A Study of Dissociation from the Student's Perspective:
Implications for Classroom Teachers

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ABSTRACT

The purpose of this study was to explore the meanings by which dissociative students understand their school experiences, and to identify ways in which educators can support dissociative students in the classroom. Dissociation was examined in light of historical conceptualizations to facilitate a shift to perspectives which support students in an educational setting. Semi-structured indepth interviews were conducted with three young women who had recently been diagnosed with a dissociative disorder. Results of the interviews suggest that the importance of developing connections within the classroom environment is paramount. Within the context of a relationship between the student and teacher, the educator can begin to create safety for the student, demonstrate flexibility and creativity in approaches to the curricular content, and re-frame behavioural issues to honour the needs of each of the student's parts of self while negotiating mutually satisfactory outcomes. Any interventions with dissociative students should be judged by the extent to which the intervention is likely to increase connections between the student and any aspect of the educational experience.

CHAPTER ONE: THE BEGINNINGS

Introduction

The purpose of this study is twofold: 1. to explore the meanings by which dissociative people understand their educational experiences; and 2. to identify ways in which educators can support dissociative children and young adults in the classroom.

Historically, dissociation was discussed in the context of Multiple Personality Disorder (MPD). Dissociation is understood to be the underlying process in the development of MPD, and it is from this perspective that the diagnosis, research, and treatment of dissociative individuals has been undertaken. With the publication of DSM IV, a shift occurred which saw the removal of Multiple Personality Disorder as a diagnostic label. In its place, a broad category of conditions known as the dissociative disorders includes Dissociative Identity Disorder (DID), now comparable to the former diagnosis of MPD. This is in keeping with the disclaimers by those professionals researching and treating individuals with dissociative disorders who state that the field is in an evolutionary stage and will be for an indeterminant period of time. That said, the terms MPD and DID will be used synonymously and will be used to exemplify the processes which underlie dissociation in general.

The concept of dissociation is central to the diagnosis of DID. The perspective of the medical model has led to the conceptualization of DID as bizarre and pathological requiring treatments to heal the individual so afflicted. Recently, theorists and practitioners have drawn on the concepts implicit in the understanding of DID and re-framed both dissociative disorders and the multiplicity in people in ways that look to the positive effects of the behaviours for the individual (Watkins & Watkins, 1984; Schwartz, 1995).

Over the years, a number of models have been proposed as theories of personality. Some of these theories, such as those historically proposed by Sigmund Freud, Carl Jung, and Roberto Assagioli, and, more recently by John and Helen Watkins and Richard Schwartz, are particularly relevant in the contextualization of the dissociation. What seems important is that these conceptualizations and the resultant treatments are remarkably similar, both to the historical models proposed by the early theorists, and to the process of effective therapy across treatment modalities (Kluft, 1984).

Personal Agenda

It is important to name the perspectives from which this work proceeds so that the reader is able to identify the assumptions and experiences in which both the purposes of the work and the work itself are grounded. In keeping with the philosophical position of symbolic interactionism, I believe that I can only speak from my own experiences and from the meanings which I have assigned to those experiences. If I am clear in the presentation of my perspective, then the reader will have the opportunity to share in the development of an understanding about dissociation.

I am a white woman of European descent from a family which promoted upper class values while living in circumstances characterized by financial hardships and, frequently, poverty. Negotiating the tensions between the contrasting social and economic classes with which I identified had been a constant source of conflict in my life. I have been a successful student, graduating high school with honours, and entering university at a young age where I attained a Bachelor of Science with a Psychology major and a Bachelor of Education in Special Education. This background has afforded me the privilege of a voice which carries a certain credibility that may not be available to people without these opportunities.

Until recently, I had viewed my life in terms of a series of phases through which I have passed. Some of these phases have been associated with the frequent moves which were part of my growing years. Each new place of residence meant different homes, schools, and social contacts. I have been a compliant and pleasing daughter, a rebellious teenager, a dedicated academic, a martyr wife, a born-again Christian, a Super Mom, a loyal friend, a social advocate, a driven employee, a divorced woman, a single parent, a welfare recipient.

My world changed very rapidly when one of my children was diagnosed with a dissociative disorder. In the process of both accepting the circumstances and the development of difficulties which then led to the diagnosis, and in learning to provide the support required by my child, I was confronted with issues in my own life that had never been addressed. Our journeys toward integration have been parallel. I have not been labelled, and cannot speak from the perspective of anyone whose experiences have been such that parts of self have been sequestered and disconnected completely from other parts of that self. I can, at minimum, speak to the issues from the perspectives of a survivor of violence and abuse, a parent of a survivor, an educator, and a counsellor-in-training.

This work is a reflection of the process of integration which began, for me, on the day my child disclosed the abuse which had been experienced. The process of learning to

support my child led me to realize that the most important contribution I could make was to work through the outstanding issues in my own life. As such, I have come to realize that each of those so-called phases in my life represented times at which I had given voice to different parts of my self. It is from these multiple voices or perspectives that this work proceeds.

The purpose of this work is motivated by my personal journey toward integration. It was my hope to continue to gain insights through my interactions with the participants in this study. The generation of information became knowledge for me, and will be available as knowledge for the reader who remains open to accepting the challenge of making the information personally relevant. I do not claim to have produced a finished product to be known as knowledge. Instead, I intend to share the process by which an idea was born and nurtured in ways that are meaningful for me. My hope is that others will be able to understand and learn from my process.

Historical Perspectives

Although the interest in dissociation may seem recent, the first reported case of MPD appeared in the literature in 1787 (Kluft, 1991). During the nineteenth century, substantial contributions were made by numerous authors, and some of their concepts remain surprisingly relevant today.

Pierre Janet first proposed the concept of dissociation in 1889, describing it as

> a peculiar modification of consciousness in the hysterical subject, affecting the individual consciousness rather than the tendency ...(He) attempted to describe this modification as "subconsciousness due to psychological disaggregation" (Janet, 1925, p. 595-596).

This construct was widely accepted until it was replaced by the Freudian concept of repression. In recanting his Theory of Seduction, Freud discounted one of the most common factors in the development of DID, that is, the sexual abuse of children, and relegated this to the arena of fantasy. Feminists have had a powerful impact on the identification of dissociative disorders by recognizing the pervasive existence of child sexual abuse and the relative powerlessness of women in society. Dissociative disorders are often conditions of women that develop in response to early incidents of abuse, often sexual and often incestuous.

Dissociative disorders have been historically diagnosed, researched, and treated from the perspectives of the medical model. As such, any references to dissociation in the literature have included the assumptions of this model, thereby labelling dissociative processes as disorders, variously named depending on the era in which the literature was published. A great deal of the literature has dealt with issues of diagnosis, misdiagnosis, and differential diagnosis of DID. This is not surprising given the belief of those who ascribe to the medical model that the accurate identification of a pathology is necessary in determining the appropriate course of treatment.

Because therapists were not trained in the identification of dissociation and because DID was believed to be extremely rare, many people who presented with dissociative disorders were misdiagnosed with organic disorders such as seizures, substance abuse to explain blackouts, depression, anxiety disorders, schizophrenia, delusions, somatoform disorders, and borderline personality (Braun, 1990). Indeed, it is interesting that many authors included in the clinical identification of DID that the patient had received several other diagnoses in the search for appropriate therapy.

One element often seen as critical in making the differential diagnosis of DID is the presence of amnesia. In a form of MPD, called co-conscious MPD, alters know about each other and do not present with time or memory loss, although

they may be amnesic about events of childhood (Kluft, 1991). Amnesia may be two-way in which each of the alters is amnesic of the other(s), or it may be one-way in which one alter is fully aware of the thoughts and behaviours of another, but the other is completely unaware of the existence of the first (Braun, 1993).

The voices often heard by dissociative people are described as originating "inside" their heads, as opposed to the auditory hallucinations of schizophrenic patients who describe these voices as being "outside". Many dissociative people who enter therapy may also experience problems in other areas of their lives such as depression, anxiety, and substance abuse, but these can often be understood as resulting from the dissociative disorder once the diagnosis is made.

In a clinical setting, DID manifests in a number of physical, behavioural, and psychophysiologic ways (Braun, 1990). Physical changes can include changes in voice, facial expressions, right or left handedness, body language, and eating disorders with fluctuations in weight. Behavioural changes can include changes in communication style, creativity, handwriting, time or memory loss or distortions, changes in affective states, anxiety, and denial of behaviour. Psychophysiologic manifestations include headaches, variable responses to medication, extreme fluctuations in pain thresholds, and changes in allergic tendencies.

Because DID is a condition which develops in childhood and is not usually identified until adulthood, clients presenting for therapy have often developed ingenious functional mechanisms for coping with the demands of their lives. As such, the variety of presentations is virtually limitless. Most authors in the current medical literature now advise that the diagnosis of DID should not be made as a result of hypnosis, although hypnosis may be used to confirm what has been overtly manifested in the therapy session.

Several models have been developed to examine the etiology of DID. While most of the writings have focussed on trauma as a causal factor in the development of dissociative disorders, an emerging trend is now looking to the ways in which trauma effects the development of attachment (Liotti, 1992).

The usual patterns of attachment have been identified as secure, avoidant, and anxious-resistant (Ainsworth, Blehar, Waters and Wall, 1978; in Liotti, 1992). This identification is based on the infant's reponse to the "strange situation" (SS) scenario in which the trusted adult, on two occasions, leaves the child for a few minutes and then returns. Secure attachments are characterized by an infant who cried while the adult was not present, and was quickly comforted upon her/his return. In avoidant attachment, the child showed little distress while the adult was absent, and actively avoided contact upon her/his return. Anxious-resistant children were

very distressed during the absence of the adult, and were not relieved upon the return of the adult. "In all the samples that have been observed within the SS in many different countries, some infants have appeared *unclassifiable* in the above threefold classification system" (Liotti, 1992, p. 197, emphasis in original). A fourth pattern of attachment, called disorganized/disoriented (Main & Solomon, 1986; in Liotti, 1992), may be a factor in the later development of dissociative disorders (Liotti, 1992). Disorganized/disoriented attachment is characterized by conflicting and contradicting behaviour on both the part of the infant and the parent. It may be that problems with attachment, exacerbated by trauma, lie at the root of dissociative disorders.

The "3-P model of child abuse" (Braun & Sachs, 1985 in Braun, 1990) is an example of a model which suggests ways in which trauma may lead to the development of dissociative disorders. It includes the components inherent in other similar theories, and clearly presents these concepts. The 3-P model posits that predisposing, precipitating, and perpetuating factors are all necessary and sufficient in the development of DID. The predisposing factors are the capacity to dissociate and an inconsistent environment in which the consequences for a given behaviour may be both positive or negative and are not predictable. Precipitating events are overwhelmingly traumatic situations to which the person responds by dissociating. Perpetuating factors occur when the

dissociative episodes are linked by affective themes such as anger, disgust, or helplessness. These are most commonly the interactions between the abuser and the abused. With long-term exposure to this type of environment, the person may develop unique life histories associated with each set of memories.

Many theorists now believe that most psychological processes exist on a continuum that ranges from adaptive to maladaptive functions for the individual. Even those functions that appear to be maladaptive can be understood to have once been important to the psychic survival of the person.

The BASK model of dissociation (Braun, 1988) is a cognitive model which describes dissociation on a continuum of awareness. At one end of this continuum is full awareness, followed by suppression or voluntarily choosing not to attend to something unpleasant. Next is denial, followed by repression or involuntarily putting something outside of the stream of consciousness. Finally, there is dissociation which, in its extreme form, can manifest itself as DID. Dissociation is a complex response in which the individual can dissociate from any or all of the BASK responses at a given time. These processes are behaviour (B), affect (A), sensation (S), and knowledge (K). In nondissociating people, an experience is processed almost simultaneously along all four components of the model. A behaviour is experienced

along with any sensations and an accompanying affect, and knowledge of the event remains in the form of memory. People who are dissociative can disconnect any or all of the processes associated with each component. The event or its parts may remain dissociated or may be recombined in ways that are congruent with dysfunctional patterns of thinking (Fine, 1988). The goal of therapy is the fusion of the alters with the core personality. This is often accomplished by systematically and relentlessly undermining the dissociative processes which maintain multiplicity (Fine, 1993).

Recently, the Ego-State theory of John and Helen Watkins (1984) and Internal Family Systems theory of Richard Schwartz (1995), have emerged to challenge the assumptions underlying the conceptualization of the dissociation as a pathology. Both of these theories reject the implicit goal of therapy proceeding from the medical model that fusion of the personalities is the desired outcome. Both of these theories hold that every person is inherently multiple, and that to work toward fusion is not only unrealistic, but impossible. The goal of therapy from the perspective of ego-state theory is to achieve integration whereby each part of self is equally valued and given equal voice in both expressing its needs and in developing strategies to have its needs met in ways that are constructive for all of the parts of self (Watkins & Watkins, 1993). In internal family systems therapy, the goal is for development of leadership, harmony and balance so that

each part can take its preferred, valuable role (Schwartz, 1995).

Implications of Perspective

Feminist writers have been at the forefront in recognizing the political implications of many factors affecting women that were, until recently, accepted without challenge. Judith Herman (1992) points out that several psychiatric diagnoses become particularly dangerous for women. These include hysteric, borderline personality, and multiple personality. Essentially, the argument of the feminist authors has been that it is primarily women who carry these labels, and that these diagnoses pathologize the women who have been so-labelled, thereby creating an environment in which the victim is blamed for the conditions which result from her victimization. By pathologizing the victim, the focus is shifted away from the conditions in society which continue to normalize the victimization of women and children, as well as other people who are not identified with the so-called "dominant" culture. For these reasons, it is important to consider dissociative disorders in the socio-political contexts in which they develop. While there is much that can be learned from the research into the dissociation that has been generated from the medical model, it is important to recognize the implications of the assumptions that underlie

this model and to frame the support of people so-labelled within the context of their very real experiences of disempowerment, both past and present.

From a medical perspective, the dissociative person is seen as someone who is sick and needs to be cured. While the language around such a diagnosis may be more gentle, the assumption remains that the problem lies with the individual. The goal of therapy is to actively "fix" the person by fusing the alters into a whole person. This presupposes that intrapsychic health is defined by "the monolithic One" (Schwartz, 1995), and that, in people who have not been labelled with DID, this is a natural state.

The ego-state (Watkins & Watkins, 1984) and internal family systems (Schwartz, 1995) models view the dissociative person as someone who is inherently a survivor. Dissociation can then be seen as an ingenious mechanism which allows for the psychic survival of people who have been subjected to conditions which would seem to be beyond the abilities of most people to endure. By recognizing the multiplicity in each of us, these models have the power to remove the stigma of dissociation as something bizarre and pathological. Furthermore, by recognizing a continuum of awareness, we can all be challenged to give voice to the parts of self that have been sequestered in the subconscious, and to examine the reasons for the putting-away of those parts of self.

These models challenge me to view, not only people who have been severely traumatized, but also those so-called "normal" people with whom I interact, in light of the concepts of the parts of self and the sequestering of certain parts that may be unsafe for a person to acknowledge at a given time. This, then, has the power to define the type of work that will be undertaken with individuals who have been traumatized. The work begins from a fundamental appreciation of the person and the socio-political climate which the person must negotiate, and a recognition of the value of each and every part of self, even if that part seems to be maladaptive or malevolent. As such, engagement can be directed by the identified needs of the person who seeks support. The outcomes will belong to the client, and the role of one in a helping capacity is not seen as that of "fixing", but one of supporting the individual to reframe her/his life and experiences in ways that are most adaptive for her/him.

The arguments of the feminist writers challenge me to look beyond interventions which involve only the individual in addressing the issues with which a person is faced. Judith Herman (1992) outlined five stages in the recovery from trauma. The first three, establishing a healing relationship, safety, and remembrance and mourning, are often addressed within the context of the supportive relationship. However, the final stages, those of reconnection and commonality, encourage the trauma victim to move beyond her/his personal

tragedy and to develop a "survivor mission". This could involve encouraging the individual to connect with community, and to access support which may allow the channelling of the energy of healing, once (s)he is strong enough and if (s)he can be empowered in so doing, toward the socio-political structures that were either at the heart of the victimization or were unsupportive of her/his process. In this way, people who find enhancement in their sense of personal agency through involvement in such activities may transform the personal tragedy into social and/or political activism.

Conclusion

Research from a medical perspective has provided invaluable insights for the treatment of individuals affected by dissociative disorders. However, it is important to examine the role of perspective in order to challenge the assumptions which underlie approaches that proceed from that perspective. The medical perspective may not be the most supportive framework from which to proceed in an educational setting. Rather than pathologize the individual, educators may be best able to provide support for students by trying to understand the experiences of the individual. From this understanding, approaches used in the classroom will honour both the individual and her/his experiences.

As Max van Manen (1991) points out, much educational research has been undertaken from the perspective of the teacher in the classroom. Van Manen challenges educators to answer the question of what it means to belong to our children. In so doing, how the student experiences the educational setting becomes paramount, and educators are encouraged to assume responsibility for reflecting on their engagement with students in ways that look to the students' experiences rather than their own.

It is from the frame of respect for the experiences of the student and the encouragement of personal agency that I wish to move toward an understanding of the supports required by dissociative students. Respect and encouragement begin from and are facilitated by understanding the meanings by which individuals have organized their experiences, and understanding the ways in which the meanings continue to structure how people respond and react to their life situations.

Many dissociative children will not be identified in their struggles unless or until the problems associated with their behaviour become so "severely disordered" that the issues can no longer be ignored. For children who are experiencing difficulties in their homes or in their communities, educators are potentially a valuable resource. Beginning to identify ways in which educators can support

dissociative children with respect and understanding is the
purpose of this work.

CHAPTER TWO: HISTORY RE-VISITED

History of Hysteria

In her book *Trauma and Recovery*, Judith Herman (1992) outlines an interesting history of the study of the role of traumatic memories in the development of issues for which people may present in therapy. She describes three periods of time in the past century in which both the political and social climate led to extensive research into the effects of trauma, the first of which began with the study of hysteria in the late nineteenth century. I will not attempt to reproduce her work, but will, rather, summarize the context in which the discourse surrounding the role of traumatic memories in the development of neurosis began (Herman, 1992, p. 9-15).

Jean-Martin Charcot was a French neurologist who turned an asylum in Paris into a hospital established for the study of neurology and psychiatry. Many of the great men of that time studied under Charcot and expanded on his work. Whereas Charcot was content to merely describe and classify hysterical symptoms, two students worthy of note felt compelled to understand the etiology of the hysteria. Sigmund Freud and Pierre Janet spent long hours talking to the affected women and listening to their stories in order to understand how they had come to be the way they were.

> By the mid 1890's Janet in France and Freud, with
> his collaborator Joseph Breuer, in Vienna had
> arrived independently at strikingly similar
> formulations: hysteria was a condition caused by
> psychological trauma. Unbearable emotional
> reactions to traumatic events produced an altered
> state of consciousness, which in turn induced the
> hysterical symptoms. (Herman, 1992, p. 12)

However, the political climate changed rapidly once Freud had released a paper in 1896 on the etiology of hysteria, claiming this to be a result of childhood sexual abuse. Because of the prevalence of hysteria among women, the acceptance of his thesis would have required a recognition of the pervasiveness of childhood sexual abuse. The reaction to Freud's paper was only one of several factors which influenced the further development of his theory. Nonetheless, Freud did not acknowledge the widespread incidence of actual sexual abuse, but, rather, attributed these events to fantasy. He subsequently developed a complex theory based on the role of the tensions which result for individuals because of the unresolved conflicts caused by sexual wishes in childhood.

Janet has been criticized (Herman, 1992) for his view of the neurotic patient as weak-minded, and for the attribution of the development of difficulties to an inherent character flaw in such individuals. For my purposes, I have chosen not to focus on Janet's interpretations, but to discuss those aspects of his work which critique the interpretations which came to dominate much of the discourse surrounding the role of traumatic memories in the development of neuroses. That these

issues are still being debated nearly one hundred years later implies that there are no simple answers to the questions which have been raised. The answers that each person generates to the questions are relevant and important in directing the work that is undertaken with people who have been traumatized.

Traumatic Memories

Dissociated Memories

Traumatic events are an important aspect of the experience of every person who develops a dissociative disorder. In understanding the nature of the effects of trauma on dissociative people, one must understand the nature of the dissociated memory.

> The actual memory of the happening was constituted by a system of psychological and physiological phenomena, or images and movements, of multiform character. This system, persistent in the mind, soon began to encroach. By association, it annexed a number of images and movements which had at first been independent of its influence... (I)t became able to realise itself automatically without passing through the intermediate stages of ideation and suggestion, and thus gave rise to actions, dispositions, sufferings, and delusions, of various kinds. (Janet, 1925, p. 597)

The dissociated memory is qualitatively different than that of which we normally speak as memory. Daniel Goleman (1995) discusses the mechanism by which traumatic events may

be processed in ways that remain unmitigated by rational thought, and which can, therefore, continue to unconsciously cause effects for the individual. The eyes and ears transmit information about stimuli to a region of the brain called the thalamus. Most of this information is subsequently transmitted to the neo-cortex, that area of the brain which processes the information, simultaneously evaluating any number of courses of action that may be undertaken in response to the situation and from which a plan of action is developed. However, a portion of the information is concurrently transmitted to the amygdala, a part of the brain which influences autonomic functioning. Although the amygdala can react more quickly, the resulting reaction is not a refined response based on the totality of the situation nor is it mitigated by rational processes. In cases of extreme danger, this time saving can be crucial for the survival of the individual. However, if the amygdala is triggered by a situation that in some ways reflects a previously dangerous situation but in which the individual is not in imminent danger, the resulting reaction can seem maladaptive. Goleman (1995) asserts that a single traumatic event can permanently change the way in which the brain functions, especially when stimuli associated with the event serve as triggers for the amygdala.

Janet (1925) clearly discusses the processes involved in what has now become known as narrative reconstruction (eg. Byrd, 1994) by which memory is commonly understood.

> *Memory*, like belief, like all psychological phenomena, is an action; essentially, it *is the action of telling a story*. Almost always we are concerned here with a linguistic operation, quite independent of our attitude towards the happening... Thus the essential characteristic of the...story is that it is independent of the event to which it relates... The action of telling a story is, moreover, capable of being perfected in various ways. The teller must not only know how to do it, but must also know how to associate the happening with the other events of his (sic) life, how to put it in its place in that life-history which each one of us is perpetually building up and which for each of us is an essential element of his personality. A situation has not been satisfactorily liquidated, has not been fully assimilated, until we have achieved, not merely an outward reaction through our movements, but also an inward reaction through the words we address to ourselves, through the organisation of the recital of the event to others and to ourselves, and through the putting of this recital in its place as one of the chapters in our personal history. (p. 661-662; emphasis in original)

Because dissociated memories have not been encoded in the life-stories of individuals, they are experienced very differently. While the person may be unable to verbalize, and may actually deny, the traumatic events, the memories continue to affect the person. Recall of the memory, rather than being verbal, may instead show itself in intrusive images, repetitive behaviours, or physiological manifestations (Herman, 1992).

> Strictly speaking, then, one who retains a fixed idea of a happening cannot be said to have a "memory" of the happening. It is only for convenience that we speak of it as a "traumatic memory" of the happening. The subject is often incapable of making with regard to the event a recital which we speak of as a memory; and yet he (sic) remains confronted by a difficult situation in which he has not been able to play a satisfactory part, one to which his adaptation had been imperfect, so that he continues to make efforts at adaptation. The repetition of this situation, these continual efforts, give rise to fatigue, produce an exhaustion which is a considerable factor in his emotions. (Janet, 1925, p. 663)

Understanding that the memories of traumatic events are likely to be non-verbal or associated with multi-form characteristics which lie outside of the stream of consciousness, the importance of integrating these events into the narrative reconstructions of the individual becomes paramount. Janet (1925) noted

> that in many cases the searching out of past happenings, the giving an account by the subject of the difficulties he (sic) had met with and the sufferings he had endured in connexion (sic) with these happenings, would bring about a signal and speedy transformation in the morbid condition, and would cause a very surprising cure... (Janet) drew the inference, though with some surprise, that the memory was morbific because it was dissociated. It existed in isolation, apart from the totality of the sensations and the ideas which comprised the subject's personality; it developed in isolation, without control and without counterpoise; the morbid symptoms disappeared when the memory again became part of the synthesis that makes up individuality (p. 672, 674).

However, care must be taken to respect the needs of the client at the time of therapy.

> It could not be said that in every case of nervous disorder the trouble ceased as soon as it had been brought back into consciousness... Morton Prince rightly points out that when memories become sub-conscious it is because they conflict with the subject's other ideas and feelings. If we drag them back into a consciousness which will not tolerate them, they will soon be driven out again, and we shall have to begin the whole process once more... In most cases, the discovery of the fixed idea is no more than the first step, and there will still be a great deal to do before we can lead the patient back to health... I regard a memory, and especially a fixed idea, as an artifact, as a system comprising a number of associated psychological phenomena. Its factors are visual images, images attached to the other senses, and a few motor tendencies, and, above all, words. In many cases, a fixed idea is incarnated in words, and the words call up the rest. I have attempted to break up this system, to demolish it stone by stone; this is what I call the *dissociation of a fixed idea*. In my study of the dissociation of the fixed idea of cholera, I found it necessary to suppress in detail and by degrees the sound of the tolling bell, the sight of the corpses, the smell of these, and then the very name of cholera--these being the various factors of the fixed idea. Sometimes I found it useful to effect a kind of substitution, to induce hallucinations whereby the scenes imagined by the subject were transformed. (Janet, 1925, p. 674, 677; emphasis in original)

Janet's (1925) description of the approaches with people experiencing dissociated memories bears a striking resemblance to a number of techniques currently employed by therapists engaged with dissociative clients. The dissociative table technique (Fraser, 1991) and the distancing techniques described by Catherine Fine (1993) are examples that give

clients the opportunity to not only recall the events, but also to transform those events in ways which allow for incorporation of the memories into their life-histories in ways that permit self-care and self-nurturance. For example, a client may be asked to visualize a traumatic event by picturing it as projected on a movie screen without colour or sound. The client is then invited to interact with the images on the screen in ways that are helpful. For example, the client can comfort the child who has been traumatized, or (s)he may choose to let the child in the image tell an abuser those things which could not be said at the time of victimization.

Currently, many writers and therapists (eg. Fine, 1991; Watkins & Watkins, 1993) dealing with dissociative clients speak of the importance of allowing the pace of therapy to be directed by the client, and to avoid the recalling of memories until the client is sufficiently strong to deal with these. Further, caution is urged concerning the use of hypnosis with the recommendation that hypnosis be used in the confirmation of what has been overtly manifested in the therapy session.

Repressed Memories

No work dealing with the role of traumatic memories in the lives of people who subsequently seek support in the resolution of difficulties can avoid the questions raised in the wake of what is being called "false memory syndrome".

This is equally true for the understanding of dissociative disorders. In the reports on the etiology of dissociation, trauma is understood to be an underlying factor, to have occurred at an early age, and to often be sexually abusive in nature (Putnam, 1988). It becomes very easy to extrapolate and claim that the very presence of a dissociative disorder is evidence of childhood sexual abuse.

An understanding of the role of traumatic memories is best framed within the much larger context of the development of an ethically sound practice. If the "false memory" debates are used exclusively as the basis for the understanding of ethical practice, the danger exists that we will ignore the very real consequences of abuse for the survivors. The false memory debates arise from an androcentric perspective in which the focus has been on the effects of unethical practice on alleged abusers. However, we must be aware of the risk of directing attention away from the client and her need to be treated ethically. The effects of unethical treatment are more far-reaching for the client than for an alleged abuser.

Much of the controversy surrounding the role of repression in people who are amnesic of traumatic events has "ignored research on dissociation, state dependency, parallel processing, et cetera" (Gleaves, 1994). Elizabeth Loftus' (1993) arguments are based on the role of repressed memories, and do not deal with alternate explanations for amnesia of traumatic events.

The Freudian concept of repression has come to be understood as involuntarily putting something outside of the stream of consciousness, and has been described along the continuum of dissociation (Braun, 1988). However, Janet (1925) described repression as "the conscious activity by which an individual checks the development of a tendency, usually a personal tendency, by opposing to it other tendencies, which in this case are social and moral" (p. 640). According to this definition, repression results when conflicts arise for individuals, and, in making choices to meet mutually exclusive wishes, the individual represses the wish that cannot be met. For example, the personal wish of the child to steal the cookies on the kitchen counter is repressed in favour of the social norms which would result in unpleasant consequences for taking the cookies. Understanding the concept of repression in the context of choice dramatically changes how I understand the nature of memories that may have been repressed. To speak of a repressed memory of childhood trauma, then, implies that the child had a choice to make, and repressed one of the wishes in favour of the other. For me, it seems beyond the realm of reason to consider the question of choice for a child who is at the mercy of an abuser or who is exposed to some other traumatic event. Indeed, the conflict in therapy for many adults dealing with childhood trauma lies in the extent to which they

feel that they may have had choices that were, in fact, not available to them.

Loftus (1993) discussed the importance of understanding the extent to which memories of childhood trauma, including abuse, can be repressed and then recovered in later life. In the United States, recent changes in legislation have opened the door to legal action against perpetrators of abuse based on the recovery of memories of events that occurred, in some cases, decades earlier. The seriousness of the implications for professionals dealing with survivors of trauma is reflected in the establishment of support groups for people who have been accused of abuse as a result of recovered memories. These groups are now available for consultation should others wish to proceed with legal action against the professionals involved with clients who have recovered repressed memories (Meichenbaum, 1996).

Interestingly, Janet addressed many of the same issues in a report to the Seventeenth International Congress of Medicine held in London in the year 1913.

> From the very first, as far as my own researches
> were concerned, these considerations led me to take
> special precautions in the study of traumatic
> memories and in the endeavour to discover their
> existence. Both for the explanation and for the
> treatment of certain neuroses, every effort must be
> made to discover such memories should they exist.
> On the other hand, seeing that traumatic memories
> might be absent in other cases of neurosis (which
> would then have to be explained and treated in a
> different way), great care must be taken to avoid

> discovering traumatic memories when they do not really exist. (Janet, 1925, p. 593-594)

Loftus (1993) has argued that the authenticity of memories is difficult to establish without corroborating evidence. Even when events have been externally verified, inaccuracies in the recounting of events are common. Some survivors of documented child abuse were unable to recall the events in later years. Furthermore, memories which had been experimentally implanted were recounted in the same ways as events which had actually occurred. This leads one to question how one can know whether a memory is authentic.

The ethical implications for therapists of Loftus' (1993) questions are far-reaching. The use of leading questions, assumptions of abuse based on symptomology, the use of suggestive experiences such as bibliotherapy and group experiences, and the use of hypnosis for the expressed purpose of uncovering repressed memories are all therapeutic interventions that are to be used cautiously. Byrd (1994) likens therapy to paleontology, suggesting that

> premature conclusions can bias the subsequent direction of the search and the interpretation of new finds... As the patient accumulates memory traces without contextual biasing, the process of event reconstruction becomes less like a projective test being administered to the therapist (p. 439).

Other writers have echoed the need to pay careful attention to the ethical questions surrounding therapist bias

and expectations in dealing with the recovery of memories in their clients. Their suggestions for dealing with these issues include keeping contextual cues as neutral as possible (Byrd, 1994), not letting emotions and perceptions influence the ways in which data is interpreted (Gleaves, 1994), focussing on enhancement of functioning and dealing with the post traumatic effects of abuse (Gold, Hughes, & Hohnecker, 1994), and recognizing that it is the validation of the reality of abuse, not the authenticity of the memory, that is crucial (Olio, 1994).

Obviously, the ethical implications for therapists are important. This, then, returns us to the issues that were being debated at the turn of the century when Freud's methods of psychoanalysis were beginning to take a place of ascendency in the psycho-therapeutic realms of the day. Janet's (1925) criticism of zealous therapists of his day speaks a cautionary note that remains relevant today.

> (W)hereas previous observers have held that traumatic memories relating to sexual mishaps are to be found among *some* neuropaths, the psychoanalysts declare, and this is their innovation, that such memories are to be found in *all* neuropaths. The psychoanalyst contention is that in the absence of such a mishap metamorphosed into a traumatic memory, there is no neurosis. (Janet, 1925, p. 613; emphasis in original)

In addressing the extent to which the trauma at the root of the problems experienced by people must be of a sexual nature, Janet (1925) argued that

> (i)n a word, every memory, every thought, competent to arouse strong and lasting emotions can play the part of a fixed idea, and may originate hysterical symptoms. (Janet, 1898, in 1925, p. 625)

Loftus (1994) cautioned against the use of symptomology as "proof" of the occurrence of childhood sexual abuse.

> (T)he symptoms that are supposed to be indicative of child sexual abuse are so wide ranging that they could apply to anyone... If everything is a sign of past childhood sexual abuse, then nothing is. (p. 444)

Janet (1925) argued along similar lines that the Freudian school of psychoanalysis had, likewise, taken great liberties with language in expanding the notions of sexual instincts to the point where anything and everything could be described as sexual in nature. In so doing, the meanings by which sex had been understood were rendered meaningless.

> At the time when the epidemic of suggestion was raging in France (and it may be noted that there are close analogies between this epidemic and the psychoanalytical movement), the enthusiasts for suggestion were ready to declare that all psychological and physiological phenomena were suggestions... Since these adepts carefully refrained from defining suggestion, and used the word to denote any sort of phenomena entering the

> mind or the brain no matter, they had an easy
> triumph with their declaration that suggestion
> explained everything... With a little
> interpretation, displacement, dramatisation, and
> elaboration, in conjunction with a lack of critical
> faculty, anything in the world can be generalised,
> and anything can be made into an element of
> everything. (Janet, 1925, p. 637)

The danger in these broad approaches to the use of language is that the horrendous and very real experiences of abuse and its after-effects for individuals may be trivialized (Loftus, 1994). That childhood sexual abuse is a common underlying factor in the later development of dissociative disorders is undeniable. The cautionary note lies in assuming that it must underlie all cases. Such an assumption can lead to interventions with clients that are less about meeting the needs of the clients in ways that respect the ethical considerations of beneficience and non-maleficence (Daniluk & Haverkamp, 1993), and have more to do with confirming the expectations of the therapist.

Conclusion

Re-visiting the discourses that were occurring in the late nineteenth and early twentieth centuries around the role of traumatic memories in the development of neuroses continues to be relevant in understanding the long term effects of trauma. The issues discussed at that time are remarkably similar to those which are still in the arena of discourse

today. There exist no "right" answers to which one can turn to definitively settle the issues. However, I believe that it is important for each person working with people who have been traumatized to reflect on the issues and to be clear about how those issues are to be resolved within their engagement with people who have been traumatized. The conclusions which are drawn by each person as a result of this reflective process will largely determine the ways in which one chooses to work with traumatized people.

Recognizing one's biases in relation to the role of traumatic memories in the development of psychotherapeutic issues is only one aspect of the type of self-reflection that is important in dealing with people who have been traumatized. Attention to current debates have brought this particular ethical aspect to the forefront. However, it is equally important to address biases related to all of the other aspects of ethical engagement with people. We need to reflect on biases relating to issues of non-dominance, such as sexism, racism, homophobia, and other areas in which pre-conceived notions may shape our interactions with others in ways which limit their sense of personal agency.

CHAPTER THREE: METAPHORS OF SELF

The Role of Metaphor

For my purposes, I will use the concept of metaphor in much the same way as others might use the concept of perspective. My preference for the use of metaphor lies in the acknowledgement that the concept of metaphor can be useful, but without the claims to truth that may be connoted by other words which could be used in the place of metaphor in my discussions. Perspective, model, framework, point of view, paradigm, world view, philosophy, and theory are all words which imply a sense of rigidity and a constructed quality that may lead one to defend a particular position. Everyone holds such positions, either implicitly or explicitly. However, inflexibility in a position may prevent us from accessing other information which may be helpful or which may expand our understanding of an issue. On the other hand, metaphor holds a more fluid approach to knowing. While one metaphor may be useful for understanding a particular aspect of a situation, another metaphor may add to that understanding. Neither metaphor is seen as being inherently more accurate or true, and the applicability of the metaphor lies in its usefulness for specific purposes in specific situations.

That the nature of metaphor is fluid and esoterical does not detract from its inherent usefulness nor from the extent

to which we rely on metaphor in virtually all aspects of our lives. In the same way that symbolic interactionists speak of perspective and of the symbolic representation of social objects, I will speak of the use of metaphor as the way in which we understand our lives, the way in which societies define that which is normative in the behaviours of individuals, and the way in which researchers organize the information which they discover as a result of their observations.

> Metaphor is for most people a device of the poetic imagination and the rhetorical flourish... typically viewed as a characteristic of language alone... We have found, on the contrary, that metaphor is pervasive in everyday life, not just in language but in thought and action. Our ordinary conceptual system, in terms of which we both think and act, is fundamentally metaphorical in nature. (Lakoff and Johnson, 1980, p. 3)

Lakoff and Johnson (1980) argue that we use metaphors in an attempt to structure our experiences, and we thereby come to understand our experiences based on the metaphor that has been imposed. Metaphors are not only used to understand the situations in which we find ourselves, but our choice of metaphor then structures what the actual experience will look like. For example, the language used by most people to describe an argument is based on the metaphor that "argument is war". We speak of winning and losing, or of being on target. This metaphor then serves not only to structure how

an argument is understood, but it also structures how an argument takes place. If we were to change the metaphor to "argument is a dance", we would fundamentally change perspective and change how people perceive, think, and act during an argument (Lakoff & Johnson, 1980).

In the same way, I would argue that scientific theories are conceptual frameworks developed by the theorists to understand the phenomena which they are studying. The theory then serves to sensitize the adherents to the theory to some situations, and to desensitize those people to others. That which does not make sense may be ignored or go unnoticed. Furthermore, the particular theory being held then comes to structure future experiences. If one shifts the view of a theory as a framework which is inherently true or accurate to one in which the theory is understood as a metaphor being used to organize what is experienced (which is itself a metaphor), then the role of theory can be seen very differently.

Rather than viewing theories for their accuracy and ability to fully capture the truth of human existence, I prefer to view each theory for its usefulness in understanding particular aspects of life. As such, I need not agree with the theory in its entirety, but, rather, I am then free to draw on those aspects which seem relevant in particular situations. While this may seem to be a multi-paradigmatic approach, holding a fluid approach to knowing allows me a way to expand my perspectives to include information which may be

useful, but which may have seemed contrary or inconsistent with what I believe. Drawing on the works of a variety of theorists enables me to incorporate the aspects of their work that seem relevant for me. Information, thereby, becomes knowledge because of its meaningfulness and usefulness for me in particular situations.

No theory, no matter how complex and encompassing, is free from the biases of the theorist. Indeed, when drawing on the theories of personality while engaged with people in therapy, impasses are often addressed by shifting to a new paradigm which is more useful in that situation (Kluft, 1992). This reflects the fluid quality of understanding the metaphorical nature of theory.

The words we choose in communicating our understanding of a particular phenomenon provide valuable clues about the metaphors by which that understanding is structured. For this reason, I decided to use the language of discourse by which differing perspectives were being argued, even though the language may now be considered politically incorrect or may not fit with my current understanding of the issues. For example, we would currently discuss the effects of trauma, while at the turn of the century, this was called the development of neuroses. Contextualizing the metaphors is enhanced by the use of the language of the day, and my use of those symbols does not mean I adhere to those metaphors.

Many people have proposed theories of personality as conceptual frameworks by which we can understand individuals and their interactions with others. When understood in a metaphorical context, each of these theories seems appropriate for some situations, and none is sufficient for every situation (Kluft, 1992). Recognizing the limitations of a theory does not detract from the usefulness of that theory in working with specific people in specific situations.

I do not propose to outline, in its entirety, any of the theories of personality nor its implications for therapy. Aspects of the theories can be seen as relevant to understanding dissociative people. Furthermore, these aspects may inform us about how we may have parts of our selves from which we have dissociated.

The metaphor by which I have chosen what I consider useful in these discussions is that of the inherent multiplicity in each of us. The metaphor of multiplicity provides a useful way for me to make sense of aspects of my life and of the lives of those with whom I am engaged. It is by this metaphor that I understand those aspects of my life of which I am aware, those for which awareness is not yet within my grasp to articulate, and those aspects which may or may not seem obvious to others but for which I have no awareness. Others may find different metaphors more useful, and I, too, often shift to the use of other frames. For example, my organization could just as easily be named in terms of

conscious, pre-conscious, and subconscious. However, in understanding aspects of my self in terms of parts of self, I can come to an understanding of how reliance on dissociative processes is exquisitely adaptive for people who have survived what would seem to most of us to be beyond survival. Rather than understand dissociation as pathological, I understand it to be normal and adaptive for every one. As with any adaptive strategy employed by people as they negotiate the complexities of life, dissociation may present problems for an individual if it prevents the person from being able to engage in or be present to interactions which could meaningfully enhance that person's life.

Freud's Tri-partite Theory

Sigmund Freud is arguably the most influential person to articulate a theory of personality from which therapy can subsequently be undertaken. Whether directly influenced by Freud's work, or developed in opposition to that work, virtually all subsequent theories of personality use Freud's theory as a point of reference.

In some ways, Freud's theory of personality mirrors the social changes that were occurring during his time (Arlow, 1989). His work began with hysterical patients, and from these experiences, he developed the ideas which formed the basis of his studies on hysteria. In subsequent years, the

socio-political climate did not sustain his original thesis, and his ideas began to evolve to include the component of fantasy by which conflicts were understood. The basic drive underlying human behaviour was originally understood as sexual, but he later included the aggressive drive to account for that which was clearly not sexually motivated. Throughout his career, his theory of personality evolved to explain aspects of his life and the lives of his patients.

For my purposes, I will focus on Freud's early theorizing. Because this work was rooted in his interactions with people who had been traumatized, the observations he made are particularly relevant. As Freud attempted to include a wider range of human experience within his framework, and in his attempts to explain every inconsistency he encountered, including contradictions between that which he found in his patients and the dominant belief systems of his day, I believe that the evolution of his theory became less useful for understanding the experiences of people who have been traumatized, especially when those people are women.

The psychoanalytic theory of personality is deterministic, topographic, dynamic, and genetic (Arlow, 1989). Mental events are seen as being causally related, are judged according to their accessibility to consciousness, are in constant interplay as a result of drives, and are understood to have their roots in the earliest of childhood experiences.

The fundamental tenet of Freud's theory is that mental activities are understood to exist at both a conscious and an unconscious level. The conscious activity is that of which the person is aware. The unconscious, while not recognized by the individual, influences the behaviour of that individual. The astute observer can begin to understand the unconscious activity of an individual on the basis of "errors", or inconsistencies in behaviour or language. These contradictions or inconsistencies are understood to be the means by which unconscious drives or wishes find expression in people's lives. Mental activities will remain in the unconscious because of the conflicts which might arise for the person should they be brought to consciousness. The expression of the unconscious is disguised and must be interpreted as clues to the unconscious motivations. Bringing the unconscious material into consciousness allows for resolution of the conflicts (Freud, 1920).

Freud's structural theory organized mental functions according to the role they play during conflict. The ego orients the person to the external world and functions to mediate between the impulses of the id and the imperatives of the superego. The id comprises the instinctive responses, and the superego holds the moral imperatives by which conscience is understood (Arlow, 1989). The ego also functions to protect the person from unconscious activity with which the person may not be able to cope. Anxiety is the sign of the

activation of such unconscious activity, and anxiety, therefore, precipitates the use of defenses to protect the person.

Freud postulated that each person passes through instinctual phases based on the primary site of pleasure during that phase. These were called the oral, anal, latent, and phallic phases. Unresolved conflicts arising during any of the phases could lead to these conflicts being replayed, in other forms, in later life in attempts to resolve the conflicts (Arlow, 1989).

The goal of therapy is to bring unconscious conflicts to the conscious mind whereby they can then be resolved. This process requires the use of interpretation because the unconscious conflicts are understood to be disguised. Unconscious material includes dreams, fantasies, and material that arises during exercises such as free association. Additionally, the therapeutic relationship is seen as an important avenue through which the individual will reproduce the unresolved conflicts with significant others in a process Freud called transference. Working through transference requires that the psychoanalyst also be very clear about her/his own issues to prevent the development of countertransference, a situation in which the analyst responds to the transference by imposition of her/his own unresolved conflicts.

Jung's Psychological Types

While some writers (eg. Assagioli, 1965) focus on the eventual division between Carl Jung and Sigmund Freud by concluding that Jung broke with Freud and went on to develop his own theory from that point, Kaufmann (1989) points out that Jung had, prior to his association with Freud, already published, in embryonic form, the tenets of what was to become his theory of personality. Jung and Freud shared an interest in the unconscious, and it was this interest that brought them together (Mattoon, 1981). However, in the development of an understanding of the unconscious as a determinant of human behaviour, their formulations differed, and each eventually went in different directions.

Jung came to understand the unconscious as those aspects of the psyche that are not under the control of the ego. Even if a person is aware of these aspects, they continue to be unconscious if they cannot be controlled. The conscious, on the other hand, comprises those aspects which are controlled by the ego. The ego is defined as the center of consciousness, but is not seen as a mediator in the same way as Freud conceptualized ego function. The shadow consists of psychic contents which the person does not show, and is, therefore, not well-developed. When the shadow is brought under ego control, it can be a source of creativity and growth. The persona refers to the social self and is

understood as a type of mask which is worn in order to gain acceptance or approval. The animus and anima are those contrasexual characteristics that often remain in the unconscious. Jung believed that women have a primarily masculine unconscious, and, conversely, men have a primarily feminine unconscious. The superordinate aspect of the psyche is called the Self, and is understood as the totality of the components including the conscious and unconscious aspects of the personality (Mattoon, 1981).

In addition to the individual aspects of personality, which includes a personal unconscious, Jung postulated the existence of a collective unconscious. The concept of the collective unconscious is integrally linked to the concepts of the archetypes and the instincts which form its contents. Archetypes are the predispositions to apprehension, and instincts are the predispositions to action. It is difficult to identify the actual archetypes and instincts because they become intertwined with personal material. The behaviours that arise from these predispositions are understood as reflections of the collective unconscious, rather than as ends in themselves.

A complex is defined as "an interrelated cluster of unconscious contents which is part of the shadow" (Mattoon, 1981, p. 116). Complexes are largely unconscious, have an archetypal core, and are often in contrast to the ego functioning. A complex can, therefore, result in behaviour

that is opposite or in conflict with what is habitual and under the control of the ego. As such, complexes can appear to function separately from and be splintered off from the ego.

Symbols are the representations of unconscious material arising out of the archetypes. While Freud believed that symbols carried universal meanings, Jung believed that each symbol could mean different things for different people. Symbols are seen as the important bridges between the conscious and unconscious, opening to the conscious mind possibilities that were previously not considered in integrating unconscious material.

In his practical work with patients, Jung came to view individual differences in the context of two types: introvert and extravert. "(E)very individual possesses both mechanisms--extraversion as well as introversion, and only the relative predominance of the one or the other determines the type" (Jung, 1926, p. 10). In the same way that people have a tendency or preference for a certain type, individuals will also show a predominance of one of the four basic functions of thinking, feeling, sensation, and intuition. If there is reliance on one aspect to the exclusion of the others, symptoms may become chronic. Those aspects not accessed are understood in terms of the shadow.

Therapy from a Jungian perspective is guided by the contents of the unconscious that are brought to bear by the

client. The symptoms with which a person presents are seen as the unconscious need to work through an issue, and are not viewed as pathological. Rather, as the ego is strengthened, it becomes more able to deal with the unconscious material with which it is presented.

Psychosynthesis

Roberto Assagioli, who had been schooled in psycho-analysis, believed that psychoanalysis, while useful, was incomplete in describing the breadth and the height of human experience. In 1910, he began to develop a framework which he called psychosynthesis, and which he felt was more comprehensive than the existing theories. In North America, his work went largely unnoticed until the emergence of the existential, phenomenological therapeutic movements (Yeomans, 1984).

Assagioli expanded the notion of the unconscious to include "what has since been called by Maslow 'the farthest reaches of human nature' (1972)" (Crampton, 1981, p. 710), as well as delineating the lower unconscious, middle unconscious, and higher unconscious or superconscious. The "I" is the center of consciousness, is identified by the presence of both consciousness and will, and is not the only aspect of consciousness. To the extent that a person identifies with the total contents of consciousness, difficulties can arise.

The higher Self is seen as an integral part of the person. A lack of integration between the "I" and the higher Self reflects the extent to which most people are immersed in the empirical ego, consumed by daily struggles rather than the discovery or creation of a unifying center (Assagioli, 1965). The higher Self is also a center for consciousness and will, but the realms of its domain are broader. Beyond the delimitation of the Self lies the collective unconscious.

The mind, body, and emotions are seen as the personality vehicles, and must be adequately developed and coordinated if the personality expression is to be balanced (Crampton, 1981). To explain the sometimes conflicting inner dialogue experienced by people, Assagioli postulated the existence of sub-personalities which speak for a part and not for the whole. Subpersonalities are understood as "structured constellations or conglomerates of attitudes, drives, habit patterns, and belief systems, organized in adaptation to forces in the internal and external environment" (Vargui, 1975; in Crampton, 1981). Subpersonalities result from the covert ways by which a child meets needs which cannot be met in healthy ways.

Psychosynthesis is based on the activation of the will by enlisting the support of the "I" which then directs the process as it unfolds from within. In recognition that awareness is not sufficient, the work must be grounded in the daily lives of the clients. Identification of the

subpersonalities is an important first step, but dis-identification is also important. It is only in stepping back so that these can be seen more clearly that decisions can be made about how to transmute the subpersonalities. Each subpersonality is understood to have some quality that is important for the person, and transmutation is the process by which the subpersonality can become integrated with the "I".

The goal of therapy is the unification of the expression of personality with the deeper purpose and direction of the transpersonal Self. This is achieved through the expansion of consciousness to include both the depth, or lower and middle unconsciousness, and the height, or the superconscious aspects of the person. Multiple techniques are employed in the process of psychosynthesis, each called into play by the direction established by the "I" of the client.

Ego-State Theory

Paul Federn, an associate of Freud, first used the term "ego states" in 1952 (Watkins & Watkins, 1984). This concept was adopted by Eric Berne in his formulation of Transactional Analysis as both a personality theory and a method of therapy. The term "ego-state theory" is now used to describe a theory of personality that was developed by John and Helen Watkins. The basic tenet of ego-state theory is that the development of

ego states results from the childhood processes of differentiation, introjection, and reaction to trauma.

Differentiation is the natural and adaptive process by which the child learns to distinguish between various aspects of her/his experience. For example, the child learns which foods taste good and which taste bad, or recognizes which behaviours are appropriate at school, at home, or on the playground.

Through the introjection of significant others or significant patterns in a child's life, the child begins to internalize her/his external world. These introjections may become infused with "self-energy" which will result in them becoming roles that are assumed by the child. If the introjections do not have this energy, they remain as objects with which the child must cope. For example, a child from an abusive home may introject the abusive parent. As an object, the introjection will continue the internal process of abuse within the person. If this same introjection were infused with self-energy, the person would assume this role and become abusive. Because introjections result from a child's perception of the world, such ego-states remain child-like in their thinking, even in adulthood, unless challenged and supported to move beyond the constraints of the child-like thinking.

The third factor in the development of ego-states involves the child's reactions to trauma. With repeated

exposure to traumatic situations, the child may dissociate resulting in behaviour and experience becoming clustered and organized around common themes.

Ego-states are considered a natural part of each person. In experiments with so-called "normal" subjects, covert ego-states were routinely uncovered under hypnosis (Watkins & Watkins, 1993). Ego-states are described on a continuum representing the relative permeability or rigidity of the boundaries which exist between them. In nondissociators, while the ego-states are present, the boundaries between them are relatively permeable and fluid. Communication and cooperation between the ego-states happens freely. At the other end of the continuum, the ego-states are separated by rigid and impermeable boundaries. Not only may communication between ego-states be difficult, a specific ego-state may be completely unaware of the existence of any or all of the others. People with such rigid boundaries are considered to have DID. According to this theory, covert ego states can be accessed through hypnosis, but in DID, the ego states can spontaneously become overt.

When the needs of the different ego-states are in conflict or are not being met, the results for the individual can be maladaptive. Each ego-state is seen as being equally important and worthy of having its needs met in ways that do not harm the other ego-states. The goal of therapy is to increase communication between the ego-states so that they can

function integratively in ways that are constructive for each and every ego-state. This is accomplished primarily through the use of hypnotic techniques which allow for communication between the ego-states until the boundaries have become sufficiently permeable that communication between the ego-states is more natural (eg. Gainer & Torem, 1993; Fraser, 1991; Watkins & Watkins, 1993).

One ego-state, known as the Inner Self Helper (ISH), is believed to be an observer privy to the experiences and emotions of all the other ego-states. In therapy, the ISH is enlisted to assist with the process of therapy by speaking for the states which cannot or will not discuss the issues with which they must deal or by providing information about other states so that the therapist can work with those states to develop strategies that will meet their needs (Watkins & Watkins, 1993; Fraser, 1991).

Internal Family Systems Theory

Richard Schwartz (1995), in outlining his model of personality known as Internal Family Systems Theory, challenges the notion of the "monolithic One" by which many theories of personality have defined the state of psychological well-being. Every person is understood to be a combination of Self and parts of self, and each of these parts is necessary for the well-being of the individual. The parts

of self are seen as organizing themselves intrapsychically in ways that reflect the patterns of functioning and dysfunction in the family of origin. The goals of therapy are to increase the awareness both of these patterns and of the implications of these patterns for the individual. Therapy employs the techniques of Family Systems Theory in dealing with both the individual and her/ his family, but extends these techniques to include intrapsychic work with the parts of self.

Internal Family Systems Theory postulates that, within each and every individual, there exists a core or central Self that is different from the parts of self. The Self is seen as being capable of passive and non-judgemental witness to the experiences of the other parts, but is also capable of active and compassionate leadership of those parts. In people who have been traumatized, the parts of self lose their trust in the leadership capabilities of the Self, and attempt to usurp control. Harmony and balance are restored when the Self becomes differentiated from the parts of self so that it can again assume the role of leadership. Schwartz uses the metaphor of the conductor of an orchestra, able to bring out the best performance of each section and each musician within a section. Furthermore, the Self is experienced differently from the parts of self by the individual. The parts of self are seen in objective ways by the Self. However, the Self is unobservable and can only be experienced by transcending the parts of self through techniques used in meditation. People

experiencing this transcendence relate feelings of wholeness and completeness with the absence of thought to mitigate the experience. As such, the Self is both an individual and a state of consciousness.

Conclusion

Many theories of personality have been developed to make sense of human experience and to understand why the approaches in therapy are relevant. I have proposed that each of these theories is best understood as a metaphor of the Self developed by the theorist as a framework for understanding the people with whom (s)he is engaged. As such, each metaphor has the power to illuminate different aspects of personality, and some of these metaphors are particularly relevant to the understanding of dissociation. For this reason, while the theoretical framework may seem very different, the successful approaches in therapy are remarkably similar, regardless of the theoretical orientation of the therapist (Kluft, 1984).

I have chosen to discuss five theories of personality. This is obviously not an exhaustive list. My rationale for the choice of these particular theories is that each is explicit in delineating the personality in terms of multiple parts and each has formed the basis for a variety of psycho-therapeutic approaches. What struck me was the extent to which each of these theories, while using different language

and taking a different focus, relies on similar concepts in the description of human experience. Each speaks to a central part of this experience in terms of the rational and unemotional aspects of our experience. Each also draws on metaphors in which part of our experience is seen as being unavailable to the rational part, and of a higher-order aspect of experience which seems to transcend the rational. Other metaphors of self could also be brought into play and organized around these themes even if the theorist is not as explicit in delineating these as somewhat separate spheres. This way of organizing and understanding experience may be useful, but I do not hold the actual language as an absolute.

What is lacking from these theories is a recognition of the ways in which personal agency and self-fulfillment may be limited by one's circumstances. Any theory which focusses solely on the individual determinants of behaviour is necessarily limited in its broad applicability. From a feminist perspective, we are being challenged to move beyond the limitations of the individualistic perspective and to recognize the psychological effects of oppression, including "sexism, ...classism, racism, homophobia, ageism, and prejudice based on ethnic or religious affiliation" (Laidlaw, Malmo, et al., 1990, p. 5). We need to recognize the stereotypes by which people have been labelled, and the ways in which such stereotypes come to be learned. It is only when socio-

political aspects of experience are explicitly acknowledged that the metaphors of self can be truly meaningful.

I would further argue that the diagnostic labels, including Dissociative Identity Disorder (DID), can also be understood metaphorically. While these labels can be very helpful for professionals engaged in research or therapy with dissociative people, the diagnosis itself can be viewed merely as a framework for organizing the experiences of the individual. For this reason, I believe that the label, when useful and empowering for the individual, can be used to the extent that it remains helpful. However, it is important to remain cautious about defining people by the labels we have ascribed to them, rather than viewing them as individuals whose experiences can be partly described by the label.

CHAPTER FOUR: METHODOLOGY

Symbolic Interactionism

Symbolic interactionism is the philosophical stance from which this work proceeds.   While specific methodological implications may become apparent, many of the tenets of symbolic interactionism are consistent with the perspective from which I understand both dissociation and the ways in which people come to understand their lives.   Throughout this work, the importance of perspective has been central in conceptualizing dissociation and for understanding the experiences of dissociative individuals.   In recognizing the multiple ways by which people can understand their lives, one can then begin to discern the perspective from which those understandings emerge.   Supporting people in expanding their perspectives or metaphors can then serve to meaningfully enhance choices that are available for those whose metaphors have been historical useful, but which are now constraining opportunities for growth and learning.

Symbolic interactionism is a pragmatic philosophical stance that emerged primarily from the work of George Herbert Mead.   While Mead was personally influential with his students, it is mainly through the writings of his students that the tenets of this perspective have become widely disseminated.   Virtually all of the major works expounding

symbolic interactionism refer to the works of Herbert Blumer.

Blumer studied under Mead and expanded Mead's ideas to include

the methodological implications for researchers studying

social phenomena.

> Symbolic interactionism rests in the last analysis
> on three simple premises. The first premise is
> that human beings act toward things on the basis of
> the meanings that the things have for them... The
> second premise is that the meaning of such things
> is derived from, or arises out of, the social
> interaction that one has with one's fellows (sic).
> The third premise is that these meanings are
> handled in, and modified through, an interpretative
> process used by the person in dealing the things he
> encounters. (Blumer, 1969, p. 2)

The importance of perspective and the meaning and nature

of symbols are fundamental in understanding the symbolic

interactionist views of mind, self, and society. Perspective

is understood to be the filter through which we experience

that which we come to know as reality. Perspectives are

necessarily both limited and limiting. No one is fully able

to grasp all of the perspectives of a particular event. This

can be exemplified in the diversity of "eye witness" accounts

of a particular event. Each person will report what they were

able to see from their own point of view. In this way,

perspective can be understood as a particular point of view,

and every perspective is, therefore, limited. Furthermore,

the perspective held by a particular person limits what that

person sees as important. Perspectives serve to

> *sensitize* the individual to parts of physical
> reality, they *desensitize* the individual to other
> parts, and they help the individual *make sense* of
> the physical reality to which there is a
> sensitization... In a way, the best definition of
> perspective is a *conceptual framework*... (Charon,
> p. 3; emphasis in original)

Symbolic interactionism recognizes a multiplicity of
perspectives at all levels. At an individual level, each
person has multiple perspectives, often associated with the
roles which are played. My perspective as a student is quite
different from my perspective as a mother which, in turn, is
quite different from many of the other roles I play. While
some of the roles in which people find themselves require more
than one perspective simultaneously, other perspectives are
carried into more than one role. For example, when engaging
in a discussion about a particular idea, I may approach the
subject from my perspective as an educator, one who has read
in the psychological literature, and/or several other
perspectives which seem relevant to me in the context of that
discussion. On the other hand, my perspective as a woman in
what I perceive to be a sexist society will be carried into
many of the varied situations in which I find myself.

Perspective can also be understood beyond the individual
context. How one defines the nature of reality, truth, and
knowledge depends on one's perspective. In this sense, all
scientific inquiry is undertaken from particular perspectives.
This is not to imply that one perspective is better or more

correct than another. Rather, it is important that the role of perspective be recognized.

Sociological and psychological inquiry are seen as being undertaken from particular perspectives which then function to sensitize the inquirers in particular ways. Sociology has primarily been sensitized to examine the role of social structures in the description and prediction of human behaviour. Psychology, on the other hand, as focussed on the role of individual determinants of the same human behaviour. Symbolic interactionism arose, to a great extent, in recognition of the inadequacy of either position to capture the complexity of human experience.

> Instead of focusing on the individual and his or her personality characteristics, or on how the social structure or social situation causes individual behaviour, symbolic interactionism focuses on the *nature of interaction*, the dynamic social activities taking place between persons. (Charon, 1979, p. 23; emphasis in original)

For symbolic interactionists, all objects are seen as social objects. The meaning and importance of objects is learned and understood through a social process. Symbols comprise one class of social objects, but differ from non-symbolic objects in that the symbol comes to represent or stand for the object itself in the interactions between people. While words are the most common symbol, gestures are also seen as important.

In our interactions, we learn to associate meanings with the symbols that surround us. The ability to use symbols in interaction requires not only that one uses the symbol, but also that the symbol is interpreted by another person and that the meaning of the symbol is agreed upon by both. It is this interpretive act and the subsequent interaction that defines people as more than just responders to external stimuli. The interpretive process taking place in the mind leads to interpretations that are important both for the immediate reaction to a situation, and it is also understood that the interpretation then shapes the interaction itself.

Symbolic interactionism understands the self to be a social object, also defined by the meanings which have been attributed to it. A person comes to understand her or himself by the meanings that have been ascribed to the self by others. The person then interacts with other social objects, including other selves, on the basis of these meanings. Furthermore, each person is able to interact with her or himself in the same way, ascribing meaning to experiences by a process of interpretation. The self is best understood in terms of the multiplicity of selves, or the multiple ways in which a person is defined by both that person and the people with whom (s)he interacts.

When Mead discussed the self, he differentiated between the "I" and the "Me". The "I" is that aspect of the self of which a person is unaware, and which can only be understood in

retrospective reflection after an action has occurred. The "Me" is understood to be the internalized rules of social conformity and is described in terms of the "generalized other". The concept of the generalized other consists of the inferences people make about what they believe others have inferred about them. People then interact with themselves and others on the basis of these interpretations. "The self is the product of the relationship between the *I* and the *me*" (Ritzer, 1988, p. 180; emphasis in original).

Rather than being seen as something external to the individual, society is understood as the inferences that individuals make as a result of their interpretations of society. People interact with each other according to the meanings that have been assigned to their inferences about other people. These inferences form the dynamic patterns by which individuals interact with one another and constantly change or re-affirm the patterns.

A final important tenet of symbolic interactionism concerns the notion of process. Through the interactions in which people engage, any notions of "*(t)ruths*, ideas, attitudes, perceptions, and perspectives are all conceptualized as process, being judged and changed dynamically by the organism in relation to what is being observed". (Charon, 1979, p. 30; emphasis in original) As such, all claims to truth are best judged, not by their supposed accuracy, but rather, by their usefulness to the

person or group of people who adhere to a particular version of the truth.

Truth, therefore, is understood to be a subjective process by which people develop conceptual frameworks which guide them in the interpretations of their interactions. People will adhere to these truths as long as they are useful. When a particular truth loses the ability to help the individual or a group of individuals, it will be changed through yet another interactive process. In this way, both individuals and society are seen as dynamic and interactive.

Critique

Symbolic interactionism has been criticized on a number of fronts. Some of these criticisms can be broadly categorized in four ways (Meltzer, Petras, & Reynolds, 1975). First, methodological problems result from the difficulties inherent in operationalizing the concepts, the generation of few testable hypotheses, and the failure to spell out methodological procedures. Second, the key concept of self is defined in numerous and often conflicting ways by those who ascribe to symbolic interactionism. While particular symbolic interactionists may have a defined understanding of the self, there exists no one unifying definition of the self to which all symbolic interactionists adhere. The final two criticisms imply that symbolic interactionism has largely ignored both

psychological and sociological determinants of human behaviour, placing undue emphasis instead on interactions. Symbolic interactionism does not adequately address either the social structures nor the emotional and unconscious components of human behaviour.

For people working from a positivistic, empirically-based perspective, these criticisms would present significant problems in the use of symbolic interactionism as a conceptual framework for organizing data collected during research. To the extent that one is in search of a universal truth which can accurately predict and, therefore, control human behaviour, these criticisms might render this approach to research as problematic. However, in approaching research as qualitative process, symbolic interactionism serves as one, but not the only, useful conceptual framework for understanding the complexity that we call life. Again, the concept of perspective is central. For my purposes, symbolic interactionism is useful in beginning to understand the ways in which dissociative students construct meanings about themselves and others, and learn to negotiate their classroom environments. As such, the criticisms are less important for me.

Other criticisms are less directed at symbolic interactionism than at individual symbolic interactionists. Historically, these researchers have done little to address the politics of power inherent in social life (Hall, 1972; in

Meltzer, et al., 1975). The symbolic interaction paradigm seems ripe for this type of criticism because, in locating individuals in the positions they occupy, one must deal with the power differentials in society (Meltzer, et al., 1975).

Much has been written about the negative consequences of the multiplicity of the self, but little attention has been given to the positive adaptive aspects of multiple identity (Brittan, 1973; in Meltzer, et al., 1975). This is a criticism that can be directed at many other researchers in both psychology and sociology. Historically defining the well-being of individuals by what Schwartz (1995) has called the "monolithic One" is being challenged in many fields. Most of the inquiry in the social sciences can be historically described in light of this criticism, but many fields are opening to explore the adaptive quality of perspectives that recognize multiplicity. In recognizing such multiplicity, we are then open to conceptualizing and living with the contradictions inherent in human life.

For me, the most problematic aspect of the symbolic interactionist perspective is the conceptualization of the self as an object. That the self is experienced as an object by most people is likely in keeping with their experiences. It most certainly speaks to mine.

Understanding the self as object is a cognitive perspective which ignores other epistemological stances. To the extent that one relies solely on self as object, one is

not able to access "other ways of knowing", including what has been called subjective knowing and which is characterized by "gut feelings" (Belenky, Clinchy, Goldberger, and Tarule, 1986). Belenky, et al. (1986) have described a model by which both subjective and objective knowledge can be integrated in an epistemological stance which they call "connected knowing". Daniel Goleman's (1995) work on emotional intelligence describes the extent to which subjective, or emotional knowing, is an integral part of our experiences. He suggests that the traditional epistemologies have largely ignored this type of experience because of undue reliance on purely cognitive and rational approaches to understanding people and their experiences of knowledge.

One way in which I understand personal agency is by the extent to which we can experience self as subject. The self as subject is seen in very different ways than the self as object. For women, the experience of self as object is even more difficult to address because women and women's bodies have been objectified from our earliest experiences (Greenspan, 1993).

In a broad sense, differentiating between self as object and self as subject has the potential to provide a conceptual framework by which personal growth can be understood. Self as subject implies a level of personal growth and awareness of potential that may not be recognized or experienced by many people. Belenky, et al. (1986) describe women's experiences

on a continuum based on the relative authority which is ascribed to external and internal "voices". In some ways, the development of meaningful experiences of knowing mirror the emancipation of women in general. For women who have not learned to trust their own voices, nor to see their potential as agents of personal change by relying on subjective knowing, self as subject may be an experience which could not be meaningfully processed. The movement towards personal growth has been variously named by many authors. For example, the move toward integration of the "I" with the higher Self as described by Roberto Assagioli (1965) could be understood as the process by which self becomes subject by creating a unifying center, as opposed to remaining an object by being immersed in the empirical ego.

I would argue that self as object is one way of describing the experiences of dissociation with which each of us is likely familiar. Rather than being present to our experiences, we stand apart from those experiences and view them from a distance. In the cases of those who have been identified with dissociative disorders, the selves have indeed become so objectified that some of these parts of self are no longer experienced as the self. Self as subject, on the other hand, challenges us to move to ownership of all aspects of our existence. That we can observe and interact with our selves as social objects is what symbolic interactionists call a uniquely human attribute. To the extent that this ability

achieves a level of ascendancy that prevents us from reliance on experiences of self as subject, subjective knowing (Belenky, et al., 1986), or emotional intelligence (Goleman, 1995), the experience of self as object can become a lifestyle characterized by dissociation rather than presence and engagement. In keeping with the notion of connected knowing (Belenky, et al, 1986), the goal, for me, is to achieve a balance between each type of experience of knowing so that each is available in the interactions with our selves and others.

The framework of symbolic interactionism provides a useful way of approaching data which aims to understand the meanings by which people come to understand their lives and their life experiences. As well, symbolic interactionism provides another useful metaphor in understanding the multiplicity of people in general and those who have been traumatized in particular. From a social, rather than an individual perspective, we can understand how a person may be unable to incorporate a particular event into her/his perspective. Perspective not only sensitizes us to certain things allowing for integration into the perspective, but also desensitizes us to others. Events that cannot be incorporated into our framework, those events which do not make sense to us, must be dealt with in other ways. For example, children are told that love from one's parents is good, but if either parent is then a source of pain, the child may be left with

differences between expectations and reality that cannot be reconciled. For the person who has been hurt, dissociation is one way of dealing with such conflicts.

Methods

This study relied on a qualitative research format using an approach consistent with the tenets of interpretive interactionism. Interpretive interactionism can be understood as a branch of symbolic interactionism that is informed by

> phenomenological works... (and) recent work in feminist social theory, postmodern theory, and the critical-biographical method... Interpretive interactionism attempts to make the world of lived experience directly accessible to the reader... The focus of interpretive interactionism is on those life experiences that radically alter and shape the meanings persons give to themselves and their life projects" (Denzin, 1989, p. 14-15).

The qualitative approach to research is consistent with what has been called "women's ways of knowing" (Belenky, et al, 1986). The epistemological assumptions underlying qualitative research are fundamentally different than those which underlie the modernist, positivistic approaches to research which have become associated with the scientific method. The contrast between these two approaches to inquiry can be discerned when understood in the context of the metaphors which are used by the inquirers. In qualitative

research, the metaphor of voice is very powerful, while visual

metaphors abound in the scientific paradigm

> such as equating knowledge with illumination,
> knowing with seeing, and truth with light... Visual
> metaphors encourage standing at a distance to get a
> proper view, removing--it is believed--subject and
> object from a sphere of possible intercourse.
> Unlike the eye, the ear operates by registering
> nearby subtle change. Unlike the eye, the ear
> requires closeness between subject and object.
> Unlike seeing, speaking and listening suggest
> dialogue and interaction (Belenky, et al., 1986, p.
> 18).

The qualitative approach to research assumes that knowledge is

inseparable from the one who knows.

I engaged in an interpretive process which included a

deconstruction of prior conceptions. This included an

examination of the assumptions underlying the dominant views

of dissociation so that other perspectives could also be

considered. My attempt to capture the phenomena led me to

engage with dissociative students during interviews with each

participant. Bracketing, or looking at the essential parts of

the phenomena required that I suspend my pre-conceived notions

(Peck, 1978) during engagement with the participants and in

examining the data. Construction, or revisioning the

phenomena, and then contextualizing the phenomena in the

natural world resulted as I attempted to understand and

organize the data I had collected (Denzin, 1989, p. 48).

Through this process, I am attempting to make central the

lived experience of the individual. This will necessarily

mean that the results may not be generalizable, but in moving toward an understanding of the experiences of the individual participants, I believe that insights are possible which effect our conceptualizations of dissociation and the needs of dissociative children in the schools.

I contacted a practitioner who works with dissociative clients to inform him of the work I was proposing to undertake. I invited him to share the intentions of the project with the clients whom he believed might be interested in participating, and three young women were referred for participation. The participants had each been identified with a dissociative disorder and were currently attending classes in the public school system. My primary concern for participants was that involvement with the research questions and content would not result in harm for the participant. At the time of contact, I answered any questions which arose to support them in making decisions around participation. The questions which arose related to the purposes of the research, confidentiality, and the type of questions I would be asking.

The primary means of data collection was through semi-structured indepth interviews. At the outset of the interviews and throughout the process, I told the participants that my questions were far less important than their answers, and, as such, my questions could be viewed as guides for the process, rather than absolute. With two of the participants, I discussed the supports I might be able to provide should any

aspect of the interview become unsafe for them. With another participant, this discussion occurred in response to her reaction after she had disclosed information that seemed difficult for her. I kept the structure of the interview simple in order to allow the participant latitude in sharing what she considered relevant to the discussion at hand. A copy of the guide for the first interview is included in Appendix 1.

I conducted the interviews in a setting which was mutually convenient. For two participants, a space was arranged, and I met with another participant in her home. Each interview was recorded on audio-tape and transcribed before the next interview with the participant. A second interview provided the opportunity: 1. for each participant to review the transcription of the first interview, 2. to explore with the participant any issues which I had glossed, and 3. for the participant to expand on ideas that were not fully developed or addressed in the first interview. A final interview was scheduled to explore the ways in which the participants experienced the process of the research. The questions for the final interview are included in Appendix 2. The first two interviews with each participant lasted for one hour each, and the final interviews lasted between thirty and fifty minutes.

The consent forms, signed by the participants and me, delineated the steps that were taken to maintain their rights

to privacy. The identities of the participants and any identifying information were not used in this document. The identities were protected by the use of pseudonyms for the participants and for any of the people to whom they referred. Personal logs related to the research, tapes, and transcripts were read only by me, and were destroyed upon the successful oral defense of the thesis. Prior to the use of excerpts in the final written report, each participant was provided with a copy of both my text and the excerpts from the transcripts of the interviews conducted with her. None of the information the participants shared with me was used without their approval. Appendix 3 contains a copy of the consent form.

Two of the members of my thesis committee were experienced counsellors and were available as resources had any personal issues arisen for the participants in the course of the research. As a counsellor-in-training who is familiar with the issues of dissociation, I was available to intervene in an emergency situation.

Upon completion of each interview, I transcribed the audio-tapes and offered to provide copies of the transcriptions to the participants to ensure that I had accurately captured their stories. Once all of the interviews were completed and transcribed, I coded the data to identify the themes which emerged. For example, I noted every time that the participants referred to fears associated with any aspect of their experiences. This particular code, combined

with other codes relating to affective states, was subsequently identified as an emotional theme. The themes are the ones that I identified as relevant in relation to the research questions, and correspond to personal, historical, dissociative, emotional, behavioural, social, and educational codes, as well as that which the participants shared about their sense of the future. The final theme reflected what the participants shared with me about their experience of the research process. While much of the data reflected the participants' school experiences, not all of these data were coded as educational reflections. Each of the themes, therefore, includes data about the school experiences of the young women. I decided to quote the participants using excerpts that not only reflected the content of what they shared, but also reflected the struggles with which they dealt in trying to articulate their experiences. While the pauses in conversation may make excerpts less fluent, I believe verbatim quotes more fully capture the essence of the process for the participants.

CHAPTER FIVE: THE VOICES OF THE PARTICIPANTS

The Participants

Allison

Allison was seventeen years old. She was in grade twelve where she was achieving high marks. She had been diagnosed with a dissociative disorder six months earlier. The referral for counselling was precipitated by a conviction on an assault charge in which counselling was a part of the terms of sentencing. She was living with both parents and a younger brother and sister. She discussed previous years in school as being characterized by frequent violent outbursts which resulted in many suspensions and calls to the police. The violence often escalated around the anniversary date of a particular traumatic event.

Allison was very articulate about her experiences of dissociation and her parts of self. While she felt that no one other than her therapist understood her experiences, she was reflective and analytical about how these experiences had affected her.

Brenda

Brenda was seventeen years old. She was in grade ten, and was passing two of her three courses. She had repeated two grades, one because of a move from another province, and

one because of significant difficulties which resulted in failing grades. She had been diagnosed with a dissociative disorder five months earlier when her mother sought an explanation for her forgetfulness and other behavioural concerns. She had also been diagnosed with Attention Deficit Disorder (ADD) when she was in grade six. She had lived in group homes for a total of approximately six months, but had been in the family home for the past two and a half years. She was living with both parents and a younger sister. Her older sister was living with another relative. Her school experiences were characterized by a general dislike and disinterest in school which led to periods of extended truancy.

Brenda was struggling to come to terms with the diagnosis, and, initially, was not confident in talking about dissociative disorders because she felt she did not have enough information about dissociation to competently speak to the issues. She was, however, very open and articulate in discussing her experiences.

Christie

Christie was seventeen years old. She was in grade ten, and was experiencing a lot of frustration with both the content and the expectations of high school. She had repeated one grade in junior high school. She had been diagnosed with a dissociative disorder two or three months earlier. The

referral for counselling was precipitated when, at the suggestion of a previous boyfriend, she told her mother about her experiences of dissociation. She was living at home with both of her parents and a younger brother. She characterized her school experiences as wrought with confusion, frustration, and failure.

Christie was depressed at the time of the first interview, but became increasingly animated and confident about sharing her experiences throughout the process. While she expressed difficulty with explaining her experiences, she was able to clearly articulate the type of support that might be helpful for her.

History of Abuse

Each participant reported a history of childhood sexual abuse. Two of the participants reported incidents of further sexual victimization as young teenagers. Additionally, each participant had been involved in ongoing relationships or situations in which physical violence was a factor.

Allison talked about a history of violence in her relationships with boyfriends.

Allison: And I realized that I usually went out with people
           like that and people who looked like the people
           that hurt me, and so that's what flipped out
           because I'd always beat them up or whatever and
           they used to always hit me and everything. They
           started it, but I finished it kind of thing. The

> *first time they hit me was the last time because I just flipped out... In grade ten, I was beat up by a boyfriend and chased around with knives and everything.*

As well, she had experienced physical and emotional intimidation by a group of students while in junior high school.

Allison: *'Cause there were, I had black people from (a neighbouring community) after me, and so they (her parents) were worried about me about that. And so there was a whole bunch of black people who I don't get along with very good. So, they used to beat me up and get after me and whatever, and call me names.*

Brenda's relationship with her sister was extremely violent, and resulted in the need for one or the other to live outside the family home.

Brenda: *I was constantly fighting with my older sister when she lived here. We had gotten into fist fights. She had broke my nose... (T)here was another fight where Joan (her older sister) had tried to kill me. She had had her hands over my nose and my mouth where I couldn't breathe, and I have really bad asthma. And, uh, my little sister had run down and seen us, and this, that was the first fight she's actually seen me and Joan fight. We were on the floor just pounding each other's heads in. And, ah, she didn't know what to do at the time. So she just, she was screaming, and so Joan let me up, and ah, and I ran up to get my puffer, 'cause I, 'cause she, she just took her hands away from my face so I could breathe. And, ah, I couldn't, I didn't even have the energy to run upstairs to my room, so I had to get Karen (her younger sister) to run upstairs. And then she took the phone and hit my finger really bad. She broke my pinky finger. And*

> *then we got into it again.   And then Karen came*
> *down and called Mom and Dad.*

After Brenda had been charged for assaulting another young woman, Brenda was threatened with physical violence by the woman's friend.

Brenda: *(A)fter that had fight had happened, her best friend was after me, know to fight me.   And I didn't want to fight her.   Like, after that, I was just "I hate fighting".   I don't know, it just all of sudden came over me, like, I hate fighting.   I'm just too mature to fight.   Like, I too old to fight... And a few weeks ago, she, I met up with her best friend.   And she was quite drunk and she started with me, and she hit me.   And I, uh, when, I'm not, if somebody hits me first, I'm not going to sit there and let them beat up on me, so I stuck up for myself.   And, I had come home and had told my mom what happened, and I never had a bruise on me.   She had bit me in the arm.   That's about all. I never had a bruise on me, so.   But if I, if we could have resolved that another way, then I would have because I don't look to violence anymore.   You know, a few years back, I would have, but I don't anymore.*

The relationship between Christie and her brother remained violent, although she said that the incidents of physical fighting were less common than their verbal arguments.

Christie: *(W)e argue a lot, but when we get into big, like when we fight, it's a big fight!... (H)e's really aggressive.   He had a lot of problems as well.   And so he'll take his frustrations out by, like, hitting things, and hitting me, and, you know, using weapons, and, like...   He came after me with steak knives before, and, like just whatever, just*

he, just gets into this state where he's so
angry... The last time we got to a fight, I was
coming back from a Karate tournament, and we
stopped at (name of restaurant) for lunch, and, ah,
my brother and I were fighting and he grabbed me
and pushed me in front of a van. And then, ah, he,
he was kicking me, and then he was in the front
seat, and he flew (laughs) into the back seat and
tried to, like, hit me again, and he just, he goes
crazy. Like, you can't control him.

Dissociative Experiences

Understanding the Diagnosis

Each participant had different experiences with coming to

understand the diagnostic label by which she was now being

identified. While all of the participants had recently been

identified with a dissociative disorder, each brought a

different level of knowledge and confidence about her ability

to articulate the impact of the diagnosis.

Each participant reacted differently to the experience of

being diagnosed with a dissociative disorder.

Allison: *I think, I don't know, I knew before I was*
          diagnosed because, I think, I would just flip out
          for no reason, I wouldn't remember what I did... I
          think it was, I think it really started in grade
          ten but it was before that. I could hear voices
          before that, and I just, I just flick, there, all
          the time, I just flick back and forth all the time,
          and I just switch back and forth.

Brenda: *(I)t's kind of hard for me to explain that because*
          I just found out a few months ago that I just had
          it, and, uh, when I first found out, I felt alone,
          scared, you know, that nobody else knew what I was
          feeling or nobody else knew what was going on in my
          life... I didn't even know there was such thing as

disso-- dissociative disorder but, um, until I had found out that I was actually diagnosed with it. Um, so I had, I guess it's been going on for six or seven years now... Um, when I found out, I was, I was in shock, but then again, I wasn't because I knew something like this was going to come towards me, just the way my mom was talking to me. But, it was, I guess you could say it was more of a surprise.

Christie: *I always kind of knew there was something wrong because I always heard these voices in my head and stuff... Well, I didn't really know what it was, when he first said that that's what it was. I didn't, I didn't even, I never heard of dissocia-- disorder, or whatever, before. So, I don't know if it was a surprise or not because I didn't know what it was.*

Brenda was still struggling to come to terms with what the diagnosis actually meant for her.

Brenda: *I'm seeing a psychiatrist now, a counsellor, and she showed me a video on Tuesday on it. Well, it was more or less multiple personality disorder, and dissociation disorder and multiple personality is almost the same... I need to understand it a bit more to, like I want to re-- do a lot of research on it so I can understand it a lot more than I do now, and so it'll also help me... If I, if I, I think I know more things about it then I would, it would help me understand it, help work around it without working with it right at the time.*

Each of the women discussed aspects of the diagnosis that they felt were likely to be misunderstood by other people.

Allison: *But, it's real, you know. It's, there are people out there that have it worse than I do, that are worse off whatever, but, I mean, they don't understand that it does exist and it does exist close to them.*

Brenda: I make sure that they, like, don't think I'm crazy because I'm not crazy! Nobody's crazy with it! It's just it's a fact of life. It's something that happens in some people. Like everybody has a dissociation disorder, just not as bad as other people. People, like, can control it, you know?... It's not that they have dissociation disorder, it's just everybody dissociates a lot. They may not, they may not have been diagnosed with dissociation disorder, but they, everybody will go off in their little dazes and they dissociate. Like, they're not diagnosed, they may not have it, but it's hard to, like I was talking about this the other day. Um, just, everybody has their own safe little place, where they feel comfortable. It's just people don't go to it as often as people with dissociation disorder do.

Christie: (I)t's hard for people to understand, too, is that, like, each state is different, right? And so, like, I may do or say something, like, I may have done or said something this morning that was a different state that I would never say now. And so you have realize, like, you have to realize that, I don't know, like, it's two different, basic, it's almost like two different people are saying it.

Brenda: And just because you have a disorder that makes it look like you have, or either if you have multiple personalities, it doesn't mean that you're crazy, just because there's two different, or three or four different people living inside of you.

Metaphorical Understanding

Each participant was most comfortable in sharing her understandings of dissociation by using metaphors to explain her framework for organizing her experience or in describing the experiences themselves.

Allison: (W)hat we described it is I'm in a field and I have all Samurai swords around me and I'm in the middle, and, um, I can see out through the cracks and I can see the personalities all around me and I got two above me that just talk to me constantly like to

> re-insure me, like, to make me feel better and I
> can see their, and just, and I don't have an idea
> on where my playful part is. I know I have one,
> but I don't know where it is in the circle.

Brenda: It's just, like your mind separates. My mind
separates from my body like I just go off on an
island, and I gotta learn how to expand that island
so I can start looking at the rest of the world
instead of just being in my own little world.
'Cause that's what I do. I just go off on my own
little island and I just ignore everybody... (T)he
way I see this little place, it's a, I feel safe.
Um, where no one can hurt me. There's no one
around. It's quiet. It's by the ocean. I love
thinking by the ocean, so. Um, it's not a big
island. It's more or less just fit for me, you
know? It's what I like and stuff. There's, it's
warm, it's safe. It's nice, it's a really nice
clean island. There's no pollution (laughs) or
nothin'. It's, just, gives, it's nice. It's kind
of hard to explain because it's in my mind, and
it's, I can't really explain it. But it's
somewheres where I go that I feel safe.

Christie: For me it just means that I have to have different
parts of me to deal with different things. Like,
not all of me can deal with things. Like, there's
a part of me that can only deal with happy things,
or sad things, or things that will make me angry.
And that's why I have those different parts because
that's all they can deal with.

Brenda described her experience of change from her former

ways of reacting and responding to her circumstances.

Brenda: Things just keeped on coming in, and I kept on
bottling them up, and, then one day, the bottle
just exploded. And I didn't know who I was, or
where I was going, or which way I was going, or
where my life was, or anything like that. I was
just stuck. In one place, didn't know, like, it's
like I had amnesia. I didn't who I was no more. I
didn't know where I came from. I didn't know
anything... It's more or less like, when I
exploded into all them different parts, that person

> *that came out, I didn't know. It wasn't me. It*
> *was, it seemed like another person.*

In describing what it was like for her when she was hearing conflicting voices, Christie used the metaphor of a game of tug-of-war.

> *Christie:* *(I)t's things that I would never normally do. But,*
> *and I know that when this state comes out, I know*
> *that I'm gonna do mean things, say mean things, not*
> *wanting to, but I know that it's going to happen.*
> *And there's sometimes that when it does happen,*
> *like, I can remember times I would try to kill my*
> *brother by trying to suffocate him to death, and I*
> *would, I would know. It was like I was looking*
> *down at myself doing it, and that, like, "Christie,*
> *you have to stop. Like, you're going to kill him".*
> *But it was like, it was like a tug of war. And,*
> *it's just, like, the bad part is saying "No, keep*
> *doing it!"... And then my self saying "You have to*
> *stop." It's, it's hard.*

Awareness of States

Each of the women experienced different levels of awareness of her parts of self, as well as a variety of ways in which that awareness became conscious for her. The experiences of her different states was distinct for each participant.

Allison described nine states of which she was aware. Four of these states were male. The aggressive part was named David and was the superior state of whom all the others were timid. Allison talked about her powerlessness when her aggressive part was in control.

Allison: *I could see it, but I couldn't do anything about it*
'cause he's like the most powerful one that I have.
He is.   He's really, really strong.

Her depressive part was the one who hurt her the most,
engaging in self-mutilation. Her thinking part was capable of
staying suspended in the air and deep in thought for extended
periods of time. This part was logical, creative, and very
intelligent. Her playful part was also male, and she had only
recently become aware of his existence. She described a part
that was curled up in a ball crying. Ellen was a part who was
holding a baby and who provided Allison with comfort and
nurturance. A writing part was important in helping Allison
to communicate with the other parts of herself.

Allison: *It's like a writing part.   I don't do anymore, but*
it's when I was getting to know my other
personalities, I wrote alot.   (My therapist)'s got
all my papers and everything.   It just helped me
understand how each was feeling about me or each
was feeling about what was going on or whatever,
and when I came to, I'd read it and "Wow, that's
really good writing", but besides that, it helped
me understand what he or she was feeling.

She also described two personalities who were above her and
provided constant reassurance.

While she was able to articulate the presence of these
different states, how she experienced the awareness of each
differed dramatically depending on the circumstances which she
faced and which state was in control of the situation.

Sometimes Allison was an observer to the events that were taking place.

Allison: *(S)ometimes, you just, you don't know where you are, like it flicks, kind of, like your states flick. I know what state I'm in, like, I can see it in my eyes, but I have no control on what the words are coming out of my mouth, what I did, um, my movements, I have no control over, but I know, like, I can see, um, just like I know, um, like I can see, um, you know what I mean?*

Other times, she had no memory of what had happened while another state was in control.

Allison: *Sometimes I don't have a recollection of what I was doing, where I was, what I (unintelligible), and I snap out of it and come back to the center, like, me, and I just don't understand how I got there and how I got into trouble or whatever.*

One of the ways in which she sometimes became aware of events that had happened was through dreams.

Allison: *Sometimes I'm above myself, you know, I'm up there, but I'm here, you know what I mean? My body's here, but my whatever is up above me and I can see it happening. And I dream about it and I'm looking down at myself so it's really weird... Like, come back to what I've done, for what happened. I can see myself looking down, you know, and all I can see is the top of my head, like, my actions, whatever. That's basically it.*

Allison described the experience of having taken LSD before she entered therapy. Once she had been diagnosed with

a dissociative disorder, she understood this experience to be an awareness of her different parts of self.

Allison: *I was on acid and I was frozen in a little ball like that, and that was the personality that's curled up in a ball and crying. That I was to, then, 'cause my friend like, one of my guy friends was sitting there and watching all this. He'd pick me up and I started swinging at him. He put me back down and I started, I don't know what it was. I think it was a stick I had in my hand and I started slicing myself up. And then I started talking to myself then I started crying again and then I looked up and I was myself and when I looked down, I was different, like, I was one of my other personalities... So, that was a neat experience, though. Being myself when I looked up, being somebody totally different when I looked down, so.*

When she changed from one state to another, she experienced a different sense of her body and her emotions.

Allison: *When I lose my temper I, when I switch states, um, like, I know, that it's a state that's just different. Like, the body, the way I move, is different. The way I think is different. It's like, I hate this person. I'm angry at this person. I hate everybody, kind of thing, right?... I can see, you know, I can see, but they're not my words or my actions. I can see out of my eyes, you know? It's funny... I feel my body change. Like, the whole inside, like, sometimes I feel like I'm getting bigger, you know, kind of thing. And that's what, like, not my depressed state, but my aggressive state, I can feel myself getting bigger and bigger, you know, and feel, I don't know, my chest gets bigger, and you know, it feels like my head's getting bigger and everything. You know, and when I'm in my depressed state, it's, I'm all curled up, you know. I don't say too much. And I just kinda try to sort out the problems, and if I can't, then I just (unintelligible) I guess.*

Even when Allison was present to the fullest extent of her experience, she did not feel in control and was never alone.

Allison: They're still present, but just at a calmer level.

Brenda experienced her states in terms of separation of each part from the other.

Brenda: (I)t was like two, it was, two different people, but it was really me... I'm there, but I'm not, you know. I hear, like, two different voices in my head all of the time.

Brenda also had times in which she was unaware of her actions in a particular situation, and for which awareness came only later.

Brenda: (T)here are times when I black out that I don't realize what I'm doing at first, but, but, I, sometimes I'll click out of it and finally realize it, and then I'll stop right away.

Other times, she may have been aware of her surroundings, but she was unable to respond to those around her.

Brenda: I can hear the echoes. Like, if I'm on my, like, my little island there, I guess you could say, and if somebody yells my name, I can hear echoes, but I, it's like they can't hear me. And like, I'm screaming in my head saying "What? What? What?" nobody can hear me.

Christie was aware of the different parts of herself, but, having only recently started therapy, the states were not able to communicate with one another.

Christie: *(T)hey know about each other, but they don't, like, like, um, I don't know.   (They're not working together?)   No.*

While she may have been aware of the way a particular state was feeling, she could not control whether or not another state would be in a position to counter-balance the reactions or responses of each state.

Christie: *I just can't, can't contr--just like, it's like, it's not me, it's like something else...   (I)f I was to become in a real angry mode right now, I would, like, be aware of it.   Like, I would know that I was mad, but I wouldn't--it's like, it's really hard to explain.   It's like I, I would know it, but I wouldn't be saying "I don't want to be like this".   But that part of me wouldn't be there. It would just be the angry part.*

When a state was in control, Christie was sometimes aware of changes in how she felt, thought, or acted.

Christie: *(S)ometimes I do know, and other times I don't. Um, just feeling different inside, like, like when I was talking before, just feeling younger. Feeling like I'm ten years old...   Or feeling like I'm twenty years old, or, you know.   At other times, I, I'll have no clue...   You just feel like a little kid again.   You, you don't have, like, I'm seventeen so I have different emotions and think different things than a ten year old does.   So, when I'm in a state of being ten years old, I don't*

> *think about what's going to happen on the weekends... I think about, like, wanting to play, or, so... (Y)ou just feel like a little kid. Like, (her therapist) and I were doing, like, visualization, like trying to see my different states sitting at a table. And there's a little girl, and her feet just hang over the side of the chair, like, they don't, you know, 'cause she's just a little girl. She can't reach the floor.*

At other times, she may have been aware of the change in states, but was not able to stop what she understood to be the inevitable behaviour of a different state.

Christie: *(T)he voice isn't saying "Shoot off to the teacher". But it's like I know that that's what is going to happen, because that is what that personality, like, would do.*

Voices

The experience of hearing voices was shared by each of the women. Each woman shared about the extent to which the voices of her parts of self were always present.

Allison: *They just talk about stuff, like, different things to keep the, like, just, you know, to calm down and stuff like that. The other person really needs their time, this one to calm down, just chill out a bit, you know. Doesn't have to be, you can solve it a different way, whatever, somebody, usually just go for a walk. (When things are OK) They're still, they still speak and come out now and then but they're not as present, you know, until I get really angry at myself, angry at other people, angry at whatever, so then they become really present.*

Brenda: *I'm there, but I'm not, you know. I hear, like, two different voices in my head all of the time.*

Christie: *As long as I can remember, like, it's just been normal. Like, to hear voices in my head or stuff like that, so it's normal... I always kind of knew there was something wrong because I always heard these voices in my head and stuff.*

When Allison was first developing an awareness of the different parts of her self, she relied on writing as a means of communication. However, this had ceased to be necessary because the states now communicated more easily.

Allison: *They became more vocal. When I started going to (her therapist), they became more and more louder and more clearer and everything so I didn't really need it, to do it 'cause I could hear them just fine.*

While she could spontaneously communicate between the parts of her self, she still felt that Allison was often silenced or ignored.

Allison: *But I can switch by myself, no problem. I can talk to each one of them, like just a normal conversation like I'm talking to two people. Well, actually, I am... But I can talk to them, but they have the more power because they are the controlling person.*

Brenda reported the experience of conflict when the voices could not agree on a course of action.

Brenda: *Sometimes I just, well, it's-- with me, I want to go to class. There's a part of me telling me I*

want to go to class, but then there's, I can hear some of the voices, like, "Brenda, don't go to class! Don't go to class!", you know. So I don't know, listen, I don't go to class, so, like, I skip a lot. But, there's, I don't know, it's just, I hear so many voices going every direction that it's just I don't know who to listen, so I get confused... Or if I'm trying to make a decision about something, voices'll tell me to do something different than I want, and then I don't know what to do.

The voices were experienced by Christie in a variety of ways.

Christie: Sometimes it's, like, like you can't make out what they're saying because it's like there's about twenty people talking really loud and really fast all at once. So you can hear the voices but you can't understand what they're saying. And sometimes it'll be like just one voice saying, like if, if it's angry, wanting to do mean things and it's like, it's like telling me to do bad things, or, um, I don't know, like, sometimes it'll, they'll tell me what to do or sometimes it'll be just like a crowd of voices.

Lack of Control

Each participant experienced incidents in which she felt a complete lack of control over the outcome. Two of the participants talked about the fear that accompanied the lack of control.

Allison: Scary! It really does 'cause, um, I have a vi--I have a very violent part and his name's David and he's, he's incredible, like strength and everything... It's weird because it feels like the

other state is in total control, but I'm supposed to be in control, you know. But I can talk to them, but they have the more power because they are the controlling person.

Brenda: *I don't know how to fully control mine yet. You know, I don't think I'll ever will know how to fully control it, but I can control it to a certain extent... (P)eople would have hated me a couple years ago that know me now. It's just I'm a totally different person. And I like this new person rather than the old person. So. But that old person comes back once in a while. Like, there's times I can't control it. It's just out of my control. I can't do anything about it, but it, it doesn't get as bad.*

Christie: *Just when you hear the voices in your head and you know that you're changing states, and you know that people around you can see that. And like, if you're in a public place and all of a sudden you start crying and, and feel like you're really young, then it's like, and you have no control over it, it's scary... (S)ometimes, like if I get really, really angry or something, and people will say, "Christie, like, you know, like, why are you in such a bad mood?" or whatever, right. Then I, I can feel inside myself not wanting to be like that but I have no control over it. So, it's really frustrating... (I)t's like they're taking over me. I can't really explain it.*

Missing Time

All of the participants had significant periods of time for which they had no memories. Allison and Christie could only remember a few things about elementary school, and Brenda could recall nothing about that time.

Allison: *All I remember about being in elementary school is, it's not in school, but it's when I was in junior whatever, I just remember a little blue swing with yellow string. Go figure. I have no idea. I think it was down at my cabin that we have in (another town). Down around there. That's all I*

remember... Grade three, grade three, um, Mrs. White, she moved to (another community), and she used to pick out the black people, and she thought I was black 'cause I used to really dark then. Me and Darlene, one of my best friends then, we were, she's black but I'm not, right? But she picked out the black people and said "well, you can't do this". Right? Then Mom and Dad went to the parent-teacher interview, and she, she was shocked that they were white. Absolutely shocked... I had one really good one (teacher). Miss Zwicker, she used to, she got a whole bunch of us in a play, like a drama play and everything. She was really, really, really good. She'd let us go early, but we'd have to give her ten good reasons why. You know, just kinda, she was really, really-- she was my grade five teacher... (The play was about) birds going--I can't remember, but, like, we have a videotape at home, and I was a yellow bird and we had to roll all over the place and everything. It's something about (unintelligible) or something. I don't know what they were. So it was pretty good.

Christie: I can remember grade three. I can remember my teacher reading us the story of the witches. And my best friend and I thought that she was a witch. (laughs) And I don't remember grade four or grade five (pause) or grade six. I can just remember that I didn't like my teacher. But there's a lot of, I, parts of it I, I just can't remember, like, elementary school... I can't remember going to gym or anything, but I know I had, like I took gym. I can't remember going to music, but I know that we did go to music... I can remember, like, practicing for my Christmas concerts.

Allison and Brenda talked about missing time during their daily activities, and the confusion that this would cause for them.

Allison: I used to go a lot, I used to miss a lot of time. I used to go like "What time is it" and they would go like "It's 2 o'clock" and I'd go "Oh my God", right, "It can't be!" And I'd look at my watch, like, oh, it is, right? And it, um, and I thought

> my watch stopped, but that's like actually what
> time it is, right? It's like, wow, I was here
> since eleven, right? They're like, "No, you just
> got here" right? " No you didn't." " Yes I did."
> And we'd argue about that, and everybody said,
> "Yeah, you just came down here a couple minutes
> ago."

Brenda: *Mom would notice before I would, did. She's said,
she noticed that I, she asked me to come upstairs
and get the vacuum cleaner, and I'd go upstairs and
never come back down. I'd forget two seconds
later... The confusion. With the voices. With,
ah, (pause) How should I put it? (pause)
Basically with just the things that goes on,
running through my head, the changes in my
attitude, not remembering, going some place and not
remembering how you got there, con--it's confusing.
It's hard to explain.*

As well, two of the participants reported the experience

of "blacking out". Allison talked about how she would lose a

sense of herself during this time.

Allison: *(E)veryone has their own emotions, but when my
emotions start to come, I just black out. Like,
I'd like to be just me, you know? Just, like
everyone has their own emotions, but when my
emotions start to come, I just black out. Like
Allison blacks out (unintelligible) people do
different things.*

Allison and Brenda each talked about incidents which they

could not understand.

Allison: *(T)his guy, he just pissed me off and I just had to
get out, and I punched him in the head before I
left and he went down and started laughing at him
because he was crying and I just took off. Nothing
really, actually. I don't know where I went but I
ended up, actually, on the corner of (one street)*

and *(another street), and I was way down at the
other end of (the community), down by the...set of
lights, you know... And I don't know how I got
there, but I got there, so.*

Brenda: *(W)hen I lose my temper, I black out, sometimes,
and I don't know what I'm doing, and I can't stop
myself. I've chased around the house with knives,
um, I'm just, it was different. It was really
weird. I look back at it, and I can't believe I
did it.*

Dazes

Each participant reported times in which she experienced
"dazes". The dazes were characterized by a lack of presence
to or awareness of her surroundings.

Brenda: *I'm always, you know, in my dazes or, you know,
people always think that there's something wrong
with me, and that really gets on my nerves because
it's not that there's anything wrong with me, it's
just I go in my own, I just feel safe in that world
and I like it there. And people automatically
think that there's something wrong with me, but, or
I'm upset or I'm mad or something, but it's not
that.*

Allison: *I wasn't there. And when I was, I just you know
did my own little thing... Just doodling and
looking off to space or whatever.*

Christie: *And other days, it's like I'm in a daze and I don't
know what's going on. It's like I don't even
remember what class I'm in. And, I don't know, it
just depends, I guess, what kind of, like, mood or
whatever I'm in... It's just like I'm the only one
sitting in that classroom, and I don't even hear
people talking and I don't realize there's other
people around me. And it's just like I'm there all
by myself.*

Switching States

Switching from one state to another was experienced by each participant in a variety of ways.

Allison: *I just flick, there, all the time, I just flick back and forth all the time, and I just switch back and forth... But when I go to that (her playful) state, everything turns yellowish, like a yellow tinge and marshmallow-y, like every time you change it goes all marshmallow-y. It feels like the walls go in and everything.*

Brenda: *I get really bad mood swings. I can one minute be in a good mood, and two seconds later, I can (pause) big dark cloud fly over me and I'm just so mad and so upset and angry, and I'll take it out on anybody I see, you know, in my household... Most of the time I don't realize that I drift off. I don't realize it at all. It just happens, and then I forget about it, and then, you know. It's just, just like another home to me. It's, I don't realize I'm there.*

Christie: *(Y)ou know that you're changing states, and you know that people around you can see that. And like, if you're in a public place and all of a sudden you start crying and, and feel like you're really young, then it's like, and you have no control over it... (O)ne minute I would be OK, and next minute, I'll be like the biggest bitch in the world, and just, like, you know, not want to, you know, do anything... And other times, I won't even know. I'll just, like I'll just change and not even realize it... (T)here can be times, too, when I'll just change and then the next day or a couple hours later, somebody'll be like "Why did you do that?" And I'm really, whoa, I don't know, (laughs) I didn't, you know, so it's, it's just different, like it, it can happen in different ways.*

Christie had talked about the difficulty she had with understanding and retaining information that was being taught

at school. She did not know if this was related to changing states.

Christie: *I'm not sure because I'm not sure if, like, if I, like I don't know if I'm changing states during the time that I forget, or like, I don't know... I think sometimes it probably is. But other times, I'm not sure because I'm not sure if I'm changing states.*

Disclosing the Diagnosis

All of the participants talked about the caution with which they told people about the diagnosis of a dissociative disorder. Allison told some of her friends whom she thought would understand, and was disappointed with their reactions. One young man thought it was a bit of a game, and Allison felt this showed a lack of understanding for the pain and confusion with which she was faced. Brenda was not comfortable telling many people, but felt it was important to try to educate those who were closest to her. Christie had only recently told her closest friend, but they did not discuss this because Christie felt more comfortable talking about her issues with adults.

Emotional Impact

Each participant talked about the difficulty she faced in being dissociative, dealing with the circumstances in her life, and being in school. A wide range of emotions accompanied these difficulties.

Allison expressed fear about feeling her lack of control when she was observing other states but was unable to stop what was happening. As well, she said that each of the states was scared of David, her violent and aggressive part. Brenda felt alone and scared, both when she was diagnosed with a dissociative disorder and when she started high school this year. Christie found her dissociative experiences scary because she felt that they should not be happening, and did not know what was going on. On an occasion when she ran into her abuser, she was paralyzed by fear.

Both Allison and Brenda felt that no one was able to understand their experiences. When she told a friend about the diagnosis, Allison felt that a lack of understanding led him to perceive the cirumstances in ways that did not acknowledge her struggles.

Brenda and Christie talked about the difficulties they had with trusting people. Each felt that it was important to begin to trust those who were supportive in order for healing to occur.

Brenda and Christie discussed the extent to which they experienced confusion. They felt they did not have answers to questions of why things were happening nor what they could do to stop dissociating.

All of the women shared experiences of depression. Allison had been very depressed for an entire year because of isolation from her peers. Brenda said that she had been hurt

a lot, and often found herself crying for reasons she could not explain. Christie shared that she had recently started taking medication for depression, but had not yet begun to feel differently.

Allison and Brenda often felt overwhelmed by the circumstances of their lives. Each felt that there had been much pain and hurt, and that it was sometimes difficult to come to terms with all of it.

Allison and Brenda expressed feelings of disbelief about the experiences of dissociation or the behaviours which they attributed to other states. For Brenda, there was a disavowal of the person she used to be. Allison was confronted with a form of denial about what had happened to her. It seemed to her that her father was unable to face the reality of her circumstances and her pain.

Brenda talked about her lack of self-esteem. She related her levels of self-esteem to how she was performing in her classes. When she was faced with work in some subjects, especially math and science, she expressed that her low self-esteem led to poor performance.

Allison said that she sometimes felt jealous of other people. When looking at others, she saw them as whole, and desired to be whole like them.

Christie experienced intense frustration with not being able to understand the information being taught in school. She reported that she could hear what was being said, but

comprehension often eluded her. Even when she did understand, she would often quickly forget what she had just been taught.

In response to situations in which they experienced frustration and failure, both Brenda and Christie talked about becoming very angry and refusing to further comply with the demands of the situation. This was expressed in feelings of no longer caring, and in attitudes of rebellion against authority figures.

All of the women experienced a sense of loneliness and isolation. Each one was glad to know that there are other people who have a dissociative disorder, and each expressed a desire to meet and talk with others who share similar experiences to their own.

Allison and Brenda reported that they felt different from everybody else. For Allison, this was sometimes positive because this difference also made her feel unique. Brenda was uncomfortable with the feelings of difference, and this was amplified while she was in junior high school because she was older than the other students in her classes.

Brenda: *It just seems like people don't understand me as much as I'd like them to, and that's what I want most is for people to understand me and not treat me differently than they treat everybody else.*

Behavioural Issues

Acting Out

Each of the participants had a history of acting-out behaviour. It was these behavioural concerns which eventually led Allison and Brenda to receive help in therapy.

All three women had engaged in fighting and had perpetrated acts of violence against others. Allison and Brenda had both been convicted on assault charges.

Allison: *I got, he (David) got in a fight, whatever way. But the girl had a broken nose, fractured cheekbone, and a re-aligned jaw, like she had to re-align her jaw. And I came to and I had, I was in the home thinking about it and then I started laughing and I got a call to go down to the cop station to take my statement.*

Brenda: *I had got charged for assault. Um, I just beat up a girl down the road there, um, so I got charged with that.*

Christie: *I used to try and kill my brother. I would, like, would literally try and suffocate him. And, like, with my hands over his mouth and nose, or a pillow. Um, get in fistfights with people... I, like hit people before in school but it never, like, broke out into a fight or anything. Just, like, I would just be so angry, I would just punch somebody. But like I don't in, like, I, I never get in fistfights. Just like being so angry and just hitting somebody.*

Allison and Brenda reported involvement in acts of arson, although neither was convicted for these events.

Allison: (What kind of trouble would you get into at school?) Fights, fires, whatever. You name it, I've probably done it. Whatever.

Brenda: I was with a few friends when I lived in over there in (a group home) in (another community). I was, um, they had burned the carpet in my room. So, and we all got blamed for it. And I was at a time when, I didn't want to have, I didn't want to be bossed around, you know, like being grounded or anything like that, so we all took off. And that night, we, they even lit a van on fire. And I had got charged with that, with, as well as them. And, uh, they had dropped all the charges against me because they had no evidence.

All of the women talked about levels of anger that reached the point where they would throw things.

Allison: I'd have holes all through my room and everything, and my brother and sister would be beat up, and my mother would be crying or whatever and, um, school was just the same, and desks would be flipped over and everything, and I didn't know.

Brenda: I wasn't doing very good in school, and my parents pushed me to try to do better. You know, and make me do my homework, but what I said to them is, like, they cannot make me do my homework. I said if I'm wanting to do it, I will do it, right? But they didn't understand that, so they'd ground me, and I hated being grounded, so I'd chuck stuff around my room, ah, and then I just got fed up and ran away.

Christie: I'd just pick up my scribblers and throw them across the room. Like, I don't care. I don't want to do this. I'm just, not care. And just be really angry.

Brenda spent a year in which she was constantly running away from home.

Brenda: (M)y first year of grade eight, I was on the run a
          lot. I was running away from home. I was having a
          lot of problems. I was, um, wouldn't listen. I
          didn't care. I just, I was at the um, I was on the
          edge, I guess you could say. Like I didn't, um, I
          would do anything I wanted. Nobody could stop me.
          I had that kind of attitude... I was never there.
          I was always running away. I was gone for months
          at a time, um, weeks at a time, days at a time, you
          know, it was just.

Allison and Brenda engaged in self-injurious or suicidal

behaviour.

Allison: The one that hurts me the most is my depressive
          part like razor blades, knives, whatever I could
          find, right?... 'Cause I'm gonna have scars, like
          I got scars all up here (pulls up sleeves), up here
          (pulls up pant legs), my throat, my back, my
          stomach. My legs are, got like, I don't know, I
          burnt myself with a curling iron and razor blades
          all down my legs...

Brenda: I was so angry inside I, I attempted suicide. I
          had many suicide attempts.   Um, I went into
          depression. I've, I've stopped eating.

During the year that she characterized as her most

difficult, Allison began taking drugs.

Allison: (B)ut grade nine I got into drugs and everything...
          (T)hey started giving me dope, like "Come on, take
          this", right? And me, I just wanted to fit in,
          like, be cool with them and everything, and so I'd
          do it, and that's how I got myself in a whole lot
          of shit, I guess.

Christie described being verbally abusive with others.

Christie: (J)ust being really mean, and just being angry with everybody. Not want to do anything... Just shoot off to people and just be like, like really sarcastic, and just, like, I don't know, be mean, I guess.

The participants faced a variety of consequences for their behaviour in school and in the community. The schools responded with frequent suspensions, detentions, extra assigned work, and calls to the police.

Allison and Brenda were each sentenced on the assault convictions to probation and serving community service hours. Allison was also ordered to undergo one year of therapy, and Brenda was required to write a letter of apology to her victim.

Christie talked about the issue of responsibility.

Christie: But you know, but you have to take the punishment because there's only one you (points to having only one body). (sighs) I don't know. Confusing.

Coping Strategies

Each of the participants drew on a wide variety of strategies in coping with the circumstances in their lives. Each woman talked about taking time away from a stressful situation in order to calm down.

Allison: It takes a lot to, like I am now, it takes a lot to be like this. Like, if I lose my temper, I just totally flip and it takes a lot for me to calm myself down. Like I'd have to go for a walk and

> *get away from people, get away from everything and come back about two hours later, and just say "I'm better now" or whatever... And ignoring people that chase me, like they chase me half way down hell's creation, I guess. I don't talk to them at all. They just watch me. That's it. Just to make sure I'm OK and I'm not doing nothing stupid, so I just kind of sit there and just look and then I walk back... There'd be yelling at first and we'd both go our separate ways and cool down and then come and talk to each other... I just either go for a walk or just go up my room and turn on music and put on my headphones. Or go have a bath. Whatever.*

Brenda: *I just found a safe place where I liked to be, and then I made it out to be my own mind. Like, I drew the picture. Um, I put whatever I wanted on that island. If I wanted to see food, a great big table of food right in front of me, I could picture it in my head, and food would be there, you know. It's, it's, like, I drew it out to be my island. Nobody, nobody's else's, you know? So it would be safe for me... 'Cause that's what I do. I just go off on my own little island and I just ignore everybody.*

Christie: *(O)ne of us will just leave and go into, like, our room, and whatever. And then we'll just go without talking to each other for a while...*

Before Brenda began therapy, she felt that she had relied too heavily on her safe place because it allowed her to ignore her problems.

Brenda: *(W)ith me, I just chuck them over my shoulder and put it on one side of my mind, and then I block off that side of the mind. And then I'll just, I block off all the bad things and I keep everything inside. I don't like talking about a lot of things that goes on in my life, um, unless I really trust the person. But even if I just talk to them, it doesn't help sometimes.*

Allison felt that her parts of self provided her with creative ways of solving problems.

Allison: *They can make, like each part takes a different problem and deals with it in its own way. That's a good thing, too. And they have different ways of solving their own problems, but when it's finished, they do a good job.*

Allison and Brenda believed that it was important to have someone with whom they could talk about their problems. Allison's principal made himself available for her while she was in school.

Allison: *I'm really good friends, I guess friends, yeah, with the principal, Mr. Potter, 'cause we, him, for the past two years, I've been in trouble and everything, and now he says "anytime you got a problem, you come to me and we'll handle it. And we'll talk to the person about it, and we'll do it together", kind of thing. So now, anytime I got a problems I just go and talk to him. He will, he'll actually say "Look, I gotta go talk to her for a second", 'cause he knows when I lose my temper it means trouble for everybody, and more myself. So, he'll talk to me, get me calmed down, get to the bottom of the problem...*

Brenda: *(I)t's helped me more with, cope with my problems instead of run away from them as much as I do. I still go to that island, but there I find I can talk about them, and let them get out but, how should I put this? Um, (pause) it's-- Oh Gosh, I can't find the words. (pause) Um, it's not good to keep all your feelings and problems bottled up inside because the more problems and feelings you have bottled up inside, the worse you're going to get. The more you want to go to this island. And having someone or something that you feel safe and secure in warm, and you know, um, makes it a lot easier on you so you can talk about your problems with someone else. It helps you deal with it*

> *better.   I find it helped me a lot. It makes me*
> *realize I'm not alone and I can talk about what's*
> *on my mind without people thinking any differently*
> *of me...   Just not to think of yourself any*
> *differently. Just take day by day. Work with the*
> *problems instead of run away from them.   That's*
> *basically it.*

Allison said that at times when her parents were not available, she would talk to her dog.

Allison: *(S)ometimes my parents were, like say, working in*
the night time a lot, and I'd talk to my dog and my
dog would sit there forever and just listen or
whatever. And I would just, you know, and give me
kisses if I started to cry or things.

Allison's therapist provided her with techniques to deal with her self-injurious behaviour and to learn to calm herself when she felt threatened.

Allison: *He (her therapist) helped me with that, like he*
gave me a glass bubble and a dream catcher and
everytime someone bugs him (her depressive state),
he just goes to sleep, so he was really pleased
with meeting him because that was the one that hurt
me the most...   (It) really helped me because the
one that was more, I don't know how I'd say that,
the one that was more prominent, I guess.   He'd
come out more.   'Cause I'd let him 'cause it was
easier to deal with him than to deal in my mind
with my problems...   And just like techniques to
calm myself down 'cause I can't change what
happened in the past, but I can change what happens
in the present and in the future.

Brenda felt that learning about dissociation was important in developing new ways of dealing with problems that arose in her life.

Brenda: *I'm learning more about it now and since I'm learning more about it, I'm learning how to cope with it and to, to deal with it and to accept it. And also, like I'm not, I don't take out my anger on other people as much. I more or less just, I talk about it instead of yelling. If it's not with my parents, it's with one of my friends, you know, so, I don't, I'm not as angry inside... But it's something that affects your life and you need to know what it is, to understand it and how to deal with it. It's a lot easier now that I know more about it than I did when I first found out... (W)hen I come up with a problem, I brainstorm it in my head now without, you know, arguing or fighting about it... (E)very day that I learn more about it, I think up a new way to deal with it. Or deal with my anger, or I'd write down stuff. I'd write stuff down to someone. I write diaries. I have a diary. Um, I not only write about my feelings in there, either, I write, um, everything.*

Christie felt that it was important to be assertive, but also believed that this was often misinterpreted as rebellious behaviour.

Christie: *Like I have a teacher, my math teacher in grade nine, my first in grade nine. He was really sexist, like thought girls couldn't do anything, and, you know, should stay home and cook. And he would call the girls "sweetie" and "love" and everything all the time. And, like maybe some girls don't mind that, but me, my name's Christie. Call me Christie! Like, I'm not your sweetie. I'm not your love. So I would say that to him. Like, he would say something and I would say, like, he'd say "Oh love, come and do this on the board". And I would say, "No. My name's Christie." Right? And I wasn't saying it to shoot off... I was*

> *saying it, like, I don't like it when you call me*
> *that. And so him and I got in a lot, a lot of*
> *arguments about that. And, or when he would make*
> *comments about; um, like degrading women. I would*
> *always kinda speak up because I didn't think that*
> *what he was saying was right. And, of course, I*
> *would get in trouble for speaking my mind. But I*
> *don't think I should have got in trouble... 'Cause*
> *if he can say things like that, then we should be*
> *able to defend ourselves.*

Relationships

Family

Allison talked about the awareness she now had about the importance of her family in her life. She felt that she could not have survived without their love and support, but she had believed for many years that they hated her. She felt that she could openly discuss almost anything with each of her parents, but that neither of them were able to understand her dissociative experiences. For several years, she was violent with her younger brother and sister, but she said that they were now getting along. They still had disagreements, but were able to work them out.

Brenda said that she and her parents were getting along better now that her parents were showing respect for her decisions. She had been very resentful toward them for having placed her in the group homes, but understood that this decision was made in an attempt to provide her with support in dealing with her problems. Her relationship with her sister, which was historically very violent, remained contentious, but

Brenda expressed deep concern for her sister's well-being. Brenda felt that her sister was not receiving help for her problems, and that they would not likely be able to have a stable relationship until that happened. She said that her mother was now not only her mom, but also her best friend, and was able to understand her issues.

Christie talked about the fighting that was still occurring between her and her brother. She found it difficult to talk to her parents about her problems with school because she felt they did not understand her frustration. Christie said that she felt very close to her mother, but did not feel comfortable discussing her dissociative experiences with her mother. She and her father had never discussed the diagnosis nor its implications.

Friends

Allison talked about the isolation that she often felt, and characterized herself as a loner. She said that, while she currently had many acquaintances, she did not get along well with girls, and characterized none of the young women with whom she associated as friends. In junior high school, most of her friends had been male. Throughout her difficulties, Allison felt that she was completely alone except for the support of her family. She acknowledged the impact of having been ostracized by her peers by recognizing that, in junior high school, friends mean everything. On a

daily basis, she faced the people who had rejected her, but said that she felt she had come too far to go to the level where she believed they still were.

Brenda had recently undergone a major change in the pattern of her friendships. Many of her former friends had either dropped out or were getting into trouble at school. When she was in junior high school, her friends played an important role in her life. At that time, Brenda preferred the company of her friends to that of her family. She was currently satisfied with the newer relationships she had begun to develop in high school. Her current best friend was very supportive and their relationship became even closer once Brenda had told her about the diagnosis.

Christie said that she had always gotten along well with her classmates and friends. She had maintained a number of relationships for many years, including a friend who had been with her since they started school together. This relationship had only recently ended, and Christie felt it was because they had begun to gradually drift apart. Her current best friend was supportive, but Christie did not feel comfortable discussing her private issues with her friend.

Boyfriends

Allison spoke about several boyfriends who had beaten or abused her. Brenda had felt supported by her boyfriend when she was first diagnosed with a dissociative disorder, but they

had recently ended their relationship. Christie had been in a relationship with a young man for almost three years. He was the one who suggested that she seek help. Their relationship had ended, and Christie was seeing another young man.

Educational Reflections

Attitudes toward School

Allison reported that for most of her school years, she had not been present, either mentally or physically. During junior high school, she was frequently truant, and her parents considered removing her from school because she seemed to only be getting into trouble and was not doing any school work. When she did attend classes, she found them meaningless and boring. The only classes in which she was able to stay aware of her surroundings were those which she found interesting. When she was present, she was able to achieve high marks. This year, Allison was getting high marks in all of her courses. In her last year of school, she felt that she was finally receiving the emotional support from school staff that might have made a difference had intervention occurred while she was still in junior high school.

Brenda said that she hated school, but that school was something that she had to do in order to get somewhere in life. Her junior high school years were marked by extensive

truancy which led to failing grades. For one year, she committed herself to completing all of her work and attending all of her classes, and she had achieved high marks. Since that time, she said that she did not have much patience for school and was not willing to sacrifice the time that would be necessary to maintain high marks. She said that the current determining factor for marks was now how much she enjoyed a particular course. However, she also stated that her self-esteem was related to her school performance, and so experiencing success may have contributed to her enjoyment of a class.

Christie found school an overwhelming experience of frustration and anger. She found that much of the information was incomprehensible, and very few teachers were either willing or able to take the individual time she believed she required to come to an understanding of the course content. She found school discouraging because she went all the time and tried hard, but still failed. Christie had one teacher who was able to help her understand the information, but this required a level of time and patience that she felt most teachers could not invest in each student. She was currently struggling with the expectations of high school. She felt that teachers now had even less time for attention to individual students, and were less likely to take the time to carefully explain what they expected from their students when assigning work.

Problems in Education

All of the participants identified teachers' lack of
knowledge about dissociative disorders as an issue which
needed to be addressed. The lack of knowledge meant that
teachers would be unlikely to recognize dissociation in their
students, nor be able to deal effectively with the problems
experienced by dissociative students. Brenda felt that the
lack of knowledge extended to include other diagnostic
categories, including ADD, which could lead to difficulties
for students.

Brenda: *(T)hey're scared of that (ADD), too, I've noticed,
           like they're just, they don't know how to deal with
           hyperactive or dissociation disorder. I just, I
           just don't think teachers are skilled enough to
           know exactly how to deal with students like that.
           And I know that there's, there are a lot of
           students in the school who have the same disorder
           as I do. Just don't know how to deal with it
           because, kids get out of control! And they don't
           know how to stop it.*

Allison and Brenda believed that teachers need more training
to deal with those students whose behaviours are disruptive to
the learning process.

Brenda and Christie talked about the lack of time taken
by teachers to get to know their students, to develop a
personal relationship, or to provide the individual attention
required by students experiencing difficulty. For Christie,
this was especially problematic because of the impatience of

teachers that she encountered when she could not understand what was being taught.

Each of the participants felt that the ways in which her classes were organized in high school resulted in a lack of openness to pursuing personal relationships between teachers and their students. This left the women feeling that their teachers did not care or were unavailable to support them with issues that impacted on their school performance.

Allison believed that there was a need for more black teachers in the school system. She felt that this would help to address the racism which had been experienced by her black classmates, and would provide them with role models from within their community.

Allison: *I think that they should have more black teachers*
            in the school. 'Cause there's people there, like
            black people that do act up in classes with white
            people because they're prejudiced, but if they had
            black teachers that weren't prejudiced, they'd have
            role models besides their parents, or whoever, to
            kind of, you know, kinda look up to, kind of thing.

Best Teachers

All of the participants were enthusiastic when discussing their best teachers.

Allison: *(H)e used to always sing us songs and make shadow*
            puppets and everything, and so he used to be really
            entertaining... And he's just funny, so, and he'll
            help you with your work. A lot of teachers didn't
            help me at all with my work. Like, when I needed

help, it took them an hour to get to me and by that time, class was over. So, every time I'll put up my hand, like I kind of earned it, that he comes over to me. And does it because I work really hard in that class. So when I put up my hand, he comes over and he helps me. So that's about the best thing or whatever... And he'll talk to me if he sees me out in the hall, and like "Hi. How are you doing now?" and whatever, right? Because one time I went to his class crying for some reason, ever since then, he says "Well, how're you feeling? How're you doing?", whatever.

Brenda: *She knows a lot about me. If I ever had anything on my mind, I'd go talk to her... She made me think that life does go on, and I, and I don't always, you know, it's something that's always going to be there but I don't have to, but I don't have to think about every single sol--like every day. She made me realize that I'm not (pause) that I, I shouldn't be pushed around by guys, or anybody, you know. I should start sticking up for myself. She put me, she put me on the right track in my life, and I, I'm so grateful to her... It's, she, more or less she wasn't just a teacher, she was more or less a friend. She made the class fun so people would want to be there... She more or less didn't always act like a teacher. She explained stuff like she'd even do the actions to show us, ah. There's days we wouldn't even work on health. She'd tell us jokes the whole class. You know, um, she, she was always there for us when we needed her.*

Christie: *He would like, just sit down with you one on one, and keep explaining it and explaining it until you understood it. And he would like try every different way to explain it to you... And he was, like, like, down to our level, like our age level, so he would talk to us so we'd be able to, like relate to him, like he wasn't one of these teachers who like, just, you know, like he would, like, make us enjoy going to class... (H)e'd joke around with us and stuff. And just talk about, like, ask us, like, what we did on the weekends and stuff. Like we was interested in, in what we did. And like, there, there was times when we were all, like, wow, we just don't want to do math or something. Like, this wouldn't happen all the time, but he would just say OK, and we would just like sit around a table and talk for the period, like about whatever like people in the class wanted to talk about.*

Like he was just like, he was the teacher, but at the same time he understood, like, he understood us. (pause) He was just really easy-going.

The participants discussed both the personal qualities which were demonstrated by these teachers, and the classroom atmosphere that they created.

Each participant felt that her best teacher was more like a friend for her. While the teacher-student relationship was intact, there was an aspect of the relationship that moved beyond that which she experienced with her other teachers. These teachers displayed a flexibility about their own agendae that left room for exploring issues of interest with the class, even if the issues were not strictly related to the subject area of the course. Each of the teachers was described as having a sense of humour and was willing to joke with the students. The teachers developed a rapport with their students by being open to listening to the students, understanding the issues with which each was dealing, and being concerned about their emotional well-being. They were supportive, empathetic, and sensitive. They were characterized as being friendly, down-to-earth and interesting people who cared about the life of the student beyond the classroom, and who were willing to share about their lives and experiences.

In their approaches with students, the best teachers were patient, helpful, responsive, and fair. Their encouragement instilled a sense of hope in the participants.

The participants described their best teachers as creative in their approaches to teaching. This made the class interesting and entertaining. As a result, the participants felt motivated, encouraged, and challenged in the classroom.

Worst Teachers

The teachers who were identified as the worst in the experiences of the participants were often described in opposition to those whom the women felt had provided them with appropriate support. The list of adjectives to describe these teachers was both long and negative.

Allison: *It was only because he was so boring, and he's just boring, like, there was nothing, there's something about him. It's just the way he looks at people. It's just something about him. Like, I don't know how to explain it, but there's something about him... I don't know what it is. I just, I feel really uncomfortable with him around me or anything. I don't know how to describe it better.*

Brenda: *Miss Newton more or less didn't care... She, she just, she doesn't like kids as much as a normal teacher, like, the other teachers do. She's just not the type of person I'd rely on or talk to. She just, really mean... She'd never explain stuff to us. We'd always have to figure it out for ourselves. She never actually took the time to get to know any of her students. Like, she knew all our names and stuff like that, but she never took time to get to know us. Um, it's, it's, I can't really explain it.*

Christie: *(M)y grade eight math teacher who didn't, he didn't get along with anybody in the class. He, ah, he would tell us we were stupid, and would say, like, I remember I would have my hand up and, like, ask him to explain it again, and he wouldn't. Like, he would only explain something once and if we didn't understand it, too bad for us type of thing. Um, and he, he would tell us that the people that couldn't understand something the first time, well, there was just no hope for them, and he had to move on. Like, he was, he was a jerk. I didn't like him.*

The worst teachers were seen as boring, impatient, mean, unfriendly, rude, and disrespectful. They failed to demonstrate understanding, openness, caring, creativity, nor a desire to know their students.

In their approaches with students, these teachers were not helpful. Each of the participants was subjected to name-calling, insults, or ridicule. As well, one participant had a teacher who inappropriately touched the female students, another who threw things at the students, and two participants dealt with sexist or racist treatment. The participants felt uncomfortable, confused, and discouraged in classes taught by their worst teachers. For one participant, the issue of safety was paralyzing because of the teacher's inappropriate attention to female students.

The Participant as a Teacher

As a teacher, Allison would want to create an open relationship with a student, and emphasized the importance of understanding the reasons that a child might act up in class.

Allison: *Most teachers don't know. If you have a dissociative disorder, they wouldn't know. And, I mean, they're not trained to know... Probably take him outside and just talk to him for a little bit, and ask him questions like "How are you doing?" and "Why are you acting up?" and everything, and, (pause) I have no idea... I wish I had more teachers that were more open, really. If I had a problem, I could go talk to them about it. Like, they'd be really nice to their students, like actually, like well "what'd you do this weekend?", you know, kind of a thing. Like, more of a friend than a teacher. You know, someone that it would be easier to talk to if you had a problem. I think that would help a lot... More, better teacher-student relationship kind of thing?... (A)nd if they act up, just tell them to, ah, you know, and that's all I can think of...*

Brenda felt that as a teacher of a dissociative child, she would need to be patient and fair. She would also want to communicate with the child's parents.

Brenda: *First of all, if I was a teacher, I have, I have a lot of patience for kids. And some patience for teenagers. But, you know, I've, learned to have more patience, um. But if I was a teacher, and I had a student in my class that had or I noticed that had the same, similar, ah, what's the word? (pause) I guess you, I don't know, similar reactions or similar things that I had gone through when I had first been diagnosed with dissociation disorder, um, I'd speak with the parents, on his behalf, ah. And then I'd also, I would, I wouldn't treat him differently. I would be there for him or her.*

Brenda re-iterated the importance of being knowledgeable about dissociation.

Brenda: *I would, I, I'd more or less do, do a lot, I'd*
           probably do what you're doing now. To get research
           on it. Um, so I'd know exactly how to deal with
           him. And I'm not going to make some big mistake
           with, in dealing with him. I'm not gonna, I'm not
           gonna treat them any different. I'm not gonna, you
           know, he's a special, he or she's a special child
           because of this, um, ah. I, I'm still gonna treat
           them all equal, it's just it, it'll be harder, but,
           ah, it'll be easier once I know exactly what's,
           like more about it. 'Cause it'll be easier to deal
           with the student.

For Brenda, there was a fine line that she felt she would

need to negotiate between showing concern for the child and

being perceived as nosy. She also felt that self-disclosure

would be an important way of raising awareness for everyone.

Brenda: *It's just I don't want to mess up by ruining or*
           making, um, a bad impression. You know, I don't
           want the teachers or the parents or the student
           thinking that I'm nosy. Um, I just want to let
           them know that I do care, you know. And if I ever
           do become a teacher, I would probably explain to
           the class what I do have, that I do have a
           dissociation disorder, and I'd probably get the
           students to learn more about it, too. Not just me,
           but the students...so they know all about it, too.

Brenda felt that demonstrating a genuine commitment to

students was important, and that this commitment included the

need to be knowledgeable and prepared to teach children facing

problems.

Brenda: *Love and support is the main thing... (K)nowing*
           that they care, that they know. They know, they
           can't always say they understand 'cause sometimes
           they don't. That they are going to learn more

about it, to help other teachers and other students. To deal with someone that they know has it or have it themselves. Prepare them, for in case, if they don't have a student there that has it, just in case, what would they do if they did have a student come in.

Brenda felt that developing a personal relationship between students and teachers was important.

Brenda: *Paying more attention to your students. Get to know them better. Ah, be there for them when they need you. Or if they need someone to talk to, be there... If you weren't, if you have something on your mind, you may even talk to that teacher. You won't get distracted in school by, oh my gosh, um, (pause) It's always nice to have, like, the teacher just not be there to teach the work. It's always nice to sit down, not just as an individual, but as a class, to have a conversation and, an adult conversation, with the teacher. But not only on that subject you were working on in school, on different stuff that is going on in different people's lives. And it's always good to have that because it eases the student's mind and also the teacher's... It takes a lot of pressure off the teachers and the students if they get to know their students.*

Christie felt that creative approaches would be important in helping students.

Christie: *More explaining. And probably, like, more hands on type stuff. Like, not just reading chapters beyond chapters out of a book, like it just goes in one ear and out the other, but, like, I don't know, a bit, more explaining or different ways of teaching it besides just reading it out of a book... I know, like when I watch movies, then I can, I can understand things a little bit better. Or, like, like get the students involved, like if we're doing something on, like, ah, Christopher Columbus or*

> *whoever, like, do, like, the play or, so are kind*
> *of like teaching themselves as they do it... But*
> *just like reading, that just, humph, I don't*
> *understand anything when we do that. Just like*
> *make it more interesting... Like, just something*
> *besides reading, that's all... I would probably*
> *teach them the way a would've wanted to be taught*
> *when I was in school.*

Christie felt that students experiencing difficulty would require a commitment of time and patience.

Christie: *And take extra time, just like for that student, to*
keep explaining it until I knew that they did
understand it... I'd probably, like, try and see
if there was a problem with, like, anything going
on in his life. Um, depending on, like, how the
student reacted to things, I might try and talk to
them... Maybe just ask them, like, why, like, they
think they have trouble learning, or, um, ask them
what I could do better as a teacher to help them
learn.

Christie felt that it would be important to develop an alliance with each state that recognized its individuality.

Christie: *I would realize that I would maybe have to take*
five different ways to explain things to her, and I
would realize that I'd have to have the patience to
do that, and not get frustrated... I would just
realize that everyday she walks in the classroom,
it might be different. So, I would have to learn
to get along with each of the states. And realize
that, if she is in a bad mood, or is in a mean
state, that I have to learn to deal with that, and
then, you know, not hold it against her the next
day if she's in a happy state. I don't know.

Christie was not sure how she would deal with a child who was in a mean state.

Christie: I'm not really sure because I know when in that sort of state, if anyone talks to me, it just goes in one ear and out the other. I'm, I don't care, so I'm not sure how, I'm not sure 'cause I don't know what it would take for me to make, like, I'm not really sure... (I)t's hard for people to understand, too, is that, like, each state is different, right? And so, like, I may do or say something, like, I may have done or said something this morning that was a different state that I would never say now. And so you have realize, like, you have to realize that, I don't know, like, it's two different, basic, it's almost like two different people are saying it.

School Counsellors

Each of the participants had been referred to a school counsellor for help. Allison's mother had called the counsellor on a number of occasions, but her calls had not been returned. After an incident at the school in which the police were called, Allison felt that the counsellor refused accept responsibility for not having intervened sooner. Brenda was supported in making decisions about academic choices, but she felt that her school counsellor was neither knowledgeable nor interested in providing support for other issues. Christie felt that her counsellor had been helpful by providing her with the names of tutors to help her with her school work, and by discussing with her programs that might be of interest as she planned her future.

Goals and Vision

Turning Point

Each of the participants talked about experiences in her life which she viewed as a turning point. In our discussions of what constituted a turning point, we agreed that it was an event which, after it had occurred, significantly changed the ways in which we understood other events in our lives, including those which had occurred before the turning point. For each of the women, the turning point became an event which helped her to solidify a sense of her personal goals for the future.

Allison had undergone an abortion three months before the beginning of the interviews. The process of making this decision led her to evaluate her long-term goals for her own life, as well as for any future children she might bear.

Allison: *When I had my abortion...'cause it made me do so much better in school because I'm saying like, you know, my parents can't give me half as much as I want to give my child whatever, and, like, I want to give it a good life whatever, and I don't want to be dependent on the system or on a man or whatever, right? I just, so I'm working for that basically. Like, it's not that my whole goal is to have a kid, it's just when I do, I just want it to be well taken care of and well fed and never go hungry, whatever. And always have, have enough money and whatever. So that's, and I need good marks to get to that point, so that's what I'm working for... I had to, basically, because I didn't want to bring my child up on welfare and without a father, just basic things like that. And I don't know what, like what I could have done because I'm not one person yet, you know? I don't*

know what happens or what is going to happen. *So it'd be better if I had it when I'm like far away from that.*

Brenda's involvement in Alateen and as a speaker at Alcoholics Anonymous helped her to make sense of her home life.

Brenda: *I also go to Alateen. And my father was, is a recovering alcoholic. My two grandfathers are alcoholics. Um, Nancy, my best friend, is also in it. She, she, if she wasn't there for me, at the time when I was having everything wrong, like in school, my low self-esteem in school, low self-esteem at home, low self-esteem about myself, I'd probably be lying in a ditch. Um, and if it wasn't for Miss Lake (her best teacher), then I wouldn't know where I was either. But now I, I don't take life for granted. I live day by day. I, I speak a lot of meetings with my father. And my father is a drug and alcohol counsellor, and speak at meetings for him, to, to either the alcoholics themselves or the alcoholics families. Which gives them a more, a different perspective on how their children and their wives, more or less their children, are trying to cope with this. Um, it makes me feel better inside that I'm helping other people by doing this. But, um, that's basically it... (I)t made my self-esteem come up a bit. I made, it didn't make me feel like it was my fault that he was drinking. It's, um, or it's not my fault that I'm failing in school. Or, it just, it made me feel better about myself.*

Christie came forward to name her abuser after years of victimization. She said she was only able to do this because of threats he made to another person, and she initially faced that which she had come to fear the most. However, this act

of courage changed both her life and the lives of other victims.

Christie: (T)hat was a turning point in my life. Actually
● came forward and said that it was going on...
Well, it, it didn't happen anymore... But then I
had to deal with people calling me a liar and
saying they didn't believe me. But then I knew
that deep down inside, that they did. 'Cause it,
when I came forward, so did other people. Like,
this person's doing the same thing too. So, even
though some people said they didn't believe me, I
know that they did. They just didn't want to
believe me. (pause) And I also, it was, it was
hard forward as well because, um, for the...years
that it went on, he always said that if I came
forward, no one would believe me. Everybody would
hate me. So then, when people started saying they
didn't believe me, it was like, wow, this guy's
right. Nobody believes me. Everybody is going to
hate me... But then, I guess, well, it turned out
for the best for me because he's not, he's not
there anymore, and, and basically, everybody did
support me. And even people at first who weren't
sure, there after a while just (unintelligible)...
So, things came out for the best after I came
forward.

Only Christie experienced anything in school which she characterized as a turning point. For her, the support she received from a teacher helped her to see herself as capable of learning. This was powerful for her because of her previous experiences of failure.

Christie: I know it was a turning point for me when I had Mr.
Ingles for a teacher because I was really, I wanted
to go to school. And, like, I, I never got
frustrated in his class. So, like, it made me feel
good. Like, going in and getting good marks and
knowing, like, "Hey, I understand this!" That was
the only year I ever understood anything, and then

> I don't have him anymore so I'm back where I
> started. But last year was a really good year for
> me.

Understanding Healing

During the interviews, each of the women talked about what healing would mean for them. Allison and Brenda both understood healing in terms of integration.

Allison: And it's just one person, you know, and one whole
           person, and having control of everything that
           happens to me which I don't have now and, now,
           like, I would just like to have, like, everything
           go my way kind of thing. I don't know what else to
           tell ya, so... Whole, just, like, to always know
           what I'm doing. You know, to always have control
           of what's going on, you know, like, like, (pause)
           I have no idea. Just to be in control basically.

Brenda: It's, um, like your mind is, like the way I see it,
           your mind is blocked off in, like, two different
           parts. And one part doesn't know the other part.
           Um, and what you want, what I want to do is I want
           to get these two blocks or two parts of my mind to
           meet each other, or, ah, to, to like each introdu--
           to get to know, like, the two parts, you know, and
           then combine back as one. So I don't, I know how
           exactly to deal with it. Um, Gosh, I think that's
           the best way I've ever explained it before!

Christie hoped to one day be able to face her abuser without fear.

Christie: (A)bout a month ago, my friend and I were in the
           mall. And I literally ran right into him... And
           all I could do was just stand there and shake.
           Like, and, ah, like, just the look--he looked at me
           and gave me like a little smile, and, ah, like,
           just to think about it, I just get like right
           scared, but, like I, I wish, like that's what I

> *want to overcome is being scared. Because I want*
> *to look at him and say "You don't scare me*
> *anymore." But that's going to take a long time.*

The Experience of the Interview Process

Allison

Allison related that she had been able to talk freely about her experiences, and that it was easier for her to talk with women or with men who reminded her of her father. In response to being asked about how it was for her to talk about her school experiences, she said that, had she the opportunity to return to those difficult years, she would kill herself rather than re-live the pain of school. Her feelings about school were related mostly to the fact that it was in school that she met the people who eventually hurt her. She believed that a part of her had died when she went through the pain.

Allison was motivated and future-oriented. She was looking forward to getting an education so that she could build a life that went beyond what her parents had been able to provide for her. She was planning to move away from her current community upon graduation.

Allison was glad to be finally getting help. She had found that medication was a helpful adjunct to therapy, reporting that it had provided her with some emotional stability. While she felt that more bad than good had

happened in her life, she also felt that she was not as badly affected as some people.

Allison was thankful for the loving support of her parents, without whom she did not believe she could have survived. Her parents dealt with her during the most difficult times, and continued to provide her with whatever they could to demonstrate their love and commitment to her.

Allison found it easy to articulate her experiences. She shared that she was able to think about what she wanted to say as if she were writing, and then to speak from that perspective. She felt that there were no changes for her as a result of the research process. She had already done a significant amount of personal work, and was able to share the fruits of this work throughout the interviews.

<u>Brenda</u>

Brenda related that being interviewed provided her with her first opportunity to talk at length about dissociation since she had been diagnosed. She enjoyed the process and said that it made her feel better about her own experiences.

Brenda was glad to know that there were people who were trying to learn more in order to find ways of helping students and others deal with dissociation. In retrospect, she felt that her hatred of school was related to the lack of success she experienced, and she did not find it difficult to either recall or discuss her experiences at school.

She personally learned a lot by talking about what was going on for her and by reflecting on what it had been like to have a dissociative disorder. By articulating her experiences, she was able to think about the effects of dissociation in her own life, and to organize and understand these effects so that they were less confusing. As a result, she had been able to stop blaming herself for circumstances in her life, and she felt less ashamed of the place where she currently found herself.

Brenda was looking forward to being able to use her experiences in ways that help other people. As with her experiences with Alateen, she thought she might someday speak to other people once she had learned more about dissociative disorders. Being a part of the research process was empowering for her because she felt that this might help in the understanding and support of other dissociative people.

Brenda felt that she was now able to talk more openly, and would be less likely to keep things bottled up inside. By organizing her experiences, she felt that she could now think of things differently than she would have before her participation in the research.

Christie

Christie enjoyed being interviewed even though she expressed difficulty with explaining her experiences. This was especially difficult when she tried to share how she felt

or what it was like when a different state was in control. While she felt it was difficult to put her experience in words, believing that it must be felt or experienced, she was satisfied that she had been able to adequately articulate what she wanted to say.

Christie found that the opportunity to talk about her experiences helped her to think about the ways in which having a dissociative disorder affected her school performance. As a result, she was able to look differently at the way she did in school. She realized that she could do the work, but that having a dissociative disorder made it more difficult for her.

She still felt somewhat confused because she did not completely understand dissociation. She was, however, excited because she felt she was at a point where she was getting help, and she knew that something was being done. Knowing that she was not crazy brought her comfort.

Knowing that other people, with both a diagnosis and experiences similar to her own, were being interviewed helped her to feel less isolated. She was excited by the research because, until she herself was diagnosed with a dissociative disorder, she knew nothing about it.

CHAPTER SIX: DISCUSSION

Each participant had very few memories of her actual classroom experiences, and what remained for her was a residual sense of a negative experience. Each participant expressed how strongly she disliked school.   I was left wondering how, as educators, we can begin to address the lack of positive meaning inherent in the ways in which these young women have experienced the classroom environment. For me, the answers lie in a combination of both a theoretical understanding of the development of dissociation, and in the experiential wisdom offered by the women about their educational needs. As well, my discussion of the issues includes my personal reflections and experiences as the parent of a dissociative child, from whom I have learned a great deal about building and maintaining a relationship based on a perspective that supports the needs of the child.

Developing Connections

Trauma has historically been viewed as the causal factor in the development of dissociative disorders. More recently, however, theorists are now looking to the ways in which trauma results in disruptions in attachment.   If problems in attachment lie at the root of dissociative disorders, then one

must understand the factors which are important in the development of healthy attachment.

One of the foremost factors in the development of attachment is the presence for the infant or child of a secure and trusting relationship with a supportive and caring adult. It is within the context of this relationship that the child begins to develop a sense of safety and security as (s)he learns to negotiate her/his life. The child begins to understand her/himself to be an individual, both separate and autonomous from the adult, and yet continues to need the adult to assume responsibility for the safety and security of the child.

In the pedagogical relationship, the adult, in relation to the child, assumes responsibility for ensuring that which is in the best interests of the child (van Manen, 1991). The boundaries established by the adult should acknowledge both the "child who is", and the "child who will become". Van Manen suggests that the trusted adult needs to balance the needs of the child in ways which allow the child the freedom to engage in age-appropriate behaviour and activities, but also to provide opportunities for the child to learn and grow beyond the current levels of development. If we consistently interact with the "child who is" to the exclusion of the "child who will become", then we will cease to provide opportunities for growth and learning. However, exclusive

focus on the "child who will become" does not allow the child to be a child.

The importance of a trusting relationship has also been articulated by Scott Peck (1978). He suggested that the development of healthy ego-boundaries results when a child, in the safety of a loving relationship, begins to learn that which is a part of self and that which is other. He calls this primary task of development as differentiating between that which is "me" and that which is "not me". The development of healthy ego-boundaries can sometimes be disrupted so that a person is unable to distinguish that which is the self and that which is other. The formation of these boundaries occurs at both a physical and an emotional level. The developmental task is to learn to distinguish where one's boundaries end and where another person's begin. Some of the conflicts with which one may be faced can be attributed to assuming responsibility for that which belongs to another person because of the inability to set boundaries which delimit the emotional responsibility one is willing to assume as one's own. For example, the socialization of women may lead us to assume responsibility for the health and happiness of others in ways that do not recognize the boundaries that exist between ourselves and those for whom we have accepted responsibility. Learning to recognize a more appropriate boundary between the self and an other can lead to personal growth as healthy ego-boundaries are strengthened.

For people who have developed dissociative disorders, the ego-boundaries have become confused to the point where there is a disavowal of that which, for others, is clearly an issue of self for the dissociative individual. The "me" has become "other", and is no longer experienced as self. This is a theme which arose repeatedly throughout the interviews with the participants. On a behavioural level, each of the women talked about experiences in which she had participated in activities or engaged in behaviours which she said were not what she would have normally done. It was, for her, as if the activities were being performed by someone else. On an emotional level, each had the experience of emotions which were inconsistent with her view of herself, and which had, therefore, become disowned by her.

Disruptions in attachment result in experiences of profound disconnections in some aspects of the lives of dissociative individuals. The women shared that they had experienced times in which they felt disconnected from themselves, from their families, and from their communities, of which school was a part. If experiences of disconnection are both the cause and the result of dissociation, then it appears that any solutions must be aimed at re-connecting individuals with others. This does not necessarily mean that the teacher will need to assume responsibility for providing the only meaningful connection in the life of the dissociative student. Dissociative individuals may have developed such

connections with others in different areas of their lives. Rather, I would argue that unless connections are developed, the educational experience is likely to be devoid of meaning for the dissociative student.

When the women talked about their best teachers, most of what they said was beneficial to their learning focussed on the relationship which they shared with the teacher. It was in openness and understanding each woman as an individual that the teachers were able to bring a positive meaning to the process of learning. Without the connection between the student and the teacher, the classroom experience was perceived as boring, uninteresting, incomprehensible, or unsafe. In such a negative environment, the women chose, instead, to be physically or mentally absent from the process.

The fundamental goal of the teacher in relation to the dissociative student is the development of a connection with that student. It is only within the context of a respectful relationship that learning to connect within the classroom can happen. There are no short cuts to developing the relationship with the student, and this must be central. It is very tempting to look for a "bag of tricks", strategies which we can call upon at a moment's notice and which will serve as panaceae for all of the disruptions which may be present in the classroom. It is only in both knowing and being known, which lie at the heart of human interaction, that we will be in a position to support and nurture the connections and re-

connections that traumatized children require in order to heal from the unhealthy aspects of their life-histories.

While it is also tempting to look to ways in which we can remain objective, the nature of relationships requires that we risk being known by our students. Sharing who we are as people, while maintaining a pedagogical stance with students, will encourage the students to know both us and themselves in different ways. The nature of relationships is such that, when based on mutuality and respect, both people will be changed. Being open to our students provides us with opportunities to learn from those people as much as they learn from us.

Being open to a relationship with a dissociative student requires that educators be willing to extend the creation of connections to each state individually, as well as to the individual as a whole. Building a connection begins with knowing the student as an individual person, and trying to understand how the student has organized her/his experiences.

A pedagogical stance that makes central the perspective of the student is consistent with symbolic interactionism and with my understanding of the metaphorical nature of perspective. Knowing each student as an individual begins with understanding the perspective of the student. The metaphor by which the individual creates meaning about her/his life is likely to be discerned by the clues the student uses to describe her/his experiences. Respect for the student

includes respecting the metaphor of that student. For example, if a dissociative student understands an aggressive state to be one who is separate and over which (s)he has no control, then confrontation that accuses the individual of simply acting out or that otherwise denies the student's perspective of her/his behaviour will not respect the metaphor by which that individual understands her/himself. Once the teacher understands the metaphor, the student can then be helped to expand her/his perspective, thereby facilitating options that might not have been previously possible because of the limitations of the former perspective.

If the student understands her/himself as a group of separate personalities inhabiting one body, then the teacher can respond to each state according to that metaphor. For example, my dissociative child had named each state, and I encouraged the teachers to call each state by the name my child was using. In this way, my child's experience of self was respected, and an alliance could be made with each state. As my child progressed in therapy, reliance on different names became less important, and each part began to respond to the given name. However, approaches in dealing with the needs of each state still needed to be fairly specific to that part of self, and continued to require flexibility on the part of the teacher.

The educator may need to examine her/his own perspective and to find ways in which (s)he can connect with the metaphor

of the student. If we understand dissociation to exist on a continuum, then we may be sensitized to exploring the ways in which we may have dissociated from some aspects of our own lives. The metaphor of the inherent multiplicity in each of us is useful for me in understanding those aspects of my life of which I am aware, those for which awareness is not yet within my grasp to articulate, and those which may or may not be obvious to others but for which I have no awareness. From this perspective, I have been able to create connections with the dissociative people with whom I have been engaged. For example, understanding that there may be parts of my experience for which control eludes me, I can then relate to those aspects in others that seem to them to be beyond their control. We may not be able to fully understand the experience of someone for whom dissociation has resulted in total disconnections from parts of self. However, if we are open to expanding our own metaphors, we may be able to develop an empathy for that experience by which we can facilitate connections with the dissociative person.

Creating Safety

The development of attachment and connections may not be a straightforward undertaking. For people who have been traumatized, relationships with others are likely to carry strongly negative connotations. For someone who has been hurt

repeatedly and/or who has lacked an experience of safety and security in relationships with others, then there is great adaptive value in avoiding relationships with those who might hurt you. This does not mean that, as educators, we should shun our responsibility to these students. Rather, in understanding that building connections with dissociative students is likely to be perceived by them as dangerous, the creation of safety is paramount. One of the first goals of the educational experience can then be identified as having the student learn that safety is possible within a relationship, and that relationships can be potentially beneficial and fulfilling.

It is in the creation of trust that dissociative students can begin to experience the benefits of connection with others, and with this awareness, they can begin the process of re-connecting with parts of themselves from which they have become dissociated. For trust to occur, the educator needs to understand the extent of the safety issues which are likely to be experienced by dissociative students. Rather than forcing a relationship, a stance which offers and invites a relationship will be characterized by openness, understanding, support, and empathy. We are unlikely to know the experiences of the student, but that does not mean we should remain passive about initiating and demonstrating the characteristics which might be helpful. It is the responsibility of the adult in a pedagogical relationship with children to initiate,

nurture, and maintain the relationship. For me, this is what it means to belong to our children. This stance requires us to move beyond how we experience the relationship and to ask ourselves to reflect on how our actions and reactions are likely to be perceived by the student.

Being Creative and Flexible

Janet (1925) discussed the ways in which dissociative experiences may not be processed cognitively, but rather, are "a system of psychological and physiological phenomena, or images and movements, of multiform character" (p. 597). Just as strictly cognitive approaches in therapy are unlikely to serve a client in counselling, so, too, approaches in the classroom which rely solely on linguistic and mathematical abilities are unlikely to serve the needs of the dissociative student. There may be times in which the student would be better supported by dealing with the content of a subject area in non-linguistic, non-mathematical ways. Christie suggested that creativity in approaches to the material were helpful for her when she reached an impasse in the learning process. For example, in learning about Christopher Columbus, she felt that the material would be more meaningful if the students were asked to participate in a play or if they could watch a film about the subject. In this way, she suggested that the students would be active and responsible in the educational

process.   Creativity in teaching calls us to look for
opportunities to allow students to interact with the content
of the curriculum and to express their process of learning in
ways that move beyond "just reading chapters beyond chapters
out of a book".

In order to provide the flexibility and creativity
required in meeting the needs of dissociative students,
teachers must look at the extent to which their need to
control situations might limit moving into the required
creative and flexible approaches. In recognizing that the
student is likely to demonstrate potentially wide variations
in abilities and interests, a teacher's personal agenda, in
the form of a lesson plan, might be entirely unsuitable on a
given day. Letting go of such agendae means letting go of
control. Rather than controlling the learning situation, a
teacher can instead open up choices and provide options that
might better utilize the strengths of the student.   This
requires a keen understanding of the art of negotiation.
Utilizing the strengths of the student rather than competing
with them will ease a lot of potential tension in the
classroom.

Re-Framing Behavioural Issues

If we understand dissociation as a problem of attachment,
then the behaviours which result from dissociation can be seen

quite differently than if we rely on strictly behavioural approaches. Many behavioural approaches, such as those employed in behaviour management programs, are unlikely to address the issues which give rise to inappropriate behaviour. It is important to understand that the behaviour exhibited by the student, while seemingly inappropriate and maladaptive, carries with it adaptive meanings for the individual. Rather than focussing on the behaviour, acknowledging the need which finds its expression in the behaviour can help the educator to continue to value the student. Marcia Waterbury (1996) described the approaches she used when working with educators.

> I might shift to a discussion of what strength of mind is required to withstand such abuse and betrayal. That capacity is often found in the child's refusal to give in, to be enslaved, in the holding on to some semblance of personhood through resistance, and in battling the adversary. The rage and overt violence such children display is reframed as a measure of their will to survive... I point out several things well recognized in the literature regarding destructive, dangerous behaviors of traumatized children, such as the need to display sympathy and respect for those attitudes by attaching values of strength and self-protection to their aggressive, threatening stances. Often such a strategy has the extraordinary effect of disarming the child. Many times, by granting a positive connotation of strength to his/her aggressive position, the combatant child can team up with the teacher to better monitor anger and avoid outbursts (p. 320).

By re-framing the negative and inappropriate reactions of the student, we can then understand that the intensity of such

reactions demonstrates the strength of will and the ability of the person to protect and preserve the self.

Valuing the individual and developing an alliance with each part of self is a part of the process of creating an environment in which connections can evolve between the student and the teacher. This requires that the student continue to receive support and encouragement, not only while in the "easy" states, but also when the difficult states are present. Understanding the need that lies behind the behaviour is important in both honouring the need and in developing strategies to more appropriately see that the need is met.

Any interventions and strategies with dissociative students must be judged on the basis of the extent to which such interventions are likely to effect the student's experience of connection. Interventions which lead to the student being ostracized, demeaned, or isolated will lead to experiences of dis-connection. This means that we must re-think the traditional educational responses to inappropriate behaviour. The school response to many of the disruptive behaviours exhibited by the participants had been frequent suspensions, detentions, and removal from the classroom. While it may be necessary to temporarily remove the dissociative student from the classroom, this should only be done in conjunction with a view to finding ways to re-connect the student with the others in her/his class. Again,

understanding how the student perceives the situation is central. While suspending a disruptive student may serve the teacher and the other students in the short term, the goal of any intervention with the dissociative student should be re-connection. For example, a student who is in an aggressive state may pose a physical danger to others in the classroom. Simply suspending the student does not address the factors that may have triggered the aggressive state. By valuing the needs which find expression in the aggressive behaviour, the educator can begin to work with the student to address the changes which will be supportive of the student. In this way, the student may continue to feel valued while negotiating more appropriate behaviours in the classroom.

However, as Brenda pointed out, the child should not be treated as different or special. Strategies which exempt the student from the rigours of the classroom, no matter how well intentioned, are likely to result in dis-connection. If the expectations for the dissociative student are dramatically different than those for the other students in the classroom, the student's peers are likely to notice quickly, and may ostracize the dissociative student. The balance may be achieved in approaching the content of the curriculum with flexibility and creativity which will benefit each of the students in the classroom.

The dissociative student is likely to be the best resource available to the educator in developing creative and

flexible approaches that honour the needs of the student while maintaining the connections that are supportive of the student and her/his participation in the classroom. By asking the student about her/his experiences of the classroom expectations and about the supports that (s)he requires, and by remaining open to negotiating alternatives that are mutually satisfactory, the teacher can develop a collaborative approach with the student that may lead to the growth of each.

I will suggest as an example a situation based on a recent experience that I believe reflects many of the issues involved in negotiating appropriate outcomes with dissociative students. In this example, the student and the teacher have developed a rapport in which the teacher has offered to support the student in creating a personally meaningful experience of the learning process.

On Monday, Susan was apparently upset when she arrived in the classroom. She had refused to participate in any of the group activities that had occurred earlier, preferring to sit at her desk and read a book unrelated to the subject at hand. The rest of the class was working on a writing assignment. When approached by any of the students or by the teacher, Susan became verbally and physically threatening. On one occasion, she raised her book as if to hit the person who was trying to talk to her. The teacher asked her if she would be willing to talk about what was going on, and Susan and the teacher stepped into the hall. When she was asked why she was

refusing to write, Susan dissolved into tears and said that she could not write. The teacher told Susan how brave she was for talking about her fear at that time. The teacher asked how she might help Susan. When Susan was unable to articulate what she needed, the teacher suggested that she try writing something of interest to her at this time, and emphasized the times in which Susan had been very successful with a similar assignment. After she had made an attempt at the assignment, Susan could return to her reading. If writing was too difficult, the book would still be waiting, and Susan could try to do the assignment later when she felt more able. Susan returned to the classroom, and began the writing assignment. She quickly wrote a short paragraph, and then returned to her book. While she remained withdrawn, she was decidedly more relaxed. Susan became progressively less withdrawn over the next few days, and by the end of the week, she had once again fully engaged in the classroom.

Conclusion

From the beginning of this work, my sense was that the aspects of the educational process that would emerge as important for supporting dissociative students would reflect sound pedagogical practices that would benefit all students. What arises as a result of my dialogue with the three young women, therefore, would seem consistent with this assumption.

However, I believe that while developing a relationship with the student, respecting each student as an individual, being aware of and sensitive to the cicumstances of the students life, and reflecting on the student's experience of the educational process are important for all students, these aspects are vital for the support of dissociative students. For this reason, teachers supporting dissociative students need to approach the development of connections with the dissociative individual with an intentionality that may not be as necessary with other students in the classroom. This calls the educator to reflect on the nature of each interaction with the student in ways that purposefully attend to the development of connections and an invitation to relationship between the student and teacher.

CHAPTER SEVEN: RECOMMENDATIONS

Recommendations for Educators

There is no aspect of the educational environment that can replace the centrality of the relationship that is developed between a teacher and her/his students. In both knowing the students as individuals and being familiar with their issues and circumstances, and in allowing the openness to be known by them, the educator can begin to invite a relationship with each student that is based on respect and empathy. It is within the context of the relationship between a teacher and student that the dissociative student can begin to develop a sense of connection with the classroom experience. The approach of the educator to the development of connections should reflect an awareness and an intentionality that may not be necessary with other students.

Any strategies for dealing with dissociative students must be evaluated by a standard which judges the degree to which the intervention is likely to impact on the sense of connection that will be experienced by the student. Those strategies that increase connections will likely serve the needs of the student in the long term. Those that decrease feelings of connections might provide temporary relief of classroom disruption, but will serve neither the teacher nor the student for very long.

It is the dissociative students who may be in the best position to provide alternatives in the classroom that will serve the interests of all concerned. Rather than focussing solely on inappropriate behaviour, a teacher who inquires of the student about the need behind the behaviour, and what may be required to negotiate a more appropriate expression of the need is likely to find that the suggestions can be clear and direct. Letting go of the need to have all of the answers, and, instead, sharing the process of creating a mutually satisfactory solution can be challenging. This requires a level of self-reflection and self-evaluation which can, if undertaken with rigour, lead to personal and professional growth for the teacher as (s)he supports the pedagogical goals of the educational experience for the student.

Implications for Counsellors

The therapeutic alliance becomes paramount in addressing the needs of dissociative people. This alliance needs to be developed with each of the parts of self. In connecting with those states which seem maladaptive or malevolent, the counsellor may model an acceptance which can open the way for clients to re-connect with those parts of themselves from which they have dissociated.

Counselling dissociative students requires that the interventions and support move beyond the behavioural

manifestations of dissociation. Acknowledging and honouring the needs of the each state while negotiating solutions which are mutually satisfactory calls for a more challenging approach than those offered by strictly behavioural approaches aimed at managing behaviour.

Recommendations for Further Research

This study reflects the perspectives of three white, middle class young women. While I believe that the insights which they shared are a valuable contribution, exploring the experiences of young men facing similar issues may reveal differences in the ways that men are confronted within the educational environment.

I had hoped to choose participants to represent a variety of life experiences and ways of coming to terms with both the diagnostic label and the management of their current situations. While generalization of results was not the goal of this work, I wanted to capture a diversity of experience by interviewing both women and men, and hoped to include participants who identified with a group that has been marginalized by society. That no male students were identified as potential participants for this study is in keeping with the findings of other researchers who have found that male children and adolescents are infrequently assessed or diagnosed with DID (Goodwin, 1996). It may be that, in

seeking referrals for participants from a psychotherapist, the potential pool was biased toward inclusion of white, middle class females.

> Where do the sexually abused and dissociative males disappear to? Bliss (1986) suggested they might be diverted into the criminal justice system and thus escape diagnosis and tallying in clinical surveys. (Goodwin, 1996, p. 71)

After hearing the stories of the participants, I had to wonder whether a young man, especially one from a non-dominant race, would have been afforded the same alternatives to incarceration that were provided for the young women who had committed criminal offenses. I whole-heartedly support such alternatives for both men and women, but recognize that imprisonment is primarily a punishment reserved for young men from disadvantaged backgrounds (Umbreit, 1985). Indeed, when examining the etiology of anti-social behaviour in men, which ultimately leads to incarceration, I am struck by the similarities in the circumstances faced by both those who are identified with dissociative disorders and those who are convicted of criminal offenses (Taylor, 1984).

Kevin Graham (1996) found that sex offenders who had been physically and/or sexually victimized by both parents often relied on a dissociative defense to cope with the chaos of their surroundings. He concluded that this may result from

the lack of a safe environment with either parent.   In the dissociated state, some offenders become quite violent.

It may be that someone who is interested in studying the experiences of dissociative men will be more successful in finding appropriate participants by seeking referrals from within the criminal justice system.   However, many of these men are unlikely to have been identified nor to be receiving appropriate therapeutic support.

Young people facing discrimination on the basis of any area of non-dominance might also face a more complicated experience in attempting to develop connections with community and with themselves.   Examining cross-cultural differences could provide valuable insights into the responses to a dissociative student of an educational system that has been primarily modelled to value white, middle class values.

Dissociative disorders are understood as resulting from events that occur during childhood, yet most people are not identified until adulthood.   Direct observation of younger children who are both dissociative and in an educational setting could provide valuable insights into both the aspects of the teacher-student relationship that are most beneficial for the dissociative child, and specific approaches that encourage re-engagement in the learning process after a dissociative episode.

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APPENDIX 1: FIRST INTERVIEW GUIDE

1. What's it like to be dissociative?

2. When did you first know that you were dissociative?

3. What do you think it means to be dissociative?

4. What was it like for you in high school? Junior high?
    Elementary?

5. Who was your best teacher? Can you tell me more?

6. Who was your worst teacher? Can you tell me more?

7. Some people can remember things that were turning points
    for them. Are there any events or incidents from your
    schooling that you think about in that way?

8. If you were a teacher, how would deal with a child who
    has similar experiences to yours?

APPENDIX 2:   FINAL INTERVIEW GUIDE

1.   What's it been like for you to be interviewed?

2.   What's it been like to think about your school experiences?

3.   What's it been like to think about dissociation?

4.   What's it been like for you to try to put it all in words?

5.   Is anything different for you because of this process?

APPENDIX 3:   CONSENT FORM

I discussed with Carole Ewert the nature of her intended study of the needs of dissociative students.   I understand that my identity and any identifying personal data will not be published.   Personal logs related to the research, tape recordings of interviews, and transcripts will be held in the strictest confidence.   These will only be seen or listened to by Carole Ewert, and will be destroyed when the thesis has been successfully defended.   I will be consulted before any excerpts are used in the final written report to ensure that I have been quoted accurately, not quoted out of context, and that no personal identifying characteristics have been inadvertently included.

I AGREE TO PARTICIPATE IN THE STUDY OF THE NEEDS OF DISSOCIATIVE STUDENTS.

_____   _____

(signature of participant)   (date)

_____   _____

(signature of researcher)   (date)

_____   _____

(signature of parent/guardian)   (date)