Trauma in the body: child dissociation and identity disorder in Adolescence. *Vincenzo Greco*

"Shock" is the same as the annihilation of Self-awareness, of the ability to resist, act and think in defence of one's own Self. Probably, even the organs that ensure Self-preservation give up and minimize their function. (…) Psychic shock always comes unexpectedly. It must have been preceded by a feeling of self-confidence that, as a consequence of the events, has turned out to be a mistake; earlier you rely too much on yourself and your surroundings; then, too little or not at all."

(S. Ferenczi, Opere – Reflections on Trauma - 1933)

Some introductory about Trauma and Dissociation.

When a trauma occurs at an early age, the mind is overwhelmed by the sudden violence or intensity of shock, and cannot give meaning to that experience. Under normal conditions of immaturity in children, their mind dissociates from the traumatic experience, creating compartments in which fear and grief are isolated and anesthetized, in order to defend itself and continue to operate during a condition of suffering. In the absence of another mind that attunes to and understands dissociative mechanisms giving them a meaning, traumatic memories remain suspended and implicit, waiting for a time to show themselves.
This process of cognitive and emotional isolation is called *Dissociation*. This is a defensive mechanism, an attempt to keep the overwhelming emotional experience under control since the latter involves an impoverishment of Ego capacities due to the defence task.
In effect, dissociation implies fragmented states of consciousness, amnesia and block of thinking, sense of unreality and feeling of being detached from one's self or alienated from the world, all behaviours and feelings that show overburdened Ego apparatuses and organs of consciousness, committed to stemming intense emotional states.(**)

Hypothesis of this paper is to discuss the connection between pathological dissociation and severe personality disorders in adolescence. Through a case study, it will be shown that it is necessary, even before interpreting the transference, devoting special sensitive attention to understand the organization of the patient's personality and aspects related to dissociation, so as to lessen the power on the block of thinking and encourage the development of a reflective capacity to support the usual therapeutic processes based on interpretation of the transference.

A little history

The word Dissociation (Désagrégation) was originally used by Pierre Janet in 1889 to indicate the fragmentation typical of psychosis.
In his traumatic model, Janet considered that the person's sense of unity could be hindered or altered in its development by distressing shocking experiences that could create dissociated mental states. According to the author, sense of individuality and cohesion is not probably innate, but it could be the result of a synthetic mental activity that proceeds from the emotional experience with others.

Freud himself, in his book *"On the Psychical Mechanism of Hysterical Phenomena – Preliminary Communication"*,** written in collaboration with Dr. Joseph Breuer in 1893, uses the term "double conscience" talking about the splitting of consciousness which is present in all cases of hysteria. Freud identifies the traumatic origin of these conditions and their hypnotic state.
Freud says: "They are altered states of consciousness which alternate in one's mind through contents which are often incompatible. The subject wants to do away with traumatic contents, but all he succeeds in doing is to isolate them psychically."
We know that later, changing his theory of psychological trauma with the introduction of the fantasy of seduction, Freud gave out the idea of altered states of consciousness, to turn to the theory of repression and displacement of psychic contents to the unconscious mind, thus enhancing the dynamic functioning of the mind. He distances from the idea of dissociation which instead supposes the interruption or restriction of mental functioning.

Sandor Ferenczi is the author who, ahead of his time, gave greater prominence to the dissociative mind dynamics. In his article "Reflexions on trauma"(1933), ** he speaks of dissociation as a process of mental *self-dismemberment* of psychic contents, and of the transformation of object relation in a narcissistic one to protect the Self. According to the author, the traumatized child tends to overburden his/her Self-relation for defensive and protective aims. Ferenczi suggests the splitting of the mind in a instance of suffering which represents the child who needs to be defended, and a protective instance which functions as a guardian of the suffering side, a kind of adult-Self that keeps a protective balance. The author describes arrested development as a consequence of mental dismemberment caused by the suffering experienced by the subject.

Based on Ferenczi's ideas, we find the work of D.W. Winnicott (1949) ** who speaks of the False-Self as a result of adaptive dissociation. As you know the author describes a kind of impoverishment due to the need of a child adjustment in favour of the adult and to protect the hidden True Self.

According to Winnicott, the False-Self adjustment is the signal of arrested mental development since the subject is not living in contact with emotional experience, but encapsulated in a protection that deprives the sense of Self through a form of subjective vacuum.

Another author who placed particular emphasis on dissociation was H.S.Sullivan (1940).** He interrelates dissociation and anxiety resulting from environmental pressures. Dissociation aims to restore security conditions in order to minimise the anguish. In caring relationships, on the basis of the confirmations that parents give to the child, the latter feels his/her attitudes approved or not, in a context of relational unpredictability. Thus the child establishes a series of emotional and real precautions to predict the contrast or conflict with his/her parent, but above all he/she would probably live in an anxiety state and chronic fear that, even if dissociated (as caused by attachment objects), would not allow him/her to build confidence in his /her relational and human exchanges.

Relational perspective

On the basis of Sullivan's relational approach and recalling Janet's and Ferenczi's theories, Philip Bromberg (1998)** places dissociation as a cornerstone of his theory and he assumes the existence of multiple Self-states as a starting condition of human mind. Only thanks to good relationships and caring modalities, human mind can develop the qualities needed to build connections among different kinds of mental states.

The existence of multiple Self-states would be the norm in the absence of a sensitive mind that connects and binds different mental states through the ability to remain suspended in the understanding of the meaning.

Bromberg enhances the protective function of dissociation. He argues that, when an extremely strong or incompatible emotional state turns out to one's mind, dissociation protects the individual from fragmentation and restores a sense of cohesion by detaching the incompatible Self-states and allowing them to accede to consciousness only as discontinuous mental experiences, which have been lived but not consciously narrated.

According to this approach, dissociation becomes pathological when the individual's interpersonal context no longer recognizes and confirms the experiences that establish its subjectivity, whose articulation and development are prevented.

Cognitive contribution

Of course, in our clinical practice, we find different ways and degrees of dissociation that prevent the correct Self-perception and the understanding of its emotional difficulties.

As suggested by modern European Psychotraumatology, which has a cognitive orientation (O. Van der Hart, E. Nijenhuis, K. Steele, 2006), ** the

more precociously dissociation appears in psychic development and permeates the whole mental functioning, modelling and impoverishing perceptions, judgements and emotions according to the characteristic of compartmentalization of experience, the more it acquires structural features
Dissociation is probably kept alive by the attempt to avoid a traumatic experience again, so much that the subject prefers to employ different symptomatic strategies rather than face again anguish and fear.
On the basis of this interpretation, psychopathological symptoms could be considered the subject's attempts to avoid psychic pain and maintain adaptive dissociation.

According to this approach, patients who survive trauma are not able to exploit ego integrative processes that generate and make possible a broader and more cohesive sense of Self.
Facing situations or events which are associative recalls of traumatic episodes, the subject feels unprotected, in contact with mental states that invade him/her as if he/she were realistically re-experiencing the same past traumatic events, that is, as if his/her mind were really in the past.
Liotti and Farina (2011), ** italian authors, state that the presence of dissociation, should it not be recognized, invalidates the effectiveness of psychotherapy regardless of the type of approach used. The cognitive approach suggests a treatment strategy which aims to overcome the fear related to trauma and to recreate autobiographical memories, actively dealing with mind fragmentation in order to promote the research of Self-cohesion meaning by the patient, either from an emotional and cognitive point of view.
****** Ogden Vision 2006**

Shelters of mind psychoanalysis
In the psychoanalytic field, J. Steiner (1986)** and F. De Masi (2010)** argue that, when dissociation occurs at an early age, the organization of an emotional dynamic unconscious which gives meaning to psychic experience is impossible, and the normal mechanisms for thought monitoring on mental experience do not activate.
In these cases, mind withdraws to dissociated areas where it organizes self-repairing fantasies which are the ground for the creation of pathological organizations of personality which represent autarchic omnipotent solutions to a suffering the subject can't deal with.
Thus, by means of dissociative mechanisms, the individual can lose the sense of emotional contact among various parts of the mind and between mind and body, suffering a significant decrease of sensitivity towards himself/herself and creating hidden areas where only the subject gives a particular meaning to psychic contents.

We can say that dissociation is the basis of disorders that hinder personality development and sense of identity, as it interferes with the whole psychic activity. Under the influence of dissociation, we witness the paralysis of the conscious and unconscious mind, which quits recognizing the entirety of the Self and its real emotional characteristics, remaining tied to a defensive functioning against the intense dissociated suffering. ***** QUI Ag Nota
Given the pervasivity of the event, in the absence of a mind that specifically and actively grasps the dissociative processes, the subject is doomed to endure in mental states that hinder psychic development for years, waiting for an awakening of mental activity that allows the subject to issue from the circuits of traumatic experience.

Dissociation and Adolescence.

What happens when a mind which has suffered trauma and dissociation in childhood runs into adolescence?
According to **A.M. Nicolò (2013)**,** adolescence is like an enzyme which allows the chickens to come home to roost since, during adolescence, the subject has to do with the redefinition of identity based on the encounter between a new sensitivity and way of thinking, and past difficulties and conflicts.
As stated by the author, the contact between adolescence and dissociative aspects of trauma causes a situation of profound imbalance as the adolescent can't rearrange his/her mental functioning in the new direction, only perceiving the threat of being overwhelmed by new developmental tasks. (Definition of identification process, integration of the sexed body, the evolution of grief for the loss of parents, decrease of bisexual omnipotence and acceptance of gender identity).

In situations in which dissociation is significantly present (for example in mind-body, mind-senses, mind-emotions, mind-perceptions of Self-aspects connections), we witness the appearance of interferences in the mind-building process since the redefinition of relations in the chain body-mind-symbol-thought-identity is greatly hampered.
In these cases, adolescents needs to be guided in the difficult task of redefining their identity under conditions of disorientation and confusion, aspects that often predispose to the breakdown of psychic development. In these circumstances, what can be pathological, perverse or psychotic for an adult, is considered developmental for an adolescent, provided that the importance and meaning of crisis is recognised; crisis that often hides a deep secret suffering never understood.
The result of this process can promote a change or stabilise the decisive turn towards a personality disorder of the future adult.

Arianna: a case history.

Now, I will talk about Arianna, a girl I met about two years ago. An experience which has taught me that every physical suffering is a mental suffering, and vice versa, particularly at a stage of life that requires a global Self-transformation. I will only describe some phases of the case as I think that, even in its particularity, it is significant and emblematic.
Arianna was born in a remote country in Eastern Europe, and was abandoned in a children's institute after a few months. She almost doesn't know anything about her origins. After about two years in the first institute, she was entrusted to another children's institute, where she remained until her adoption at the age of 8.

I met Arianna when she was 18-year-old at the request of her parents. Her difficulties consisted in convulsive attacks which started during her first hospitalization in a department of Neurology, required to verify the nature of some spots in the skull which, at an MRI, could look like brain tumours. What puzzled her parents were her sudden fainting and convulsive attacks from which she often woke up as little Arianna. In those moments the girl used to speak and move as a 4-year-old child until she fell asleep; at her awakening she was the 18-year-old Arianna again. But the department of Neurology did not confirm the diagnosis of epilepsy; for this reason the girl was hospitalized for further evaluation in a department of Diagnosis and Treatment where some psychiatrists hypothesized a *Conversion Disorder*.

Therefore the family contacted me to meet Arianna at the hospital, and with her psychiatrist's permission, I went into her hospital room where I found a pretty, slim little girl, apparently eager to meet me, but, at the same time, detached and absorbed in her thoughts. The interview occurred with her cooperation; I simply wanted to know Arianna and then invite her to my studio. After a few minutes of conversation in the hospital room, I surprisingly witnessed the sequence her parents had already described to me: the sudden fainting, the convulsive attack with the heavy, rhythmic breathing, the awakening in the state of mind of a child with even baby talk and finger in her mouth.

Her parents had told me they usually witnessed the event fearing of being harmful. While I was looking at the attack, I thought the girl was showing a state of deep suffering, and during the spasms, I asked her mother to embrace Arianna and let the girl hear her voice, and to reassure the girl as if she were a child in need. When Arianna woke up as an 18-year-old girl, she confirmed the feeling of the hug and said that for the first time during an attack, she had felt a presence nearby. Shortly after she had another fainting and I invited her mother to embrace her again. While she was hugging her

daughter, I asked her in a low voice if Arianna had been sexually abused at the institute or in other situations. The rhythmic contractions gave the idea of something sexualized that she could show in a state of trance. This second blackout lasted less and this time Arianna woke up adult. At that moment Arianna said I had guessed. She confirmed she had been abused by the institute staff. It had lasted a long time, until she had known the adoptive family.

I was living an unreal situation. I thought Arianna's convulsions expressed an altered state of mind in which consciousness was suspended, but Arianna had heard our words spoken in a low voice. I was witnessing something not entirely clear, but the revelation of her trauma was manifesting before my eyes. Arianna also said that she had never revealed it to anyone because she had been threatened with death by her aggressors.
Arianna accepted my proposal to come to the studio for a consultation and I left the hospital with the idea of beginning an analytical approach on a post-traumatic disorder which had caused a split personality. But as often occurs in these cases, the situation tangled up because the girl remained in hospital for more than a month; then she was transferred to another clinic where she stayed for three months. Thus, the idea of treating Arianna remained just a fantasy.
But after about five months, I was contacted by her mother who asked me another session. During her last hospitalization, Arianna's attacks had been treated with antipsychotics, mood stabilizers and antiepileptic drugs, but the symptoms had not disappeared or decreased. I also found out that Arianna, once back home, had started to cut her left wrist.

With a lot of questions in my mind, I constantly began to see Arianna, but the work was very hard. The first sessions were very difficult: not only the girl didn't want to be there, but she eventually turned into little Arianna just before the appointment and she forced me to give up. Once, we engaged a real struggle because she didn't want to come into the studio, she fainted in the hallway of the building so we had to carry her on the bed and wait she woke up.

It seemed Arianna fought against what she considered a new possibility of violence. Her opposition to our attempts to make the sessions was a bit like her past opposition to the institute staff's attempts to deceive and abuse her again. In other words, the transfer was expressed through the need for protection from another trauma. So I decided not to interfere, accepting her both as an adult and as a child, each time trying to understand which version was in session and why.

Our decisive tuning occurred when we started to take care of little Zorro, a dog Arianna had adopted and that she brought to her sessions for about 6/7 months. One evening, during a heavy shower, we were sitting with Zorro nestled between us on the front step of the building; I told her that if she entered we could play all three together. Since then, during each session, we have been spending a little time interacting with the dog; our ability to take care of the girl's development was transferred to the puppy. Only after starting to talk about Zorro, we could talk about Arianna.

I must admit that living with my two Scottish Setter dogs helped me a lot: we used to play with the dog and give it some biscuits, so familiarity and esteem appeared between us, and Arianna was able to participate in a form of affective breeding through the puppy.
During this sort of dog-emotional tuning, I made a little great discovery: adult Arianna didn't know little Arianna's mental contents, and she didn't want to talk about them because she said little Arianna hated the adult one; on the contrary little Arianna knew something about adult Arianna: for example that she sometimes thought about committing suicide as an opportunity to complete the half-done work of the institute staff that is killing her.
In fact, her cuts were deeper and deeper, so much that on one occasion the doctors had to sew her tendons which were damaged.

I decided to face her need to cut herself and I adopted a determined explicit attitude. I expressed my concern for her health and Arianna, crying, told me all the suffering of her experience.

I replied that it seemed as if she was talking about her despair and expressing the grief about her origin, when no one had given her a chance to feel welcomed and loved. She had no sense of the conquest of life; her life was only an unfortunate survival and a continuation of the fact that she had already met her death through abuse and punches.

Arianna was very impressed by my words and told me that once she had been repeatedly beaten on the head with a stick, just where the spots identified in the department of Neurology were located. This revelation had a certain effect and instigated her desire to recover the memories of the institute.

Arianna showed a more open attitude from then on: she suggested and accepted questions about her origins and malaise. We found out that Arianna had always been a quiet retired child, with late language development.
During this time, Arianna talked me about the nightmare she had had for a long time and that she had always kept hidden from everyone.

"*I am in a hospital room and I realize I am surrounded by male nurses who say they will give me some candies; but they pull me, undress me and put me in the tub. And when I try to rebel, they hit me on my head."*

Arianna had felt trapped, with no escape. I was wondering who could have understood her. And if the transformation in little Arianna was the result of dissociation from the traumatic experience, and we had already brought it to light, why did adult Arianna carry on transforming herself in little Arianna?
I have to admit that so far I had kept on thinking of little Arianna as she was a problem until I got a call from little Arianna herself who told me, in tears, that adult Arianna had cut herself again and they were running to the emergency room. At that moment I had an intuition: the little one was calling for help in aid of the adult one, but adult Arianna didn't know it or if she did, she didn't want it in the same way.
That's why adult Arianna used to tell me the little one had it with the adult one, because the first one interfered with adult Arianna's suicide. So I decided it was time to mention the same thing to both of them: the need to survive and the fact that Arianna was out of danger regarding the institute, but not regarding herself, that is with respect to the dissociated narcissistic organization which accused her of failure and wanted her dead, first of all because she had not been able to keep everything hidden, and then because she felt it was her fault finding herself helpless when she was a child.

After all, adult Arianna was doing to herself (and to little Arianna) what they had always done to her in the institute. But now Arianna is not alone. On one side there is little Arianna who has begun to talk about the issue, and on the other side there is the analyst who knows everything and can offer a protection to adult Arianna from herself.

Again I took part in the debate: speaking to adult Arianna I questioned the idea that little Arianna was just expression of disease. Rather than eliminate her we had to listen to her and understand what little Arianna was trying to communicate through her emotional state.

A. "*Actually little Arianna is your little sister, even though she is the oldest in your personality; she protects you and always takes care of you. She doesn't have the power to solve the situation, but she has been close to you for years, just like a loving sister. I think little Arianna is brave and is there for adult Arianna, to help her in a situation of precarious survival…"*

P. "*It's true, you are right, but little Arianna doesn't understand that cutting is like a drug to me, a sort of challenge. I feel a pulse within that drives me to hurt me and only after I feel better, as soon as I see the blood. It is as though earlier I couldn't feel my body, then the cut… the blood…it is just like I*

returned to my senses. So I feel better… I soothe my confusion and anger. This feeling remains latent in my mind for a while, but when it comes back I know I will cut myself again. Thus I also mitigate the suffering for what I have lost over these years, the school, my body, things I can't recover any more. Can't you see I am fat and shapeless?"

Actually the kilos due to the drugs, weighed on her not only physically. By cutting herself, the girl provoked a physical pain sharper than her anguish, and only after this punishment, did she relax for a while.
When we two identified the underlying emotion, we could activate the paralysed Self-reflective. By touching the Self with the right sensitivity, Arianna could use to herself the same awareness I had used in the sessions.

Arianna calmly replied that she partly knew it, but she didn't have courage to think that she deserved to live, and that the two sisters had split to allow both surviving, and helping each other. One used to look for a solution, the other used to try to forget without succeeding in doing it. But now she understands she is not crazy.

I was very impressed. For the very first time the patient showed me a reflexive mode that distinguished from suicide Arianna and the Baby. Reflexive Arianna was able to explain the coherence of her dissociation and to live an healthy depressive position, observing her personal condition. From this moment I started to think that to consolidate the solidity of her awareness, we needed to confront openly with the fears of the past.

Indeed, Arianna continued to have daytime flashbacks about her experience in orphanage and faced them fainting, especially when the emotional states were too intense. I thought the blackouts were her solution to avoid the suffering of the memories of abuse and the connected anguishes. But the difficulties to treat the flashbacks, resulted from the fact that traumatic situations were experienced before her language development. So the frightening mental images had never been translated in words and metabolized by her mind.

Thus, I proposed to Arianna to faint during the session at least once a week, being embraced by her mother and helped by my stimulation to recover from fainting. So, instead of leaving her in the mental and physical paralysis, I tried to help her to recover from hypnotic sleeping through my voice and by the contact of our hands. Once comes round, she was able to recount her nightmares: to be forced naked in a bathtub, to be pursued in the rooms by nurses, to have the legs paralyzed and not be able to escape, etc..

By recognizing these images and making sense out of the fears, we were able to give continuity to her awareness and transforming the dissociative paralysis in favour of a reflective activity.

After about two years of therapy, Arianna has stopped to take drugs slimming about thirty kilos and she started a social life. Also she is working in a kindergarten as educator and she faints rarely. Over time she was able to master coherence states ever broader and develop thinking skills that has never left, and that helps her to maintain contact with her internal parts.

Then, Arianna’s story has changed colour. Now we can talk about it, and, despite the difficulties, we know we are inventing a new solution to her life.

Thank you for your attention.

Io ero molto colpito. Per la prima volta la paziente mostrava una modalità riflessiva che si distingueva da Arianna suicidaria e da Arianna bambina. Arianna riflessiva era in grado di spiegare lo stato di coerenza della sua dissociazione e di vivere una posizione depressive sana verso la sua condizione personale. Fu da questo momento che cominciai a pensare che per consolidare la solidità della sua consapevolezza, avevamo bisogno di affrontare più apertamente le paure del passato.

Arianna infatti continuava ad avere flashback diurni riguardanti la sua esperienza in orfanotrofio e li affrontava svenendo, in particolare quando gli stati emotivi erano troppo intensi. Io pensavo che lo svenimento fosse la sua soluzione per evitare la sofferenza dei ricordi dell'abuso e l'angoscia derivante da ciò. Ma la difficoltà a trattare i flashback, derivavano dal fatto che le situazioni traumatiche erano state vissute prima dello sviluppo del suo linguaggio, le immagini mentali spaventose, non erano mai state tradotte in parole e matabolizzate dalla sua mente.

Allora proposi ad Arianna di svenire in seduta, almeno una volta alla settimana. Abbracciata dalla sua mamma ed aiutata da mie stimolazioni a riprendersi dallo svenimento. Così, invece che lasciarla nella sua paralisi psicofisica, la aiutavo a riprendersi dal sonno ipnoide attraverso la mia voce e il contatto tra le nostre mani. Una volta ripresa, riusciva a raccontare gli incubi che l'angosciavano: essere costretta nuda in una vasca da bagno, essere inseguita nei corridoi dagli infermieri, avere le gambe paralizzate dal terrore e non poter fuggire etc..

Riconoscendo queste immagini, siamo riusciti a dare continuità alla sua consapevolezza e a trasformare la paralisi dissociativa a favore di una attività riflessiva.

A distanza di circa due anni dall'inizio del trattamento, Arianna ha smesso di prendere farmaci dimagrendo di circa 30 kgs, ha avviato una vita sociale, lavora in una scuola materna come educatrice e sviene molto poco. Nel tempo si è dimostrata capace di padroneggiare stati di coerenza sempre maggiori e di sviluppare una capacità di pensiero che non ha più abbandonato e che l'aiuta a mantenere il contatto con le sue parti interne