# Fraser's "Dissociative Table Technique" Revisited, Revised: A Strategy for Working with Ego States in Dissociative Disorders and Ego-State Therapy

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**ABSTRACT.** The challenge in the management of a number of the dissociative disorders–which is not present in any other psychiatric or physical disorder–is the need to manage a person who has a dissociative plurality of self identities. Each self identity or ego state believes in its own separate existence, and that it can relate to the outside world without any need of the other co-existing ego states. The primary treatment of dissociative disorders is psychotherapy (and psychopharmacology when Axis I comorbid disorders cause functional impairment), much like the psychotherapy of other disorders. However, in treating dissociative disorders, it is often necessary for the therapist to interact with the various ego states. To ignore the clients' subjective reality of such ego states often leads to therapeutic failure, a fruitless focus solely on the comorbid

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conditions, termination of therapy, or a flight to another therapist. Effective therapy most often results from the recognition and acceptance of the subjective reality of the client's separate ego states and the ability of the therapist to lead the client towards a dissolution of the amnestic barriers and disharmony of these ego states. For many clients, however, the switching of ego states is chaotic and uncontrolled. The Dissociative Table Technique offers a technique to allow clients to recognize internal ego states, and to structure and control switching and internal communication. It is an adjunctive strategy to the psychotherapy and has proven successful in establishing internal cooperation and integration of the various ego states. Drawing on principles from hypnosis, gestalt therapy and clinical experience, the strategies of the Dissociative Table Technique allow the therapist to teach the dissociated person to facilitate interaction of ego states, and to integrate and eventually join or fuse the dissociated ego states into a consistent sense of self brought about by the cooperation and coawareness of all ego states who learn to function as a unit. This is an expanded and updated version of the original publication of this technique (Fraser, 1991). *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com>* 

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The Dissociative Table Technique is a strategy developed to assist therapists in accessing and working with dissociated personality or ego states (also known as "alters") in dissociative state disorders. This technique is primarily utilized with Dissociative Identity Disorder (DID; American Psychiatric Association, 1994) previously known as Multiple Personality Disorder (MPD). However dissociated ego states may also be present in other dissociative disorders, e.g., Dissociative Disorder, Not Otherwise Specified (DDNOS) and Dissociative Fugue. The Dissociative Table Technique has also been used in conjunction with Ego-State Therapy (Watkins & Watkins, 1991, 1993, 1996), and has been employed more recently as an adjunct to EDMR (Eye Movement Desensitization and Reprocessing; Shapiro, 1995) when used with dissociative disorder clients (Paulsen, 1995).

Some therapists take the approach that one should ignore dysfunctional ego states hoping they eventually will "go away." There are no studies that support this approach. In contrast, when dissociated ego

states are engaged in therapy, successful outcomes have been reported, showing the value of accepting the validity of dissociative disorders and offering appropriate therapy (Ross, 1997). This paper is meant to assist those who are prepared to provide the challenging and often difficult therapy with those suffering with dissociative state disorders–a therapy which includes negotiating with ego states. The Dissociative Table Technique was first published in 1991 (Fraser, 1991). Since that time it has gained considerable popularity. A second article further elaborating this strategy was adapted from a plenary presentation given at the Frie University in Amsterdam when the International Society for the Study of Dissociation held its first meeting in The Netherlands (Fraser, 1993). Because of its ease of application and its ability to readily access ego states, the Dissociative Table Technique has been adopted by many therapists and used in the various stages of therapy. The technique is especially helpful in setting up dialogues allowing the therapist to engage the various ego states in negotiations leading to an eventual resolution of the ego fragmentation. It also permits the client to become familiar with the "internal cast" that was created as an attempt to cope with earlier traumatic events. It is not a therapy in itself, but rather an adjunctive strategy devised to assist the therapist in his or her preferred therapeutic approach.

Though the Dissociative Table Technique, also known as the "table technique," has proven itself a useful strategy for accessing and managing ego states, some changes have been made over the years to improve its ease of use. This latest version will make it even easier for therapists to use in managing the various dissociative states–states which may actively take exclusive control or merely influence from within. This revision also discusses the strategies of the Dissociative Table Technique in more detail than in the original.

Before describing the table technique, several issues concerning its applicability should be mentioned. Some clients may present to therapy with an awareness of their dissociative system and may not need any assistance from the therapist to initiate dialogue within that system. Yet others may have ego states that present spontaneously in the therapy session or do so readily at the request of the therapist. Such cases would not necessarily need the table technique. In some situations, therapists may prefer strategies other than the table technique to engage ego states, e.g., through writing or journaling. Thus, the table technique is but one of a number of strategies that can be used to access ego states. Nonetheless, the table technique, besides providing accessing and dialoguing

strategies, has additional elements facilitating the ongoing therapeutic process in dissociative disorders.

While the table technique does not employ a formal hypnotic induction, it should be noted that dissociative patients are generally high hypnotic responders (Boyd, 1997; Rhue & Lynn, 1991), and many of the clinical features may be related to auto hypnotic trance phenomena. Accessing strategies such as the table technique may tap into hypnotic phenomena whether the therapist intends it or not. For this reason it is recommended that anyone using the table technique should have either formal training in hypnosis or obtain supervision for their first few cases from someone who is familiar with hypnotic techniques and the presentation and management of ego states.

While the table technique is relatively simple to employ, it cannot be overemphasized that it delves very quickly to the dissociative phenomenology by readily engaging ego states that may or may not welcome this internal probing. If one is to use this technique, one must be well prepared to manage the consequences of interaction with ego states. Such ego states often view themselves as separate entities and expect recognition as such once they agree to relate with a therapist. While therapists understand that dissociated ego states are not separate "people" but are dissociated aspects of a single person, to facilitate therapy and earn a therapeutic alliance, it is best to initially accept that they believe they have separate identities. Avoiding an initial and aggressive challenging of this delusion of separateness better promotes a positive therapeutic relationship. Initially it may also be better to refer to them by the names or identities that they believe themselves to be. As therapy progresses, it can be gradually introduced that each of them is, in fact, one facet of the client's total personality, and that eliminating dissociative barriers and bringing about ego state harmony is the ultimate aim of therapy.

There are often early relational problems that must quickly be settled, for as often as not, ego states erroneously believe the goal of therapy is their elimination. It is important to clarify early on that ego states are *not* eliminated or "killed," not even the "nasty" ones. These "nasty" states often possess the energy and assertiveness that will be very much needed when they are finally together as a team. The therapist early on should explain that all ego states were developed for special needs, and that each has an important role to play that they will understand better as therapy proceeds. Therapists often quickly find themselves in the additional roles of teachers, mediators and negotiators between ego states who are often hostile to each other. Being faced with an angry ego state

can be sometimes intimidating for the novice in this field as well as the seasoned therapist. Yet, these angry ego states often have vital strengths that will be needed in the process of integration of ego states and beyond.

While hypnotic phenomena are accessed with the table technique, it is basically an *imagery* strategy. Initially I considered it to be a guided imagery technique, but actual guidance by the therapist is minimal save for arranging the place and setting where the interactions between ego states takes place. After that, exchanges between ego states are, for the most part, inner-directed by the client. As such, the technique more properly would be considered *inner-directed imagery* rather than guided imagery, as the latter implies that the therapist is suggesting the content.

This article presumes that the therapist is familiar with the clinical presentations of dissociative disorders and the therapeutic goals in the management of dissociative disorders. The reader would benefit from familiarity with the *Guidelines for the Treatment of Dissociative Identity Disorder* (International Society for the Study of Dissociation, 2000) and the clinical literature in concerning the treatment of dissociative disorders (see Putman, Guroff, Silberman, Barban, & Post, 1986; Ross, 1989, 1997; Kluft, 1991), attending workshops such as the annual meetings of the International Society for the Study of Dissociation, and reading this journal and its predecessor, *Dissociation: Progress in the Dissociative Disorders* that was edited by Dr. Richard Kluft.

## *THE DISSOCIATIVE TABLE TECHNIQUE*

### *Pre-Table Work*

I refer to the state that presents for therapy as the "presenting personality." As yet, there is as yet no universally accepted term for the ego state that is the first to present to the therapist's office seeking help. Besides "presenting personality" some have used the terms "birth personality" and "host personality," and, more recently, "apparently normal personality" (APN; Steele, van der Hart, & Nijenhuis, 2001). The reality is that any ego state may initiate the therapy, although most often it is the ego state that carries on with everyday activities (and is likely experiencing amnesia when other states decide to take over). For this paper, I use the term I used in my original paper, that is, "presenting personality," for the Dissociative Table Technique can be initiated with any presenting ego state. Prior to engaging the client with the table technique, it

is wise to presume that at least some of the ego states are probably already listening in, even though no formal contact has been attempted by the therapist. Thus, this is a good time to remind the presenting personality that the aim of therapy is to engage *all* the personalities in the therapeutic process and form them into a new team, and that the elimination of any ego state is *not* in the therapeutic agenda. This clarification will generally result in better cooperation when the table technique is initially used. However, therapists should not be surprised when they run across episodes of resistance and even sabotage–rather, they should be surprised if they don't!

The client should be told that this technique is to be employed to gain contact with their internal system (for some, a very confusing system in which they may never have had any previous controlled dialogue with the inner ego states) (see Figure 1). Trying to sort out the chaos in the interactions of dissociated ego states in the early stages of therapy can be like spring housecleaning; everything gets put into the middle of the room before eventually put in its proper place. As such, things may appear initially more disorganized. The client should be informed that therapy may seem more chaotic before it eventually progresses to facilitating internal cooperation and eventual resolution. Some therapists may wish to have an informed consent signed indicating the person is aware that therapy may be stressful while contacting various ego states, and uncovering and resolving conflicts. Therapists too should be aware that the therapy may be stressful for them and that they must avoid the trap of being over-involved in the therapy, and must guard their personal boundaries and not become overstressed. Therapists should not hesitate to get supervision or speak with a colleague if they are experiencing difficulties in providing the therapy.

Of course, one does not use the Dissociative Table Technique in the first clinical session. It is only used after a proper diagnostic assessment has been done and other comorbid conditions have been considered and managed as appropriate. For example, it would be inappropriate to commence the table technique if a patient is depressed or suicidal; the depression should be managed first. Other comorbid conditions such as substance abuse, anxiety disorders including posttraumatic stress disorder, eating disorders, and self mutilation behavior must be contained. It may be possible to manage such clinical difficulties while still employing the table technique, but this will vary depending on the clinical circumstances. Therapists should be familiar with stage or phase oriented treatment that has been suggested for the treatment of survivors of childhood abuse (see Chu, 1998; Courtois, 1998; Herman, 1992). Stage

oriented treatment models recommend an initial period of stabilization prior to attempts to access and process traumatic memories. Establishing safety, containing florid symptomatology, maintaining basic functioning, and promoting the ability to engage in collaborative relationships are some of the essential goals of early stabilization. With some survivors of severe and chronic childhood trauma, stabilization may require extended treatment prior to exploration and abreaction of traumatic experiences.

## *THE TABLE*

The Dissociative Table Technique is an imagery strategy facilitated by the client's own hypnotic capacity. All work is done with the client

FIGURE 1. This drawing by a patient with DID was done for the author depicting how she perceived her ego states "in the background." She knew they were there by the voices. Friends confirmed that at times one or another would come to the front, pushing her behind with consequent time loss.

sitting in a chair in the office as is traditionally done in therapy. To make the table technique easier to use, I will describe strategies along with the actual wording I would use with that person. The strategies of the table technique have partly been derived from such areas as gestalt therapy and hypnosis. Other strategies have developed through my clinical experiences as the table technique has evolved.

The Dissociative Table Technique often utilizes the image of a table in a safe room, with chairs for the ego states (including the presenting personality). However, some clients, for various reasons, may not wish to utilize such a setting, and they can be given permission to choose their own meeting area. For example, some may choose a scene such as sitting around a rock on a beach, or other more personalized locations. Nonetheless, the principles of the table technique are the same and the setting is not critically important. Most clients prefer to use the table imagery, often in a conference room atmosphere, where negotiations can take place during the therapy.



## *SETTING THE TABLE*

To begin I say to clients, *"I want you now to close your eyes, and before we go to the table, I want you to imagine yourself in a safe relaxing place. Some people may pick a beach, others choose some other relaxing place. When you have chosen that place I would like you to describe for me what you are seeing."* This generally takes one or two minutes. By having the image described to me two things are achieved. First, I find out if in fact they have visualized this relaxed place. Once they begin reporting their scene–any scene–I know that they are actually able to focus on an internal image of a location. I have not had dissociative disorder patients who could not readily experience quite vivid visual images. (Actually their capacity for imagery is remarkable, which is probably why the table technique works so well with this group.) If no visual imagery was experienced one would have to consider conscious or unconscious (i.e., interference by an alter ego state) resistance and this would have to be resolved before proceeding. Second, I have also set up the expectation that they can also speak to me in my office while describing their internal imagery. This simple strategy is often all it takes for a dissociative individual to enter into a trance state, without the therapist needing to use formal hypnosis.

If the clients have not included themselves in the scene, I say, *"I want you now to see yourself in this relaxed place. Notice for instance what*

*are you wearing there."* Generally, they then readily visualize themselves in the scene. By asking to see themselves and what they are wearing I have, in fact, given the expectation that they should be able to do this. This is because I also wish them to later be able to include themselves as one of the members at "the table." In the rare case in which they still do not see themselves, I say once more, *"I would like you to now place yourself in that relaxed place and then describe how you appear."* As most will now have done that, I will proceed (even if they haven't yet seen themselves but have at least described the scene). If imagery is not achieved here, resistance should be considered, which could be a defense suggesting that more preparation has to be done, or the possibility that the clinical impression of a dissociative disorder needs to be reevaluated.

I continue, *"I would like you to now change this image. I want you to imagine yourself in a safe room. In this room is a table. Around this table are chairs. One chair is for you, the other chairs are for those others who play a role in your internal life."* If the person has already given names to members of their internal system I may say, *"The chairs are for you and those you are aware of who are inside"* (you could use names or other references that earlier were made by them of their ego states, e.g., the "inner voices"). I always try to use the term that the client has used in reference to their own ego states to avoid any suggestion on my part.

I continue, saying, *"And I want to emphasize that this is a safe room. In here, no one gets hurt. I don't hurt you and you don't hurt me. Those around the table don't hurt each other. This is a place to get to know each other better. We can talk, but we don't act out. No one is allowed in here except those parts which play a role in your internal life."* (This can be adapted to suit each case.) The intent here is to set up a negotiation room and to indicate that this is not just another setting in which to carry on the chaotic relationships which preceded therapy. Also it is important to emphasize that the expectation is dialogue and not acting out; dialogue both with the therapist and within the system.

I then say, *"Let me know when you see yourself in a chair."* Since later there can be arguments about who gets to sit at the head of the table, I often suggest an oval table. As mentioned earlier, if there appears to be any difficulty with table imagery, I suggest they choose any other meeting imagery they might prefer.

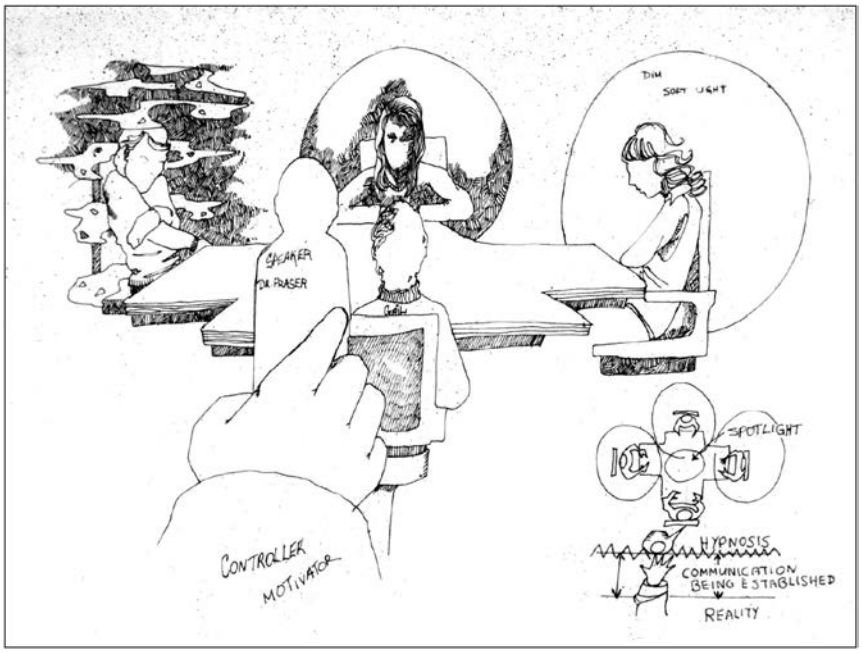
I proceed, *"Now tell me what you see in the other chairs."* A variety of responses are possible. If you are lucky, all the involved personalities have accommodated you and have placed themselves in the chairs

around the table or the other chosen site. More often, however, you may be told that there are chairs but no one is in them yet! Since the confident expectation by the therapist that this is going to succeed is so important, the therapist must not be upset by any delay. If no other ego states have yet come to the table (or whatever place they chose), the therapist persists by saying, *"OK, now I would like you to look towards the door* (even though no door was mentioned before!) *and now invite the "others"* (or by whatever term they have been using for the ego states) *to enter the room and take a seat."* At this stage the therapist waits in expectation and is generally rewarded by at least a few reluctant inner cast members who come to the table. For example, there may be seven empty chairs but only three states come to the table. *"That's good, and when the others feel safe to enter then they can come when they feel ready."* (The time of arrival can vary widely!)

This Setting the Table part is quite interesting and can open up an unexpected awareness of the actual extent of the internal ego system (see Figure 2). Perhaps the most amazing part of the whole Dissociative Table Technique is that the presenting personality, for the first time, may be actually *visualizing* the other ego states. Hitherto, these states may only have been experienced as voices, or had their behaviors and personae described by other people. But what is also most interesting in that each ego state brings its *own* sense of identity and body image to the table. The presenting personality is often surprised by the physical appearance of the other ego states (e.g., that gruff voice that was so feared actually belongs to a young child ego state, or that some ego states are of a different gender, or that some look like the presenting personalities when they were younger). It is to be emphasized then, that what appears at the table is *not* the interpretation of the presenting personality, but rather each ego state's *own* perceived identity. This often opens up a major new understanding of how the internal system operates and is an important element in the usefulness of the table technique. The various ego states' presentations may represent ages at the time that states were formed or may be symbolic of their roles, e.g., a tough looking persona or a seductive one, to just name a couple of possibilities.

Often the number of chairs reported around the table gives a more accurate estimate of the complexity of the internal system than the client may be able to report. For instance, if initially the person reported two voices, one might expect that the safe room would have three chairs–one for the presenting personality and two for the two inner voices (ego states). However, if that person reports there are *six* chairs present but only *two* occupied by the ego states previously experienced, it is now

FIGURE 2. The same patient who drew Figure 1 depicted how she perceived her ego states when first using the Dissociative Table Technique. Now she had a visual representation of those ego states around the table but also included herself. This set the stage for interaction and dialogue.




highly suspicious that the other chairs represent places to be filled by ego states that exist but have not yet revealed themselves. Once therapy progresses, and trust ensues, then it would be expected that the four as yet unknown guests (or more) will eventually join the table. Keep in mind that rarely does everyone come to the table on the first "setting." It may be months or longer in complex cases before everyone attends.

## *THE DIALOGUE SET-UP*

Now that the initial group has come to the table, the next step is to set up a way to communicate with those ego states in an organized manner. Remember that until this point, these ego states generally have only made unexpected spontaneous appearances, much to the distress of the

presenting personality. Just as likely, some have been operating totally inside, either through taunting via auditory hallucinations or by "made actions" (such as those described as Schneiderian First Rank Symptoms; Gainer, 1994). For some clients, there may never have been any previous dialogues with the internal states nor co-conscious awareness until this point.

### *The Spotlight or Microphone Technique*

I now introduce the communication strategy that I refer to as the Spotlight Technique or the Microphone Technique. *"Now that you are at the table, I would like to set up a way in which you can speak with me and to each other. You can choose to speak to me directly or speak through* (name the presenting personality). *We will arrange that we can have a spotlight shine on the one who wishes to speak or we could pass a microphone to whoever wishes to speak. Which would you prefer, a spotlight or a microphone?"* If they said neither was acceptable, I would work out an agreed upon alternative. I'm going to use my wording as if the spotlight was chosen. *"OK, now I want you all to listen when someone else speaks so you can all be aware of what is said in therapy."* It is important to stress to the presenting personality that he or she is also expected to listen to other personalities as they speak. This is a very important aspect of the table technique; it teaches the presenting personality to now be aware of the other personalities as they dialogue with the therapist and with each other at this table. Our role as therapists is to assist in ending such dissociative barriers. Being aware of other ego states and hearing them speak may be a first time experience for many. This also bypasses the need for the presenting personality to ask at the end of the session, "Well, what went on when you were talking to the others?" This is another strategy in eliminating amnestic barriers. I emphasize that *everyone* should pay attention to the conversations. This strategy allows for relationships to develop between ego states; many who also may not have been aware of each other and not on speaking terms for one reason or another.

To continue, I next say, *"I'd like to demonstrate how the spotlight technique* (or microphone technique) *works. Would whoever is willing to speak with me first, put up your hand?"* (Most times there will be a volunteer willing to talk with the therapist.) I then address the presenting personality and say, *"Whose hand is up?"* If no hand is up, I may suggest a volunteer whom I think might be more willing to speak. *"Thank you for volunteering. I want you now to all be aware of a spot-*

*light shining on the one who is going to speak to me. When I count to three, the spotlight will be shining on you* (the volunteer). *Ready? . . . one . . . two . . . three. Great, now tell me a little about yourself."* The response allows the therapist to discover how much cooperation has been obtained. Notice the use of an open-ended question and *not* a leading question. If all goes well, the therapist will be told the name and the role of the ego state that is speaking. After a brief conversation I thank that ego state and may suggest we do one more trial to make sure everyone sees how it is done. I would then say, *"Thank you for speaking with me and now would you look around and see who else is willing to speak next?"* Once another ego state volunteers, I continue speaking to the one under the spotlight and say, *"When I count to three, would you place the spotlight over that person who will speak next? Thank you . . . one . . . two . . . three. Thank you for also agreeing to speak.* (To this next volunteer) *Tell me a little about yourself."* Notice again, I try as much as possible to ask non-leading questions. These clients are often quite suggestible and the therapist must always keep in mind to avoid suggestive questioning both here and at all times in the therapy.

I end the Dialogue Set-Up by asking that the spotlight now be placed back on the presenting personality. I may ask what that experience was like for the presenting ego state. Often I may do the Table Set up and introduce the dialogue technique at the same session. If there are a reasonably small number of ego states, I may speak to them all briefly using the spotlight or microphone technique. Otherwise I will end with (speaking to the presenting personality who is still at the table, under the spotlight), *"I'd like to thank you all for your cooperation. This is a strategy we can use so we can readily speak with each other. I'm now going to bring* (name the presenting personality) *back to my office. The rest of you are invited to listen into the therapy sessions from now on at all times. OK, when I count to five* (addressing the presenting personality), *I want you gently to open your eyes and return to my office* (from the table). *Ready, one . . . two . . . three . . . four . . . five."* When the eyes open, I ask, *"Well, tell me what that was like."* I'm especially hoping to hear that all ego states were seen by the presenting personality and that he or she can recall the conversations of those who spoke while under the spotlight (or by using the microphone). I remind the client that from now on I expect that ego state conversations in therapy are heard by all. I remind all ego states I am therapist for each of them and intend to be fair and evenhanded with every one of them.

It is not expected that at every session that the use of a microphone or spotlight must be suggested. What often occurs is that after a few ses-

sions of using the spotlight or microphone, it has been established that direct conversations can occur with any ego state. Soon, ego states begin to speak without bothering with the spotlight/microphone.

### *Mediator Technique*

At times, in the Dialogue Set-Up, some states may be unwilling or unable to speak directly for one reason or another. Here I use what I call the Mediator Technique (the Middleman Technique in the Fraser, 1991 paper). I will ask if that reluctant ego state would be willing to speak to the presenting personality who could then relate the conversation to me and in essence act as an interpreter between that state and myself. What generally happens is that the reluctant ego state, after only a few exchanges, begins bypassing the presenting personality and we end up no longer needing the mediator and suddenly are speaking directly to each other. The Mediator Technique may also be especially helpful if there is an ego state who speaks another language which the therapist does not understand, or a state which may be afraid, too shy, too young, or ashamed to speak for some reason or another. In the latter case I might ask the Mediator, or another volunteer, to relay what that state may be trying to convey. Various improvisations can be made using the Mediator Technique.

The Table Set Up and the Dialogue Set-Up (including the Mediator Technique) are the essence of the Dissociative Table Technique. Once these have been used a few times the client learns to use them upon simple request. The therapist need only say, *"I would like you to now go to the table."* This quickly becomes a request to be at the table with the personalities assembled. As well, since it no longer becomes necessary to use the spotlight or microphone, the therapist need only say *"I'd like to speak to . . . ."* The ego states use the appropriate imagery without further need of direction from therapist. In effect, at this point, in less than a minute, one can have the alter personalities assembled around this table and engaged in a dialogue. Generally the client prefers to do this with eyes shut, which helps to focus on the internal imagery being used. However, when speaking with the various ego states once they have presented, their eyes often open as you would expect in any dialogue with a person. They may briefly close their eyes as they shift to another ego state.

The Dissociative Table Technique can be far more useful than just the core elements described above. That safe room with tables and chairs (or other selected safe place) along with the ego states can be-

come a meeting place where additional strategies can be employed in the course of therapy: a therapy in which the aim is to assist the ego states to realize they are the vital parts of a puzzle which ultimately is meant to be solved and joined together. At that point, they will be able to interact and function together in whichever way they will ultimately feel most comfortable. Speaking of the benefits of further integration I say, *"It's so nice to be able to spend a full day and know where you were and what you did all that day, and to awake from sleep in the morning knowing you didn't leave your bed except perhaps to go to the bathroom. This will happen when you all get together. Its worth the work."*

## *SWITCHING HEADACHES*

Some clients may experience a sudden headache caused by switching from one ego state to another. This headache can be quite painful and commonly is known as a switching headache. If you feel comfortable that the timing of the onset of a headache suggests it indeed is a switching headache and not something physical, then you could use the following guided imagery strategy: *"Close your eyes and imagine a balloon as big as that headache. Now begin to gently let the air out of that balloon. As it gets smaller and smaller let it go way, way to the back of your mind. As the balloon goes further and further away, so too does your headache. When the balloon gets as small as it possibly can, and as far back as it can, gently open your eyes."* If it is a switching headache, chances are the headache has dramatically if not completely gone and you will be quite impressed, as will your client.

## *THE SCREEN STRATEGY*

The Screen Strategy can be used in a number of different ways. There may be times when an ego state may wish to let the others know of an event or events that should be known by the others before any attempt at fusion (joining together). It usually is better to do experience sharing in bits and pieces rather than have the floodgates open by a fusion without any preparation. It is the nature of dissociation that traumatic or frightening events may be in the memory bank of some but not all ego states. With fusion, these amnestic barriers generally break down. It is best not to have to deal with new traumatic material at unplanned moments.

One use of the Screen Strategy then, is to share history, or events, by one ego state or group of ego states which are deemed to be important to be known, but hither to have not been known by all personalities. Of course, this brings up the question of whether techniques such as this can lead to false memories. Although hypnosis, guided imagery, or any other similar means can elicit erroneous memories, such memories may also be accurate (Kluft, 1995). Without external corroboration the therapist cannot be expected to be the adjudicator of the validity of memories. This is an important issue to discuss with clients in order to avoid erroneous confrontations with others or law suits that are based solely on recollections that have no external corroboration. Clients must be made aware of the vagaries of memory recall in therapy. Therapists must avoid leading questions and any other techniques that would influence the content of memories. I will not go into details of the cautions and guides regarding recovered memories, for this area is extensively discussed elsewhere (see Brown, Scheflin & Hammond, 1998; Kihlstrom, 1994).

With the potential difficulties discussed, and informed consent issues considered, one can then proceed with caution to use the Screen Strategy. Still utilizing the room with the table, I say, *"You will notice a movie screen or a television, or computer monitor in a corner of the room. When someone feels it is essential for the others to know of an event some others don't know, but must be known in order that you get together as a team, then this can be conveyed to the others by a movie (or video) clip of that event. Those watching can have a remote control switch in front of them so they can shut the picture and sound off for themselves if they feel they are not yet ready to look at that scent/event. Everyone has his or her own individual remote control so if any remote is shut it off, it doesn't interfere with others who wish to continue to watch."* To start, I say, *"We are now going to watch an event that* (name ego state) *feels is important to share. When I count to three, that scene will begin to play on the screen. If you feel uncomfortable, you can shut it off."* I generally will ask that ego state to describe what he or she is showing, so I can monitor not only what is being shown but also the emotional state of the story teller to make sure he or she doesn't slip into a reliving or revivification of that event. If I feel that emotions are running too high, I might suggest the scene be discontinued and looked at later, possibly only in segments that can be tolerated. I then may monitor reactions, and perhaps at this stage in initial work, reminding them once again of the difficulties surrounding memory recall. This can be a very stressful experience for both client and therapist, and the therapist

must always to be prepared for the unexpected and always be ready to step in and calmly control any difficulties arising. A calm exterior by the therapist–no matter what is being actually experienced inside–is quite reassuring. Active work with memories should be considered on an individual basis. Therapists should err on the side of caution if in doubt, and proceed slowly with memory exploration. However, clients often require a narrative for traumatic events as a key to recovery, so it may be essential for some to deal actively with such events.

A second use for the Screen Strategy is that it can be helpful for *current* amnestic episodes as therapy proceeds. For instance, an ego state may have taken over the previous day and the others are upset because they do not know what happened. In a similar manner to that described above, I would say, *"You can learn to discover what happens during those lost times by getting together at the table and having that* (name the ego state) *who took the time, show you on the screen what went on for that period of time."* While I may have to encourage that part to show the rest what went on, very soon they learn to gather their group together, on their own, and figure out how to break through such amnestic periods–one of the primary goals of the therapy. This can be a very empowering experience for them. As mentioned earlier, such a replay does not guarantee that this is historically accurate.

## *THE INNER SELF HELPER (ISH)*

The term for this special, though illusive ego state was coined by Ralph Allison (1974), though earlier therapists including Pierre Janet were aware of this controversial ego state. The Inner Self Helper (ISH) rarely presents spontaneously and if it does, it speaks as if it were a monitor or observer of the other ego states, but not one of them. It appears to know all the memories of the other ego states and sometimes can offer valuable information to the therapist. It does not show up at the Dissociative Table nor does it have an image that can be seen by the other ego states.

The concept of the ISH was falling out of use in the 1980s. Another dissociative disorders therapist, Christine Comstock, and I found it useful, and attempted resurrecting its use under the term Center Ego-State to reflect where that state placed itself within the system (Comstock, 1987). However it is no longer generally used in DID therapy and I will not go into further detail about the ISH. Nonetheless, I do mention it here as it could spontaneously present itself during therapy. Those who

wish to learn more about it could refer to the writings of Ralph Allison (1974). The reader may refer to this author's original article concerning the Dissociative Table Technique (Fraser, 1991) for a strategy used to access the ISH/Center-Ego State.

## *THE CHANGING ROOM TECHNIQUE*

This was referred to as the Transformer Technique in the original paper (Fraser, 1991), but is now revised and better can be called the Changing Room Technique. This technique may not be needed for all cases, just as the Screen Strategy may not be necessary for all clients. Nonetheless, frequently there are ego states who are of a different age or gender than that of the biological reality of the person. In some cases the psychological adjustments towards biological reality may proceed naturally along with the therapy, or may resolve immediately at the time of fusion. However, in some cases, these quasi-delusional beliefs of different age, gender or other factors may present stumbling blocks to both integration and fusion. I should clarify here that I use Kluft's definition for these terms (Kluft, 1993). That is, integration refers to the process of working together of ego states as therapy proceeds, and is the sense of blending together. Some clients may decide that the ultimate goal of therapy is only to act as a cooperative team working in unison, i.e., integration rather than total fusion. Others will have the goal of integration and complete fusion. Whatever seems to work best for the client is acceptable provided that it is the best compromise or decision that can be reached. Integration with total fusion is probably the best and most stable solution for most.

A full discussion with details of the progressive development of ego states as therapy progresses is beyond the scope of this paper. Suffice to say that some ego states may prefer to progress naturalistically by stages and eventually progress to the true age, stage and gender of the client. However, there are instances where the Changing Room Technique can facilitate the way in which ego states view themselves. Suppose a five year old ego state has told her story and wants to "grow up" but not "all the way" at once. I would ask what age she would feel comfortable to progress to. Assuming she said, *"Twelve years old,"* I would say the following (working from the dissociative table setting): *"To one side of the room you will notice a small "changing room" just like you find in stores where you can try on clothes to see if they fit. You will note that there is a nice full curtain instead of a door. Inside is a large mirror*

*and a light so you can see. The curtain is nice and thick and when you are inside no one out here can see you. The changing room is safe and only for you. No one can hurt you there and you can ask me any questions if you wish when you are in there. Say "OK" when you are in there.* (Wait for the OK) *Ready? When I count to five* (or any number) *you will feel yourself changing from a five year old to a 12 year old. Here we go . . . one . . . two . . . three. Feel yourself getting older . . . four . . . five! Now you are now 12 years old! Look in the mirror and describe how you look."* (Their description allows me to know whether this has worked–it mostly does–or whether I have to make a few adjustments to the directions.) *"OK, you can now come out of the changing room. Notice also that your mind knows more than before and* (if appropriate) *you can now speak like a 12 year old. Well, how does that feel?"*

Similarly I can use the same changing room if it is necessary to have the gender identity of an ego state transformed to that of the true biological assignment of that person (which most often is correctly perceived by the presenting personality). Preparation for this usually is preceded by a considerable amount of therapy assuring that ego state that strength is in personality, not dependent just on the one's gender. Often, such a change in gender identity is met with initial resistance. But when such a change time is ready, then I use the same strategy in the changing room as described for age changes but might say, *"As I count to five you will feel yourself changing from a boy to a girl* (or vice versa). *Ready?"* Again I have them use the mirror in the change room that not only allows them to describe the change but lets me again know how successful the process has been.

## *FUSION STRATEGIES*

As therapy continues, and various strategies are employed, the cooperative working together of the ego states progresses at speeds that vary greatly from case to case (one year being considered fairly rapid, and a number of years in therapy being more common). As therapists, we know that we aim for not only a cooperative integration, but ideally a fusion or joining together of all ego states to comprise a whole and complete individual. As mentioned earlier, this may not be the wish of all clients, and they have the right to choose what works best for them.

Initially, any suggestion of blending (fusion) will be met with skepticism if not outright rejection. As mentioned earlier, this is because the therapist may be seen as someone who is trying to eliminate certain ego

states in preference to others. As therapy progresses, and the therapist becomes more trusted by showing a consistent pattern of advocacy for all ego states, there will come a time when a limited amount of trust will be given to the therapist–enough trust to allow limited cooperation to demonstrate the concept of fusion.

### *Partial Temporary Fusion*

Some therapists may use one-step fusion as the final major step of blending when all states are ready to unify. My experience, having worked with many DID cases, has been that a partial temporary fusion or blending of a two or more ego states has most often been preferred. By partial temporary fusion I mean two things. First, only part of the system–two or more personalities or ego states–agrees to blend. Second, the blending or fusion is time limited as decided in the session (this may be a few minutes or even until the next therapy session, whatever is agreed upon). At the end of this agreed upon trial, each state will be returned to the same as before until some agreement for a more prolonged fusion (and perhaps including more ego states) has been arranged. This kind of trial allows the involved ego states to "see what its really like," and other ego states to look on so they may assure themselves that not only are ego states not "lost" in the process, but also that they can later separate back to their own identities after the trial fusion without being altered in any way.

As an example, if two ego states have agreed for a temporary partial fusion with the presenting personality, I would say the following, *"I would like the three of you who have agreed to this partial and temporary blending (or fusion) to stand up and face each other. I would also like all the rest of you to look on and observe that no one gets lost in the process and to see that it is quite possible for a group of you to work together as one. I would now ask the three of you to join hands and form a circle."* (This has not presented a problem even though circles may have various meanings in various cultures–this could be adapted in individual cases.) *"Please nod your head when you have done this."* (I await the nod.) *"Good, now as I count to five I want you to continue holding hands and walk towards each other being totally blended as one when I reach five. Ready! One, start walking together, two . . . three . . . blending . . . four . . . forming a perfect fit . . . five . . . now all together as one! Next I want to do a roll call so the others can see you all exist together in this new blending."*

I then do a roll call asking them each to respond in the positive when I call their name. Then I say, *"O.K., I'd like you now to open your eyes together, as one, and describe what this experience is like."* I then await their comment together as a unit. Often, they comment on how interesting it is. Sometimes they comment that my office seems brighter. I may ask them to note that they may be aware of each other's thoughts and feelings when blended this way. For some, this partial fusion experience leads to a sudden understanding of the advantages of functioning as a unit. For others, the temporary fusion may be uncomfortable, as some may not be used to the unpleasant emotions that one or more of the others may have. In such cases I may limit the fusion to only a few minutes.

After they have experienced this fusion, I will say, *"We agreed that this was only a trial to show you the potential benefits of blending and to guarantee you and those watching that no one gets lost in this exercise. So, to get back to your original state, you only have to reverse what we did in the fusion. Now I will count backwards from five. When I am at one (or zero) you will be back to your usual self before you joined. Ready! Five, four . . . begin to step backwards . . . three . . . now you are in a circle holding hands . . . two, let go hands and take another step backwards. Now, one, and you are separate again!"* I will likely have them discuss the experience and then I will make a general comment such as, *"So you all can see that fusion is possible. You don't get lost. You share strengths and ideas, and you can begin to function like the rest of the world–combining your strengths and being able to handle any situation together without having to dissociate to one state or another."*

### *Final Fusion*

The number and differing combinations of partial trial fusions will vary from case to case before the ego states are ready for a total get-together. Although some may prefer to settle for some kind of a cooperative team, I encourage them to strive for complete fusion of states as this seems to work best in my experience. When I have agreement for a cooperative coconscious team or preferably complete fusion, I prepare for this permanent fusion by saying *"I want to congratulate you all for having reached this special moment when you all have agreed to come together as one. Preparing to being able, as one, to share your skills and from now on able to be able to manage the world together without having to dissociate."* (I may embellish on this depending on my perception

of what needs to be added here.) *"I want you all to now join hands and as I count to ten* (or any number), *I want you to walk together and blend just as we did in the practice partial fusion sessions. However, this time you have agreed to stay together. Ready!"* Then I slowly count, encouraging blending as per the partial fusion instructions. *"Now open your eyes all together as one. Congratulations! You did it. Tell me how it feels!"* Generally the fusion is successful, though in some cases adjustments may be needed. These are left to the therapist based on the needs of the particular client. Success here is often a peak experience and I make sure everyone recognizes what a special moment this is. Although this is just one more step in a therapy that has evolved step by step over the months or years, it is a major advance in the overall treatment.

## *POST-FUSION INTEGRATION*

But, . . . the therapy is not finished yet, though for the most part the use of the dissociative table is no longer needed. Now the therapist enters the phase of post-fusion integration. This is to now teach the person how to handle various life stressors as a fully integrated individual without having to use dissociation to cope. Pre-fusion integration began with initiation of the Dissociative Table Technique. Now integration proceeds with the fused person. The necessity of cooperative teamwork becomes more evident than it ever was.

It is beyond the scope of this paper to describe the ongoing therapy from this point. It should be pointed out, however, that during initial stages of post-fusion, old habits could possibly result in some slips backwards (a brief dissociative episode) and it may be necessary to re-fuse states that may be "bumped out" in an unexpected stressful situation. The table technique may once again be of help. With persistence and patience, all will work out!

This writer hopes that the Dissociative Table Technique will prove useful to readers who must keep in mind that this is only an adjunctive strategy meant to assist in the psychotherapy between clients and therapists. Those using the dissociative table for the first time will be pleased to discover how relatively easy it is to use. But never forget this technique can quickly delve deeply into the unconscious mind processes and should only be used with the cautions given at the beginning of this paper. Responsible and productive psychotherapy must utilize the full abilities and perspectives of both patients and therapists to promote safe and effective treatment.

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