

Part 2: Dissociation, or “Who’s at Home (in the Body) When You’re Not?”

A person is dissociated from everything to which s/he is not consciously attending. By definition, this implies that we are all in a continual, dissociated state, relative to that which is not held as a conscious focus. Of course, the thread of our “I”-ness—our ego sense—creates such an illusion of continuity in our awareness that we cannot be aware of that to which we do not attend. Each experiential moment of awareness, regardless of how narrow or broad its range of focus, usually carries its own sense of sufficiency and completeness as a cognition.

And yet, questioned or unquestioned, the dissociations of everyday life surround us, and sometimes their manifestations are quite bold, if we would but consider. Consider this: The last time you were driving in your car from point A to point B and were rapt in thought on some other matter of the day, only to become aware at some point that you were nearly arrived at your destination, you were dissociating—you were vanishing to a current experience the body was engaged in even as that experience was occurring. Can you consciously remember traversing the intersections and negotiating the other traffic which would have been encountered along the way? Probably not. “You” weren’t there.

Who was “at home” in the body while you were consciously vacated—while your conscious attention—indeed, your ego experience—indeed, *you*, were elsewhere? Were you any more present, or less functional, for instance, than a blackout drinker, who, while under the influence of alcohol may appear functional, ambulatory and engaged in reality only to subsequently have no conscious recollection of what transpired during the blackout interval?

Indeed, while I was driving from point A to point B I was having an experience; I was “with my thoughts,” as arising spontaneously or as influenced by other stimuli, such as the induction of music playing in my car, or becoming engrossed in a talk radio show. It is not that I have broken off from having a conscious life, only that my conscious life broke off from being consciously engaged with a range of external reality, in this case driving my car.

Again, who is driving? The facile answer is “I am,” but this answer is misleading because the thread of ego-consciousness—“I”—is else-

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where, and not attending to the task. So who's in to drive while "I" am not? Who's at home (in the body) while I'm not?

This is not an inconsiderable question. After all, driving a car involves the kinesthetic knowledge of driving combined with a remarkable array of sophisticated judgment calls involving the activities, and predictions of those activities, of other drivers, as well as a host of other variables. While the themes of driving may be finite, the variations on these themes are virtually infinite, and ever changing. Whoever or whatever is present to attend to this level of complexity, during my absence, has a profound set of capabilities which are apparently quite autonomous—able to function suitably without being consciously directed by the body's usual resident "I."

If one takes this problem of the "vacant 'I'" seriously it may be worthwhile (and necessary) to consider whether or not consciousness is inherently pluralistic. This same question could be posed about our very being: the "I" that may be a kind of "We."

Please note that I'm not hinting at anything that would be regarded as clinically significant dissociation or multiple personality disorder (dissociative identity disorder). Thus far, the implications in my dissociation example and the mere hint of a "multiplicity" dimension to our state of being are adaptive, not maladaptive. They are considered as "how things may be"—the state of affairs—rather than as pathological deviations from the normal.

Perhaps the "who" who's there when I'm not covers a range of presence(s), from a kinesthetic, perceptually and cognitively aware "problem solver"—more like robotics—on the one hand, to some presence who is capable of semi-competent interpersonal interactions (as in when, for instance, "I" am tranced in boredom and not attending closely to being around, and interacting with, someone I don't care for).

Our dream life and what we know of the mind through free association and parapraxes suggest the existence of co-operating (though not always cooperative) trains of logical thought that are discrete and independent of our conscious thought train. The "presence" of which I make mention above, however, takes on the characteristics of being able to exert a functional intention within the body itself in the absence of the resident "I". This, of course, does not mean that such presence(s) may not also be operative within the body while the resident "I" is at home, either. They would, however, presumably be

harder to detect as singularities in the midst of an amalgam with the resident “I.”

Thus far we have spoken of dissociation as a normal occurrence, as indeed it is: a capacity each one of us has and is involved with continuously. The dissociative capacity works in and through and around us, usually quite seamlessly. We’re accustomed to it without, for the most part, even noticing it.

Let’s thicken the plot a bit. If we see dissociation as simply another form of trance, into which one may be induced, or gain entrance to, what are some of the inductions that can lead to significant manifestations of it? In milder form, dissociation can be brought on by fatigue, boredom, enthrallment, aesthetic stimulation, esthetic stimulation or non-stimulation, anxiety, sense of foreboding, sense of eager anticipation, enthusiasm, sexual behavior, recreational drug/alcohol use, physical exercise, accidents, and so on. In more pronounced forms (to be described subsequently) dissociation may be brought on by experiences of profound sensory/cognitive overload and experiences of profound sensory/cognitive deprivation.

Experiences of profound sensory/cognitive overload can include combat fatigue (the original, recognized form of post-traumatic stress) and its inner-city equivalents, accidents (especially those experienced as life-threatening), illnesses (ditto), exaltations (successes or victories, as in sports or career), any “fight, flight or freeze” experiences (adrenaline), sudden onset of profound loss and uprootings, sudden experiences of unanticipated public humiliation or shame, or sudden experiences of unanticipated public praise and affirmation, prolonged confinement, childhood incest/ physical/sexual abuse/sadism, childhood experiences of sensory/ cognitive overload, childhood experiences of sensory/cognitive deprivation.

In profound dissociation-precipitating experiences a person is less likely to be progressively entrained by her/his own thought pattern into a trance of inattention to the body and its involvement with the physical world (typical of milder dissociation), and more likely to be consciously trying to counter, or avoid—get out of the way of—some suddenly encroaching, overwhelmingly compelling inundation. When such a severe dissociative manifestation is underway, it may be experienced by the formerly resident/now rapidly exiting (the body) consciousness as a complete alteration of time and space and identity, or as a more or less sustained identity but with an out-of-body vantage point, or as a retreating deep within the body to a place of

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hiding, or all of these simultaneously! Outer manifestations of a more pronounced dissociative experience (if an observer is there to witness) may be complete catatonia (a body apparently utterly vacant of consciousness), or extreme manifestations of emotion (terror, shrieking, etc.) which subsequently prove to be non-ego connected (there's no recall of them later), or some presence of mobilized defense in the body (possibly in the form of a personality or separate ego-state—about which more later).

This is as good a place as any to present how a personality “splits” in a pronounced dissociative episode. Consider the experience you are having right now as you read what I've written. (I'm having my own analogous experience while I'm writing this.) First, just what components go into the make-up of a complete experience, anyway? Well, probably many. However for our purposes let's consider three basic ones. First, while you're reading this, your thinking/thought process is obviously engaged (I hope!). The words you are reading form sentences which present thoughts that shape and present concepts. To some extent your “thinking” is engaged as you read and consider this material, regardless of whether the writing appears to hold together or not. We might term this aspect of experience the “cognitive level” of experience. It's amazing to see how many people think that the cognitive level constitutes virtually all of what an experience is, or consists of. To recall an experience is, for these people, to conjure up a sequence of events intellectually—to “remember” an occurrence—something that took place. Yet at best, the cognitive/rational/thinking faculty, as important as it is to “knowing,” accounts for at most about one-third (and probably a bit less) of a complete experience.

As you read this writing, what is your body doing? Are you lying down or are you sitting? Is the body comfortable in its posture or is it tense? Is it in a slouch, or is it more upright? Does it shift around a lot (legs crossing back and forth, for instance) as in trying to keep you awake, or does it feel heavy and want to doze off? *Whatever* your body is doing or not doing, however it feels kinesthetically—muscle tone—certain groups of muscles tensing, certain groups of muscles slacking, and however the body's sensory faculties are being used including the visual, the olfactory, taste, auditory as well as tactile or touch—all of this is your body's own experience—its own consciousness—of the same experience which you (resident “I”) and your body are having consciously as you read this. In other words, the body is

having, and is providing you with, its own component of the total experience you are having as you plow through this.

Now what about the feeling capacity—the “affective” component? What feelings are you having while you are reading this? Are you bored to tears by such a minute dissection of an utterly unexceptional experience? (I won’t take it personally.) Are you stimulated by the intellectual content of the ideas? Are you possibly a bit pissed off or annoyed at the ponderousness of the writing style or do you feel somewhat enthused with the cadence of the writing and the cascading—sort of lurch-y quality of the thought process? Are you offended by the premise that “Everywhere is trance” and that “Someone’s home” (often) in your body when “you” aren’t, or are you amused at encountering a kind of novel, quirky way of looking at things? *Whatever* your feeling tone is as you read this, whatever emotional hues are evoked, *is* the feelings component of the experience you are having while you read this, and your affective experience chips in approximately one-third to the total experience you are having.

What I hope is becoming clear to you as you are having the experience that you’re having **right now** is that *each faculty*—the cognitive/rational/thinking, the affective/emotive/feeling and the kinesthetic/sensory/somatic—*is having its own discrete experience of what, as viewed from the outside, looks like a unified single event:* your reading this stuff. The three components may pool resources and orchestrate a complete experience—the overall experience itself. However, regardless of whether or not there is such an orchestration, *each component of experience is also being stored discretely and separately from the others.*

In particular the capacity of the body to store its own form of memory, including its kinesthetic and sensory gestalts, is something to which not much attention is paid, but which is of paramount importance in the treatment of dissociative disorders/multiple personality, as will be set forth in greater detail subsequently. The presence of body-encoded memories, however, should not really be all that surprising when one considers that in the midst of an abusive onslaught (physical abuse/sexual abuse/sadism, etc.) when major dissociative phenomenology is kicking into gear (the personality is splitting along the cognitive/somatic/affective axes), *the body cannot vacate the body.* It remains present to whatever is being inflicted on it, and continues to encode into its own form of memory the kinesthetic and sensory state of the body which are its experience of the trauma.

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It subsequently (as a consequence) should be greeted as no surprise, from both the theoretical and empirical standpoint, that the upwelling of physical symptoms and sensory images—the body’s component of the complete experience—its “memory”—may be the first component of memory to surface in a person who has, for example, a history of childhood incest/sexual abuse/physical abuse, in the absence, initially, of any other surfacing components—the cognitive and the affective—of such a history.

Though initially utterly ego-dystonic, for there is usually, at the outset (and onset) no conscious memory of—no cognitive information supporting the existence of—such a history, and though often diagnosed and treated symptomatically within the medical community, such body symptoms are, under auspicious circumstances, often the precursors to a fuller surfacing of the other components of memory, as well. This spontaneous upwelling of physical symptoms and sensory images in an apparent vacuum of cognitive knowing is one of the least appreciated, and most misread, occurrences, within contemporary psychotherapy (especially the “medicalized” field of psychiatry). I use the expression “Adult Onset Recall” to designate this whole process of spontaneous upwelling of memory components, arising seemingly out of nowhere.

As previously mentioned, the encoding by the body of its own range of experience, both kinesthetic and sensory, as “body memory” does not only happen during a dissociation-engendering trauma. Such encoding is continuous.

Many years into my work with dissociation prone/multiplicity-prone individuals, and the memory completion work which is so integral to the overall endeavor, I noted an experience within me which highlighted for me just how exquisitely sensitive the body’s discrete memory encoding process can be.

I had noted for a number of months that when I was just starting to get drowsy and fall off to sleep I would experience a feeling of slight disorientation in space—almost random micro-movements throughout the body accompanied by equally minor, yet definite, sensations of being slightly disoriented and out of physical equilibrium, which I would—or the body would—instantly counteract and correct. I mean, the experience was extremely subtle. This experience remained a mystery to me for some time and, beyond noting it, I viewed it as a benign enigma.

Many months later I was hiking in some hills and, at a wooded summit of one of the hills, I realized that if I could gain about another twenty feet of altitude I would be rewarded with an unobstructed panoramic view.

I found a climbable white pine, picked my way up through it and achieved my goal—a truly breathtaking sight. Feeling moved by the experience, and securely straddling an upper crotch in the tree, I decided to meditate there, and leaned my upper body along the upper trunk of the tree with my arms locked around it to secure me. As I gently meditated into a slightly relaxed state, with eyes closed, I became aware of the identical movements in the body which I had earlier noted in my pre-sleep state. Only this time, it was the gentle movement of the wind through the tree, and the resulting multitude of micro-movements each little area of the tree was undergoing, which my body was now feeling. Tons of sinuous micro-misalignments and realignments as the trunk and branches all moved in a thousand different directions at once.

I at once knew that this was the body's memory, for it came to me in an instant that as a child I had often taken refuge from a turbulent family environment by going outside and climbing a white pine adjacent to the house, where I had secured myself in the top-most branches and let myself be soothed by the breeze, the view and the rocking of the tree.

If the body can encode and, a number of decades later, serve up its version of such a subtle experience, there should be little doubt as to its capacity to encode, and serve up, independently, its own form of memory regarding much more blatant, compelling and excruciating events.

In devoting considerable attention to body-centered aspects of dissociation, I have probably underemphasized the significance of dissociation as it can invoke the cognitive and affective faculties. For instance, in the surfacing of the affective/emotive/feeling component of a prior traumatic occurrence, we have, in its own way, the equivalent of what was earlier described regarding the surfacing of a somatic component. In that example a surfacing body symptom of some sort would breach cognitive awareness and be experienced as alien, out of context and therefore disorienting because there would be no conscious referent—no cognitive historical reference—to an historical antecedent that could “explain” the symptom. An affective/emotive/feeling surfacing is just as disorienting, only in lieu of

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a physical symptom we have an emotional current, mood, or feeling which appears to have no conscious referent in historical fact. This experience can be just as disconcerting as the former one.

Also of note is that while cognitive/rational/thinking-based consciousness may have no awareness of past traumatic events, there are forms of dissociation in which cognitive/rational/thinking-based memory is, to some extent, retained. One often finds, in such cases, that though a conscious memory of an event may remain—a person may recall that “such and such” happened—the cognitive component (the conscious recall) is completely devoid of any emotional or somatic content. Such an account will be presented as affectively flat, and the whole experience, as reported, will be presented as somehow distant and of not much relevance—just “something that happened,” or “happened to happen” and of no particular import. *There is no vitality to the reported recollection; the reported sense is almost as if “it happened to someone else, not to me.”*

We’ll see in our discussion of the memory completion process how “recall” can arise independently from any of these areas of stored memory: the cognitive/rational/thinking, the affective/emotive/feeling, and the kinesthetic/sensory/somatic, arising either separately or in varying combinations of cognition, affect and soma.

In drawing this orientation section on dissociation to a close, it’s important to highlight, once again, that we all dissociate, and that the capacity is innate, and non-pathological. In its origins it is adaptive, and at its best it remains so. Even multiple personality, usually taken as an extreme manifestation of dissociation, is not necessarily pathological, provided it remains (or through treatment becomes) helpfully adaptive. The dissociative capacity generally, and multiple personality specifically, become “disorders” at the point at which they exhibit maladaptive qualities, and negative consequences ensue.

If you start to trance while driving and wind up with traffic fines and accidents, then you will know that that level of dissociation has become maladaptive (and clinically significant). If a multiple personality-prone person has alter personalities who make mutually exclusive claims as to what should be happening in the life of the body and decide to categorically repudiate any other claims, internal civil war is the result, and the “disorder” part of multiple personality appears.

Basic Sensitivity Training

As we move forward into discussing treatment of multiplicity these points will be important, for there are many trials along the road in which you, as clinician, will be heartily relying upon the *adaptive* qualities of dissociation and multiple personality to carry a case through turbulent territory. As clinicians one of our largest callings is to see what may be done to take the “disorder” out of dissociation and multiple personality, and to assist in the reshaping of these capacities into adaptive and internally cooperative assets.