Importance of third therapeutic stage -consolidation and integrated living-

a workshop facilitated by

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ISSTD Guidelines

Although the DID patient has the subjective experience of having separate identities, it is important for clinicians to keep in mind that the patient is not a collection of separate people sharing the same body. The DID patient should be seen as a whole adult person, with the identities sharing responsibility for daily life.
Integration is never a linear process

• Clear boundaries continue to be imperative throughout therapy, in each session and for the whole journey

• Understanding attachment and allowing and supporting its development with the therapist

• Developing an ability to recognise and sustain other healthy relationships

Integration is never a linear process

• A growing ability to self regulate and use stabilisation techniques effectively at all levels of living

• A lot of the traumas have been disempowered through being processed and integrated
Disorganised early attachments can lead to affect intolerance

Hyper-arousal Zone

After chronic trauma the nervous system remains prepared for danger and is less able to self-regulate.

Window of Tolerance
feelings and reactions are tolerable, we can think and feel simultaneously; our reactions adapt to fit the situation

Hypo-arousal Zone

SIGNS OF CHRONIC HYPER-AROUSAL
emotional overwhelm, panic, impulsivity, hypervigilance, defensiveness, feeling unsafe, reactive, angry, racing thoughts

SIGNS OF CHRONIC HYPO-AROUSAL
numb, ‘dead’, passive, no feelings, no energy, can’t think, disconnected, shut down, ‘not there’, ashamed, can’t say No

Normal daily variations in levels of activation / arousal

Hyper-arousal Zone

Normal Social Interaction – Optimal Arousal Zone – Window of Tolerance

Hypo-arousal Zone
Phased Model of Therapy

△ stabilisation  
〇 trauma focused work  
△ integration & consolidation

Diagram by Angela Kennedy  
used with permission

Consolidation & integration phase

- ISST-D Guidelines – “Integration & Rehabilitation”
  - additional gains in internal cooperation, coordinated functioning, and integration
  - begin to achieve a more solid and stable sense of self
  - improved sense of how they relate to others and to the outside world
Consolidation & integration phase

- **ISST-D Guidelines – “Integration & Rehabilitation”**
  - may continue to fuse alternate identities ('parts') and improve their functioning
  - may need to revisit their trauma history from a more unified perspective
  - develop a greater sense of calm, resilience, and internal peace

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Consolidation & integration phase

- **ISST-D Guidelines – “Integration & Rehabilitation”**
  - may acquire a more coherent sense of their past history
  - will deal more effectively with current problems
  - begin to focus less on the past traumas, directing energy to living better in the present and to developing a new future perspective

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Consolidation & integration phase

- **ISST-D Guidelines – “Integration & Rehabilitation”**
  - may need specific coaching about dealing with everyday life problems in a non-dissociative manner
  - may need help in tolerating everyday stresses, petty emotions, and disappointments
  - become increasingly able to realize their full potential in terms of personal and interpersonal functioning

Support in tolerating everyday stresses, new connecting emotions and disappointments

- Switching /avoiding is no longer an option
- Most conflicts can feel very challenging, even life threatening
- Feelings tend to default to a young child’s sense of being overwhelmed while new neural pathways are forming through a range of experiences being managed appropriately
Support in tolerating everyday stresses, new connecting emotions and disappointments

- Learning what is appropriate to talk through with others and how to do this
- So hard doing this in an older body, a lot less tolerance from others who might be hurt at times through our learning
- Managing a child like reaction to disappointments while internally validating and working through this reality

What is Ordinary?

- Feeling tired – often experiencing this as unable to cope and learning that I can
- Trying to remember everyday things – brain’s default has been to ‘not bother’ because it was impossible, now it is possible but hard as a cognitive rather than natural experience
- Reflecting rather than reacting
What is Ordinary?

• Tolerating and knowing it is true at times when
told we all do that at ‘our age’ the very unhelpful
comment to someone with DID

• Hearing intolerance in a friend or family
member’s voice and knowing they are not about
to completely abandon me, often their issue
nothing to do with me

What is Ordinary?

• Being proactive rather than waiting for
instructions from inside, I was like the puppet
waiting for my strings to be pulled.

• Being empathic while responding practically
with actions – overwhelming as previously
stored separately
Letting go of what’s never going to be possible and managing those losses

• This will be very different for everyone
• I will probably never have access to my own childhood and memories of my children’s childhood
• Planning a chosen career that leads to a qualification

Grieving is an integrated part of being human

Letting go of what’s never going to be possible and managing those losses

• Studying that requires retaining information

• A teen’s and young adult’s sense of freedom to explore and be curious about life

Grieving is an integrated part of being human
Forgiveness and Spirituality

• Joined up thinking allows for complex areas to be thought about, explored and to find what feels right for all of us

• To forgive you need to blame, this is about who I am

Forgiveness and Spirituality

• It has been important for all of us to be able to work through our own individual traumas and let them go

• Our strong sense of spirituality, not based on a belief system, is an increasingly important part of who we are becoming and part of our newly formed foundations
Imposed dissociative personality states

- Deliberately created by perpetrators to
  - Respond with specific behaviours or roles to intentionally implanted cues/triggers for
    - Purposes pre-determined by the perpetrators to
      - Facilitate the continuing abuse & control of the victim and the protection of and loyalty to the perpetrators.
  - Achieved through calculated, informed & sophisticated manipulation of victims’ attachment needs, natural dissociative ability and Mind control / programming using physical and psychological torture practices.
- “Quaternary” structural dissociation of the personality

Six slides deleted

Six slides have been removed from the presentation as delivered at the conference because they contain personal details about one of the presenters’ lived experience.