holds, on her conscious level, the good memories. That's what she's for.

Dr. O: . . . and identifying with the princess.

Pt.: Ha-ha-ha. Right! She dresses just like uncle's girlfriend. It never occurred to me!

Dr. O: . . . while the bad memories are with Tree and No Name.

Pt.: Yes. I thought X had real bad uncle memories, and that No Name then took them over and left her with fake good uncle memories. But both were real. He was good to her. He got her things. He treated her as something special. I was twelve when his daughter was born. Up to then, I was his favorite – he'd always have presents for me. It's the hardest part to reconcile. My tendency is to do all or nothing. But it is a fact that there were good positive things about him. It is a fact that there were nasty terrible things about him. X holds one extreme image, and No Name the other. Part of me doesn't want to downplay the positive by saying that he just gave me presents to get into my pants. I want to think that I deserved what he gave me, without any ulterior motives. Y just reminded me – of being curled up in the bed – of the rabbit we found – we put him in a wool blanket and covered him and he burrowed, and I petted him and he calmed down.

DISCUSSION

The session begins and ends with the baby rabbit, snuggling in the blanket to feel warm and safe. The focus is on Y's emptiness and on her dislike of being outside the circle, whatever that means. X hears a noise in the dark. She is not afraid of either the noise or the dark, and is determined to investigate – to intrude. She does not like being outside the circle. She opens uncle's bedroom door, and witnesses a primal scene – uncle in bed with her rival. She acts naive. They tell her to leave. She asks her big, strong safe uncle to leave the bed and escort her back to her room. She has to deal with her rival instead, switches to Y, and is shaken like a rag doll. She becomes empty and vacant as a defense. Shoved into her room, she curls up in bed, like the baby rabbit. She switches back to X, and contemplates the darker side of her rival – she is illegitimate somehow, not what she seems, an alien intruder, she doesn't belong. This is a twist on Freud's Family Romance. Not that the patient is a princess, wrongly misplaced into a common family, but that girlfriend is too common for the noble family, posing as a princess. Uncle rightfully belongs to X, the true princess. But girlfriend is what uncle wants. So X resorts to modeling herself after the fake princess. Maybe then uncle will come back to her. This is what Anna Freud, likewise someone's favorite daughter,

called Identification with the Aggressor (1936).

Back in the meeting room, the traumatic alters, NoName and Tree, chuckle at X for her pretenses. They recognize the partial truth of her fantasy. The oedipal drama, displaced from parents to uncle and his girlfriend, is there. It is not the whole story. It is not the main story. But it is part of the story.

The main story is that both father and uncle repeatedly seduced and raped the patient throughout her childhood. That accounts for her multiplicity, which in turn accounts for a dissociative variation on dynamics that are routinely found in non-dissociative patients. This particular primal scene had given rise to some elements of the inscape, the bodily constitution of Y, and X's taste in fashion. X is persistent. In the end, she is escorted to her room like a princess, if not by uncle, then at least by the patient herself.

Patient Number Two

This is a brief overview of therapy, followed by a close focus on two sessions.

When first assessed five years previously, the second patient presented with a history of depression, alcoholism, and non-prescription medication abuse. She was intermittently self-mutilating, giving herself shallow razor cuts to forearms, abdomen, and thighs. She had been treated with antidepressants and anxiolytics for years; she had had one prolonged course of psychoanalytically-oriented psychotherapy and a few admissions to hospital for serious suicide attempts. The patient was adopted at birth.

The patient also presented with significant dissociative symptoms. These included the auditory hallucination for as long as she could remember of two voices who would comment on her actions, console her and tell her what to do (including instructing her to self-mutilate). The patient also suffered from lost time.

The patient had an exuberantly elaborate inscape, which evolved with the therapy. The voice that told her to self-mutilate also evolved with the therapy. It had the appearance of a skeleton figure wearing a black cape and hood. In time, his hands, which had been bony and with claws, became her adoptive father's hands, and he became a protective figure. There was one intense extended dissociative episode during which the patient mistook her purse for her newborn baby, and commented, "I'll never give her up the way my birth mother did. I gave birth to her last night by Caesarean section." In hospital, she was found to have inflicted a very shallow cut across her lower abdomen. A day later, she restabilized, and was discharged.

Some time later, the patient encountered her birth mother in the inscape as a giant woman whose dress was both regal and vulgar. As a yellow bird, she pecked away at the birth mother. She told her she was not a queen, just a dumb teenager who got pregnant, that she was glad she had given her up, and that her adoptive mother was far better, even if she did

take every opportunity to tell people that the patient was adopted.

Subsequently, the patient found herself on a lonely road being attacked by a large black vulture that pecked at her skin and made her bleed. She interpreted the situation as a dead end formed by her adoptive mother's mandates and injunctions – that she was a good adopted girl who did not cry, or scream, or hit, or do bad things.

Following this, the inscape became a more conventional work room, in which fairly conventional group work went on among eight relatively stable but imaginatively disguised ego states, four post-traumatic ego states to the left, including the hooded one, and four functional-adaptive states to the right. Then the patient overdosed again. We discovered that all those in the conference room were dying, because the patient wanted them dead rather than having to deal with their problems.

The patient encountered a large fire-breathing dragon that was reducing her inscape to a charred ruin. When it exhausted its flames, the patient climbed on its back, removed a few scales and lowered herself inside. There she found two girls, three and thirteen years old respectively, whom she identified as herself at those ages, and left with them through the dragon's mouth. The three humans hugged, and the dragon rapidly fell to pieces.

Now for the first time there were characters which the patient identified as herself, undisguised, from times in her childhood. Viewed as objects, they would be considered as internal self representations from the past; viewed as subjects, they would be considered as young ego states.

The conference room was restored to normal. The balance of the inscape was replaced with green grass and flowers. The girls eventually aged and coalesced into the patient at twenty. All eight of the conference room alters' issues were worked through and the alters were integrated in various ways, except for the hooded one. In the process, two of the disguised post-traumatic alters became unveiled to reveal nine-year-old and five-year-old versions of the patient. The twenty-year-old came in from her campfire in the woods, and the younger girls eventually coalesced into her, after exploration of all their issues.

Then we reached a new impasse. The patient reported having been very depressed after her previous session, angry, frustrated, and discouraged. Unable to cry, she had slashed her legs badly, trying to get the tears out with her blood, something she had not done for a few years. "I know the problem, I just can't write the last chapter! I need your help!" she said.

Responding to some deep clinical intuition, I replied, "I don't believe I can help – I give up. We've missed something, and I don't know how to help you find it. All I can suggest is that you go inside and give up for the two of us." She was furious with me, but went inside. She found that the hooded one was likewise at a loss. So she announced that

the three of us were at a loss, and that all three of us gave up.

The room started to burn. Fire collected in the middle of the room, then died down. A huge, black, ugly vulture arose from the fire. The vulture put out its claws, and they became her father's hands. The beak opened, mother's face appeared in the open beak, and said, "You can't have him! You'll never have him! He's mine!"

The hooded one tried to protectively pull her away, but she demands, "Why did you keep him away?"

Mother responded, "Because he's mine – not yours – mine – never yours!"

The patient replied, "I hate you!" The vulture burned, the fire went out. The patient felt terrible, but said what she has never before been able to say:

It wasn't just that mother had father. I hate him. He was never strong enough to stand up for himself. I hate my mother in a wicked way. I hate my father in a sad way. I feel so sad. When he died I got sick. He never understood. We were the perfect little family. He was never separate from my mother, never an individual. I hate him for not caring enough for me to be stronger. Mother was always there. I never got to know him. Then he died. I never had the chance. I guess he loved me. Mother said he did. I think he said he did once. He probably did. But it was conditional – like "I guess I love you if your mother says so." Imagine looking forward to a spanking because that's the only private time you have with your father! He never knew. He never knew how much I needed him to hold me and tell me he loved me. And then he just died.

The patient protested that she could not go on. She wanted to die. I went on proclaiming my impotence. She protested in outrage, then said:

Wait, a little child is walking towards me. A six-year-old in a white dress. She hugs me. "You'll feel better if you hug me," she says. I pick her up in my arms. I bury my head in her golden hair. She says, "You can cry for little children, so cry for me." I put down the little girl. I hold her hand, stroke her hair, there are tears running down my face on the inside.

In the office, the patient's face crunched up in pain, but without tears. I interpreted that I was as disappointing as her father – I just could not come through in the end. I was helpless in the face of whether she chooses to live or to die. She came back to the office from her trance state, and left without a word.

There followed an exchange of e-mail, in which she crit-

icized me bitterly for callous incompetence, announced she was quitting therapy, and added:

I will not give up on myself, even if I also am at a loss. It seems very strange that I would have more faith in myself than you have in yourself. I am sorry that so many years of working together should end like this.

I replied by e-mail that I was glad she had not given up on herself, and did not believe that she was at a loss. In the following session, she said she felt awful for two days, like killing herself, but she would not do that to her children. She felt like cutting herself, but that would be ridiculous. She had concluded that I didn't care. She had decided that she did care, and did not "give a flying fuck" if I cared or not. Since then there had been much improvement, much to thank me for. She felt more empowered, had done her best each day, had worked on the inside with the child, crying with the child, telling her about her father and his death, and they felt sad together. At work, everything was under control. She had had no trance states. She had even had moments of happiness. "Maybe I'll move to Barbados," she said.

An astrologer had said she was supposed to meet her ideal mate that year. She had to start making herself available. How much longer would the therapy go on? She had told her daughter that with therapy she would be much more content with herself and with her own body. Joking, she said, "Don't touch yourself more, but get more in touch with yourself," and laughed. I asked if she has been touching herself more. Yes, she was feeling sexier. She had to find someone. I was not her type. By Chinese astrology, she was a pink, virgin, stubborn, perfectionist pig, while I was an unimaginative, stubborn bull. I had tried to manipulate her, but had not been very good at it. I had been impotent in the past, but she had not said so. The child inside brought a flood of emotion which surprised her. She did not know if she would have let me do the work more nicely or more safely, as she was a very difficult patient.

Over the following weeks, the little girl and the hooded one both integrated into her. The inscape ultimately dissolved into pale gray in every direction. The patient terminated. She remains in touch and remains at her academic post, with no depression, self-mutilation or substance abuse. At times she misses her inscape, but is happy to have exchanged it for a more stable real world.

DISCUSSION

The first calamity of this second patient's childhood was abandonment by the birth mother. The second was a failure of mirroring by the adoptive mother, expressed especially through the repeated back-handed compliment of the patient's being a wonderful adopted daughter. These pro-

vide a background of primary narcissistic deficit for the foreground classical oedipal dynamic of a girl competing with her mother for father's love. Loss appears with her father's death.

The patient is quite atypical for classic DID in many respects. Her history revealed no early childhood sexual abuse, though there was physical abuse by her brother. Only two alters ever took control of the body, and these for only very brief periods. There were many internal personages, only some of whom were typical post-traumatic or special-function alters, while others were clearly internal object representations of other real people, and many remained of undetermined type.

A dissociative solution to her developmental challenges both protected her high functioning in general, and aggravated her acute decompensations. As for any classic neurotic symptom, elements of the inscape were compromise formations which both revealed and concealed their significance. One recurrent symbol was father's hands, showing up early on the hooded figure, and reappearing very late in place of the oedipal vulture's claws. Another recurrent symbol was the oral-aggressive bird – the patient pecking at her birth mother, the vulture pecking at the patient, the dragon burning with its breath, the oedipal vulture pecking at the patient with her sharp dismissals. Another was birth through incision – the purse-baby by C-section and the two girls in the dragon's belly.

What to treat first? Conflict, deficit or trauma? Classic Freudians treat conflict which is in any case ubiquitous. Kohut (1977) recommends treating deficit first (when significantly present), after which classic Freudian conflict may take care of itself (or, if it doesn't, may then be taken care of). I generally treat trauma first (when significantly present), then deficit and other attachment issues, and then conflict. Kohut claims that after resolving deficit, classic oedipal issues may arise in an exuberant, celebratory way. In this case, classic oedipal issues arose highly symbolized in the dissociative inscape, then, after only two days of acute *sturm und drang*, became exuberant and celebratory (with no suggestion of hypomania).

CONCLUSIONS

Psychoanalysis Applied to Dissociative Disorders

Regarding etiology, the Oedipus Complex and traumatogenesis need not be seen as incompatible, as oedipal dynamics may be reinterpreted as a general schema for understanding triadic relations, which again are present in all patients, including dissociative ones.

Concepts of psychic structure, dissociation, multiplicity, trauma, and hypnosis are fully present in the early Freud, though he subsequently retracted them. Psychoanalysis would benefit from a rehabilitation of this "prepsychoanalytic" phase.

Virtually all current psychoanalytic concepts may be applied to an individual host or alter, including repression, conversion, Id, Ego, Superego, perverse splitting, self and object splitting, object relations, etc. Certain concepts – especially splitting, projective identification, object relations and enactment – may be applied as well to relations between alters, and to the transference.

The Superego concept may apply to select alters, especially to those who have identified with the perpetrator.

Splitting of one's attitude to reality may be regarded as a therapeutic goal for each alter, especially those who present with "Rip Van Winkle Syndrome" and for internal group work.

Typical psychoanalytic narratives and scenes occur in dissociative patients, not only on typical psychoanalytic stages but also in the inscape.

The Limits of Psychoanalytic Applicability

Leaving aside the early Freud, current psychoanalysis has not yet begun to account for dissociation, especially for the genesis of an alter. It is doubtful that an object representation or introject is somehow secondarily imbued with agency or subjectivity. Rather, an alter (alter ego, other I) is created who secondarily identifies with an object representation.

The psychoanalytic penchant to interpret from the perspective that everything is symbolic may lead to misinterpretation of undisguised partial somatic flashbacks.

All psychoanalytic structural concepts are generic, applying to everyone, and for the analyst; whereas an inscape constitutes an individualized psychic structure, by and for the patient, irreducible to the world of internal objects.

Ego state theory originates in the work of Federn and Weiss, but has been developed independently of psychoanalysis by the Watkins. Psychoanalysis would profit from its reincorporation.

Clinical Illustrations

Clinical material from two dissociative patients illustrates classic psychoanalytic themes played out in dissociative inscapes.

The first vignette illustrates jealousy, a primal scene, oedipal desire acted out, punishment and prohibition from the rival, the Family Romance, and identification with the aggressor.

The second vignette illustrates early maternal abandonment, a failure of mirroring, and classical oedipal dynamics. The inscape includes post-traumatic or special-function alters, as well as internal object representations of real people. Elements of the inscape are symbolic compromise formations which both reveal and conceal their significance. Resolution of trauma and neglect set the stage for a very brief resolution of oedipal conflict, followed by exuberance and celebration. ■

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