

## **A Tactical Integrationalist Perspective on the Treatment of Multiple Personality Disorder by Kluft and Fine**

Richard Kluft, M.D., and Catherine G. Fine, Ph.D., Editors, *Clinical Perspectives on Multiple Personality Disorder*, pp. 135-153.)

### **NOTES by Farnsworth Lobenstine, LICSW**

Dr. Fine proposes her own Tactical Integration approach to working with patients with Multiple Personality Disorder (now labeled Dissociative Identity Disorder). It is different from the strategic integration approach that dominated the field for many years. The Strategic Integration approach involves a broad based persistent though gentle attack on the dissociative defenses until they crumble and integration is achieved. This approach is not compatible, as George Abbott notes, with EMDR because bilateral stimulation is so likely to overwhelm amnesic barriers. This is why some undiagnosed MPD clients were hospitalized in the very early days of EMDR, leading to the current guidelines for treating dissociation with EMDR.

The Tactical Integration approach is different because of its “technical preference for mounting many specific planned avenues of intervention addressing a number of deliberately chosen short- and long-term goals at the onset of treatment, rather than initiating a more broadly based attack on the dissociative defenses in general.” (p. 138) Indeed it mirrors Jim Knipe’s later EMDR technique of understanding defenses as ego states and going with them, not against them. Jim Knipe takes the approach of, “What’s useful about not addressing the abuse?” His experience is that this softens the defense and makes it much more likely that you get to the forbidden topic.

The Tactical Integration (TI) approach is richly cognitive in its underpinnings because it understands that cognitive distortions are essential defenses “to maintain dissociation and to continue the warding off of unbearable affect.” (p. 139) Understanding and gently and persistently correcting the cognitive distortions is the underpinning of successful abreactions later on. Indeed, abreactions are only useful if they connect affect to cognitions, if they gently break down the distorted thinking.

Just think of the countless levels on which these distortions may co-exist: the past is present therefore I cannot say what happened because he’ll hurt me. The persecution of parts of self by a perpetrator introject, that can include cutting, etc. The lack of awareness that all parts are part of one body so if you kill one part you will die too. Child parts that have no idea it is 2015. Parts despising other parts or blaming them for what happened. “Only with the achievement of the capacity to ‘think straight’ can MPD patients finally begin to learn to reality-test.” (p. 139)

A client I am working with who has DID has three very powerful introjects. While they are now rarely violent to her (cutting off her hand for weaving the textile of connection to me, cutting off parts of her face) they adamantly maintain their cognitive distortions that “prove”: that nothing stitches together moments in time so the past is always present, that she is no different at 37 than as a young child who must always be invisible, and hence she has struggled for years to know she exists; that everyone is a rapist or being raped, and hence if she sticks up for herself or for her children she becomes a rapist; that people are interchangeable (and everyone is a monster. And that, of course, includes herself).

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“The tactical integrationalist will alternate the cognitive-affective interventions to create gentle dissonances within each personality that will, taken as a whole, lead to the MPD patient’s eventual correct recontextualization of his or her experiences and perspectives.” (p. 139) Think of how confusing life is for someone with DID – and how confusing their stories are for you. “Most personalities within an MPD patient exist within a contextual void.” The 3 year old has no idea she grew up to be a mom of a 12 year old. She may not even know what happened to other split off parts similar in age. Since these cognitive distortions are so often ego syntonic, it is necessary to move slowly and plan fully.

### The Structure of Tactical Integration work

There are two, often alternating, phases of TI work with DID. Initially it is essential to **Suppress Affect**. In Structural Dissociation language (*The Haunted Self*), the EPs, Emotional Parts of the Personality, long to tell their stories to the ANP(s), the Apparently Normal Part(s) of the Personality, but their affect will overwhelm and destabilize the part of self that lives life. The second part of TI work is the **Dilution of Affect**. Different personalities will be at different stages and will be differently able to suppress or just dilute affect. The dilution of affect is where George Abbott has so successfully intervened with his DID and DDNOS clients.

The **Suppression of Affect Phase** understands that the “defensive vehicle of choice” is the personalities. (p. 141) The therapist wants to meet and understand the story of each of the personalities. This begins with mapping of the personalities. “The patient is then invited to have the respective personalities place their names on the paper ‘in a meaningful way.’” (p. 141) This often leads to an understanding of clusters of personalities that will facilitate the healing and integration process. The TI approach strongly prefers to work with a cluster.

“As ‘all parts of the mind’ are invited to listen, the personalities are asked to tell their stories, to talk about themselves, and to describe what they know and remember without going into the details at this point. The MPD patients’ autohypnotic abilities ... make them nicely responsive to ‘distancing’ suggestions such as ‘All that you need to do at this time is talk about what happened as if you were watching from a distance – way far away from you.’” (p. 142) As Fine notes on page 143, mapping the system and “uncovering the ‘story lines’” serves multiple purposes.

The **Dilution of Affect Phase** “overlaps with the suppression of affect phase when the therapist asks the various personalities to describe their lives ‘from a distance. Each personality needs to adjust to the sheer horror of its individual story line before it can possibly face the knowledge that other personalities’ story lines are also part of its life experience.” (p 143)

The Dilution of Affect Phase uses several key methods to achieve its impact:

- The distancing described above
- The decision to work with Like-Clusters of Personalities
- The use of fractionated abreactions

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- And collaborative abreactions through temporary blending of personalities and then permanent blending of personalities within clusters that choose to do so.

Working with clusters of personalities that share a common affect she says significantly facilitates the work. And in her composite case example, Fine worked (first) with a cluster of 8 and 9 year olds.

**Sidebar:** Choosing a cluster of 8 and 9 year olds may be similar to an aspect of EMDR, though Fine doesn't explain why she chose that age cluster. In EMDR, using Maureen Kitchur's Strategic Developmental Model, you work with elementary school experiences first and only work on pre-school (and often pre-verbal) memories second (or third). It's clearly easier because of the cognitive and verbal skills of the older child parts. And Sandra Paulsen always invites an older part to be an ally of a very young, possibly non-verbal, part when working with very young parts.

Fine also emphasizes the use of fractionated abreactions, breaking the processing of trauma down into small, often very small, tolerable pieces. This is something that has become a requirement of ego state therapy and of EMDR work with dissociation. Think of the many ways in which the structure of the Conference Room exists to facilitate the process of fractionating abreactions – the screen, the affect dial, the waiting room/play room, an observation room with sound that can be turned off, the library, to name a few. Think of two of the basic metaphors of all EMDR work – viewing the disturbing event as if it is a movie or you are on a train and it's happening to someone else and you're just watching.

The Tip of the Finger Strategy is a superb example from Structural Dissociation of a tiny, fractionated abreaction of a tiny bit of a vehement emotion held by one Emotional Part.

On page 144, Fine gives perhaps the best explanation of the purpose of abreactions I have ever read, though it is restricted to clients with MPD/DID.

“Abreactions are necessary in the treatment of the MPD patient. An abreaction helps personalities reconnect their perceptions of reality formed in the past to the present reality. The purpose of the abreaction is therefore to inform, educate, or reeducate, to release the repressed affect, and to complete content and reformulate cognitive schemata and beliefs as well as to release somatically encapsulated traumata (Comstock, 1986). Abreactions are necessary to reconnect the behavioral, affective, sensory, and cognitive dimensions of events (Braun 1988; Fine 1989b), to ward off further amnesia, and to achieve continuity of life experiences (Fine 1989b, 1992).”

“The fractionated abreaction enhances MPD patients' feelings of control and self-efficacy as they become increasingly able to pace the necessary therapeutic work by diluting the affect rather than becoming entangled in and chronically overwhelmed and depleted in powerful affective storms.” (p. 145)

What a powerful metaphor “storms” is! What a powerful teaching process that the client eventually learns to use in daily life. And it immediately reminds me of one of my favorite

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aspects of EMDR – that it teaches clients that they are bigger than their trauma, by the structure, and use of bls and other strategies to maintain dual attention awareness.

### **George Abbott’s innovative application of Tactical Integration to EMDR Gaining Informed Consent:**

This first part is standard Conference Room/Meeting Place work that you have all done.

The ANP/client is asked to set up/ go to the Meeting Place and invite all parts (or all parts related to a particular incident) to enter the room.

The client is asked to see if any parts want to say anything. (George talks through the client, something that Paulsen strongly advocates with dissociative clients as it reinforces that they are one person in one body.)

Then the client is asked to see if the planned work with go forward or be changed because another part wants to let go of pain that day.

### **The work with a part:**

Some of the rest of this way of working will also be very familiar to you. And as those of you who have done parts/alter work with DDNOS/DID clients know, it is often essential for the client/ANP NOT to know the story so that they can continue to function in daily life. This is an essential part of George Abbott’s application of Tactical Integration.

George explains to the EPs that the ANP wants to hear their stories but can’t tolerate it yet because their “vehement emotion” (*The Haunted Self*) will overwhelm the ANP (and other parts). If they can let off some of their pain a little at a time, they will be able to tell their story to the ANP. This is, of course, very similar to Gonzalez and Mosquera’s Tip of the Finger Strategy.

We are used to hearing one or more EPs telling their story and getting older parts or the ANP to provide support, etc. Here the focus is distinctly different. And in Meeting Place work, we are always tucking in parts who would be better off not hearing a story. Here it is essential that the ANP “go away” as well. So you ask those parts to distance themselves using their well-established dissociative abilities. Decide with the EPs who will let go of some of their pain first.

Explain to the EP that will do the work today that s/he is to notice as the pain comes up as you provide BLS. S/he is instructed to just notice as the pain comes up and is released. No other action is taken. **Tell her/him that whatever pain is released will never be felt again.** This can be viewed as a different use of the drippy faucet, where an abreaction is fractionated by letting only tiny bits at a time come up and “drip out of the faucet.”

You can supportively talk the EP through the letting go process, just as we often do during an abreaction.

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You need only know if “the pain is moving” at the end of each set. Since the part may be pre-verbal, a nod is sufficient.

You then ask, “Would it be OK to let go of a little bit more of the pain?”

If yes, you do another set of BLS.

If no, or they give you the stop signal, you close it down.

If they seem exhausted, you suggest it may be enough for today. If they agree, you close it down.

### **Closing down the session:**

Again, this looks very much like what you have been doing in the Meeting Place with your clients.

Appreciate the work done.

Ask if any part in the MP wants to say anything else.

Ask ANP/client to come forward again and take charge.

Ask ANP/client if s/he has anything to say.

Ask ANP/client (rather than you directly because with DDNOS and DID you usually talk through the person) to tuck in the parts.

Ask ANP/client to close the MP and return to your office.

Ask ANP/client how she is feeling.

### **This is a very important moment.**

As I have taught you in the Meeting Place, if the client has a negative body sensation (fuzzy, discomfort, pain) it means that an EP is still in the MP. The client is asked to go back to the MP, turn on the lights, see who’s there (or hiding), ask them if they want to say something, tuck them in, close down the MP and return to your office. The client is now usually feeling focused and comfortable. It is absolutely remarkable!

This work continues week after week after week. George’s experience is that once clients with DID/DDNOS are ready for this work, they can be maintained with great stability during this very lengthy process. In 2012, he reported that he had been doing this work for a year or more with five clients with DID or DDNOS diagnoses and all have been stable. Interestingly, the ANP/client often seems to learn, directly or indirectly, about the pain that was let go, about that EPs story.