

NORMAL AND
PATHOLOGICAL
DISSOCIATIONS
OF EARLY
CHILDHOOD

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ABSTRACT

The authors hypothesize that multiple personality disorder is related to the processes that lead to the formation of multiple selfs and cohesive self. Three clinical propositions concerning MPD derived from this hypothesis are: first, multiple personality disorder should be seen as a childhood disorder; second, cohesion of the self is best understood as a developmental achievement mediated by specific experiences in the early years of life; third, some dissociative disorders, including multiple personality disorder, are derivatives of an earlier personality organization in which distinct centers of experience and initiative existed within a single individual.

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The problem of multiple personality disorder (MPD) has generated much controversy and enthusiasm in recent years. This phenomenon of distinct identities possessing most of the behavioral and psychological characteristics of "separate persons" in a single body is a fascinating one. Those affected exhibit discontinuous behavior, emotion, and identity, features which are often part of the typical developmental presentation of young children. It is not known if all children have dissociative-like states. Dissociative potential has been cited as being biologically determined (Braun & Sachs 1985, p. 43). The following is a developmental focus upon premorbid factors which may

correlate with dissociation. Comparisons of normal children with very young victims of severe abuse lead us to suspect that the momentary establishment of centers of experience external to the core self during transient hypnotic-like states may be typical in young children. Such episodes may comprise a normal developmental analogue to the dissociative phenomena characteristic of MPD, such as described by Kluft (1981a) as Factor 1 (in the Four Factor Theory of the etiology of MPD), the capacity to dissociate. The theoretical underpinnings of the ideas about childhood development presented in this paper rely heavily on some major tenets of the psychology of the self as formulated by Meissner/Kohut (1971, 1977, 1984) and expanded upon by his followers: although Kohut's salient concepts of the "cohesive self" and the "vertical split" (disavowal) have been described by previous authors who have contributed to the MPD literature (Berman, 1953; Gruenewald, 1977; Trevas, 1980), their theories predated the later expansion of his findings and his models. By 1977 Kohut's theory of the development of the self encircled and transcended Freud's instinct theory. Narcissism, instead of being relegated to a stage of early development, was described as having its own developmental line, paralleling the developmental line of object relations. Thus, pregenital as well as Oedipal pathology could be understood as disorders of the self (Kohut & Wolf, 1978). Therefore, a brief overview and definitions of the key terms utilized in this paper will be presented in order to provide a frame of reference.

Kohut describes "... the growth of the self experience as a physical and mental unit which has cohesiveness in space and continuity in time" (1971, p. 118). Elsewhere he observes:

... the developmental path of the experience of his (the child's) self is separate from that followed by his experience of the single body parts and single bodily and mental functions....the child's experience of his body parts and of their functions and of his various mental activities has its own line of development; that this development leads toward the increasing neutralization of these experiences, toward the increasing recognition of the spatial interrelatedness of various body parts and of the cooperation of their various functions. (Kohut, 1978, pp. 748-749)

Kohut (1978) states that the stage of the cohesive self "... begins at the point when the (separately developing) self has

become sn out; enough to gain ascendancy over the experiential world of the body-mind pairs" (pp. 747-48, l.n. 3).

The above is especially relevant when we (outsider the infant and toddler's subject) Live experiences of an inappropriate or brutal physical intrusions by their caretakers. Muslin (1981) states:

... the self refers to a specific content of mental apparatus, a cohesive configuration of the mind which contains the collection of percepts of one's body and mind. It is most importantly understood as the individual's experience of a unified assortment of features of his body and mind at a unitary time. While there are several selves, there is only one that is experienced as basic and resistant to change. Kohut terms it the "nuclear self." This self contains the central, self-assertive goals and purposes of the individual, as well as his talents and skills (p. 1).

Kohut (1971, 1977) states that barring inherent factors, the nascent self comes into being with the capacity for achieving cohesion. He refers to self-object functions as the "psychological oxygen" needed to realize this capacity, just as well farmed lungs require oxygen to achieve their life sustaining capacity. The major danger to the vulnerable self is disintegration (loss of cohesion), signaled by disintegration anxiety which includes fragmentation, serious enfeeblement, or uncontrollable rage. Kohut (1977) describes fragmentation as "... the (child's) estrangement from his body and mind in space, the breakdown of his sense of his continuity in time" (p.105). Self-object functions are divided into three basic forms: mirroring, twinship (a specific kind of mirroring) and idealizing. Mirroring consists of empathic admiration, approval, echoing the unfolding self, and thus offering the child in developmentally age-appropriate and phase-specific ways confirmation of the child's overall worth, and appreciation of his talents and skills. Twinship consists of the confirmation of the self's need to experience the presence of essential likeness with others. The idealizing self-object functions are those of calming, soothing, tension regulation, protection and guidance. Optimal self-objects are empathically attuned with the subtle and gradually changing self-object needs of the self moving along its developmental lines. Since the infant and preoedipal child does not really experience these functions as distinct from his own self, he does not perceive the provider of the functions as a discrete object but as a so called "self-object." There is an infinite diversity of self-object experiences from all phases of the life cycle. Kohut (1984) proposes we never outgrow our need for self-objects; rather the self-object functions are gradually transformed from archaic to mature forms through the process of transmuting internalizations. Kohut and Wolf (1978) state that the nuclear self crystallizes as a result of this process of intrapsychic structuralization. Geddes and Goldberg (1973) state:

It should be emphasized that cognitive differentiation between the self and an object in the external world is achieved much earlier, usually before the end of the first

year of life; ...long after the achievement of this cognitive distinction, the child continues to utilize the object as part of his narcissistic world (p. 61).

Tolpin (1978) observes that "... structural deficits occur when the child's self-objects fail to meet normal developmental half-way and do not provide the indispensable transitional precursors of psychic structures which gradually undergo internalization and effectively maintain the vitality, initiative, and self-esteem of a cohesive self" (p.172). Muslin and Val (1987) describe self-objects by saying, "These early relationships are experienced as fusions or mergers, i.e.... intersessions (psychologically speaking) into the body and must of the caretaking self object" (p.27).

Tolpin (1978) points out how "... Tolpin et al.'s (1975) theory of a decisive, pathogenic 'approach-incent conflict' ... and Kernberg's (1975) theory of pathological idealization, ... grandiosity, and archaic conflicts misunderstand transference revivals of legitimate developmental needs toward their legitimate self-objects" (p.180). She goes on to say:

This "change of emphasis" and the shift in point of view from conflict to structural development have been made possible by the discovery of the missing piece of the childhood psychic reality of an expectable environment and its indispensable psychological functions - a pre-structural self-object environment which for all practical purposes is indistinguishable from the child's own mental organization and his cohesiveness or lack thereof. The concept of self-object as the pre-formation of psychic structure is the indispensable theoretical bridge which now links the most important contributions of psychoanalytic developmental psychology to a theory which is consistent with the child's (need for structure, his normal and abnormal structural development, and to a theory of analytic treatment which actually fosters a needed process of further structural growth. (Tolpin, 1978. p. 181)

We propose that in traumatized young children, prior to the formation of a nuclear self, whose environments provide inadequate soothing (where Kluff's [1984a] Factors II, overwhelming stimuli, and IV, inadequate stimulus barriers, are present) a few self nuclei partially split off from (disavowed) the core self may be used and reused, because their capacity to support self-soothing is superior to any other available to the child and is the child's only alternative to its traumatic true environment. (Kluff's [1984a] Factor III, shaping influences). It may be that it is not solely the capacity to form these external condensation points that distinguishes MPD children from normals, but the persistence of such external nuclei and the firmness of the vertical-split barrier that separates them from the center nucleus and prevents their becoming integrated into the core of the child's self. Thus, varied aspects of the self co-exist without integration.

Two cases of probable NIPD-like phenomena in very young children in treatment are presented, and contrasted

with similar but non-trauma-based self soothing dissociations in children of similar ages.

CASE ILLUSTRATION ONE

The child, Pam, was a 1 year old girl whom the therapist had seen in weekly psychotherapy since the age of 2 years and 11 months when she was first referred for evaluation of her developmental status. She told the therapist about a monster to whom she gave the name of a popliteal hernia, who comes into her room and scares her and bites her. This child had first been referred for multiple fractures seen on x-rays before 6 months of age. There were also several opportunities for reevaluation of this child. In the course of her treatment there was working through of much of her fear of injury, her tendency to be afraid to be alone, and her difficulties with repeated traumas related to indecision on the part of systems involved in deciding her ultimate relationship.

There had been one early hint of distinct selves crystallizing in this child. In an earlier session she had emphatically denied (while cutting up a lump of play dough into several identical-sized pieces - an important activity) that she was not Pam but was Karen, giving the name of a baby of her acquaintance.

In the period between her fourth and fifth birthdays, much of the clinical material had to do with playing that we were throwing things out of the window. This seemed to be the child's attempt to master over her traumatic experiences. In fact, we did throw out toys and run outside to get them and soothe them and make sure they were just right. Over time, the play had moved from throwing inanimate objects like paintbrushes, to throwing baby dolls. She then engaged the therapist in throwing the baby doll from one to the other on a staircase, with first Pam and then the therapist soothing the baby, asking her if she was all right and comforting her.

In later sessions Pam began to use make-up and paint to paint her face and that of the therapist. In these sessions she would become very distressed and would use dark, thick make-up or watercolor paints to paint her own face and hands, and the therapist's and those of her foster mother, in an urgent attempt to communicate something. These sessions were frightening for her and for the therapist. What had been comfortable, related, engaged treatment sessions with a child who seemed to be maturing well and to be functioning well in kindergarten, family and church school, had turned into tense, anxiety ridden hours with a child who seemed compulsively to paint her face, to stand with the therapist in front of a mirror to deny that she was herself, and seem to beg to have words said that would help to make sense of what she was experiencing internally.

Other examples suggest that this child was forming distinct selves that could evolve into MPD phenomena. On one occasion an adult acquaintance saw the child "change into another person." Pam was visiting in the neighbor's home when the adult asked her to wait in one room while she put the baby to bed. The woman stated that when she did this she looked at the child who seemed to have changed. The

adult described it as making the hair oil the back of her neck stand on end. Her look, she said, was one of rage and hatred. The adult was stirred enough to call attention to this event to Pam's foster mother and to ask to have the therapist explain what had happened. The therapist saw a similar event when the little girl turned into a "scarv bear" - roaring and shouting at all the world with a frightening beast and not the child the therapist knew, totally unable to respond to the attention or intrusion of anyone. The therapist spoke to the child inside the bear, using her name, to recall her to herself.

CASE ILLUSTRATION TWO

In contrast to this case example is one of a child abused in similarly intense ways at a similarly young age, but for consistent empathic mothering, separation from the abuser, and early identification and treatment seemed to have led to a more favorable outcome.

This child is the offspring of a mother who qualifies on level 3, highly probable evidence of DID (dissociation/multiple personality disorder) according to Braun's (1985) rating system for diagnostic certainty. His maternal grandfather and one maternal aunt also qualify for level 3. Two other aunts qualify for level 4. Confirmed evidence of DID. Three of the adults in this child's life entered agreement with the authors following the termination of the child's therapy.

This child was brought for treatment by a mother who was desperately looking for someone who would believe that there was something seriously wrong with her two year old son, for whom she sought assessment and treatment. She reported that he cried inconsolably at diapering, that he manipulated his own genitals and his nipples, and attempted to stimulate himself on his mother's breasts. Subsequent to visits to the home of the presumed abuser. He was terrified of bathing, had severe prolonged and frequent night terrors and was an unhappy, poorly functioning little boy.

His mother reported trance-like phenomena at age two and again later at age four after an interruption in the treatment. During these events he would awaken terrified, crying, talking, and not responding to his name or to attempts to awaken him. He would cry for his mother as though she were not there, even as she was holding him. He would not remember any of these events in the morning, or would attempt to divert her attention from discussing them. He had further been reported to enter fugue-like states between ages three and four in which he would attempt to touch his mother's breasts and say things like, "I has to do it, I has to do it."

When the therapist first saw him in treatment at the age of two he presented as a tense, precocious, verbal, pseudo-mature boy with tremendous fears of broken toys, fear of playdough (which he called "soap --- I don't like soap") and concern about mildly phallic toys. One Mighty Mouse (loll he asked, "Why does it have a tail, why does it have a black tail? I hope it won't hurt me." He was also concerned about "fooling around" and said that he hoped the elephant's trunk could help to fix things. He stimulated himself on the corner of a low table as he talked about the tail and showed

in many ways that will not be detailed here. The clearest evidence of sexual abuse of a very young child that the therapist had seen. After three years of therapy and supportive advice to his already unpathological mother, this child was able to achieve cohesion. He exhibited a health sense of assertiveness and the process of internalizing tension regulating functions had begun.

MPD AS A DISORDER ROOTED IN CHILDHOOD

Multiple personality disorder is originally a disorder of childhood, although it is one with long-term developmental implications. Greaves (1980) in his review of the literature on MPD pointed out that "altered selves usually first manifest themselves in early childhood, as early as 2-1; 2, and typically by age 4 or 8" (p. 587). Fagan and Mahou (1984) identified that "multiplicity is established by 5 years or 8 at the latest; yet it is almost never diagnosed before adulthood" (p. 26). This suggests that it is useful to look at the adult manifestations of MPD as survivals or long term consequences of a process that begins in childhood. This needs to be understood in the light of such phenomena as they present in childhood.

Ulman and Brothers (1988) expanded the principles of self psychology to include an understanding of trauma. They contend that trauma results from real occurrences that have, as their unconscious meaning, the shattering and faulty restoration of "central organizing fantasies" of self in relation to self-object. It is the shattering and faulty restoration of such archaic fantasies that are spontaneously manifested by dissociative phenomena. Ulman found that these fantasies had undergone relatively little developmental transformation, which made the victims vulnerable to repeated shattering. Thus, the event itself does not hold the key to understanding the psychological meaning for the child experiencing it. They give examples of the lengths to which survivors of incest go to defend and compensate in order to restore their shattered fantasies. For example, a daughter's grandiose exhibitionism is fostered by early intrusions of incest by her father. Her fantasies were shattered by his brutal violence, which destroyed her illusions of becoming a famous performer. Efforts at defensive restoration were her illusions of having a powerful impact on the world while turning her father into an "evil genius" served as a compensatory restoration. Her dual personality was explained as an unconscious effort, although not adaptive, to restore her shattered fantasies (p. 111).

The tendency to approach MPD as a pathology of adulthood, and to search for comparisons between integrated adults and MPD adults risks having us miss the more important comparison between children who do become MPD in adulthood and those who do not. When we look at adult MPDs we tend primarily to contrast them with integrated or non-split adults and to seek the explanation for the disorder in differences between them. When we look at MPD as a disorder of childhood, the primary contrast is drawn with children in whom the process of integration has not been arrested.

Adult MPD patients are not pure examples of the pathol-

ogy underlying this disorder. The clinical picture in adult cases involves a great deal of second-order elaboration and alteration over time of the initial pathology (Kluft, 1985). The study of adult multiples is limited as it pathologizes discovering the fundamental processes that go into marking up this disorder. In observing adult patients we do not see what MPD looks like in its purest form.

By contrasting our clinical experience in the treatment of children with that of the retrospective data collected in the treatment of adult MPD patients we have noted that the emotional states of children, as they are experienced in childhood are not always perfectly preserved in memory into adulthood. However, the presence of a child alter in an adult patient is so striking that it may lead us to believe that we are hearing from the real child. Thus we tend to overlook some significant differences between real children and the child-in-Me-multiple. Also, the real child's external world is structured in self-objects the child can appropriately depend upon to provide the psychological functions necessary for internal structure building. In contrast, the child-in-the-multiple was created and maintained internally as a restorative measure to provide a function within the internal system to cope with both the external and internal worlds.

It is also important to the understanding of MPD that we learn how young children who will grow up to be MPD adults differ from those who will not. We need to learn at what point these groups diverge, and what the factors are that influence this divergence. Noting how MPD children differ from non-MPD children should be more fruitful than comparing adults with MPD to integrated adults.

Ulman's (1981) Factor I theory provides some help in this process by identifying the retrospectively described experiences that accompanied the internal splitting. Ulman has found that these same factors, viewed prospectively, lead to a reorientation in the interpretation to be placed on these factors and on the treatment implications, especially the implications for the treatment of children.

COHESION AS A DEVELOPMENTAL ACHIEVEMENT

Kluft's (1984a) Factor I, capacity to dissociate, and our experience of treating very young children, suggests that unity of the self through time and space is a developmental achievement that reflects specific child-adult interactions subjectively experienced by the child in relation to the formation of the nuclear self. The states of non-association and the distinct centers of experience that, in adult multiples contrast sharply with integrated adults, are familiar and phase appropriate in young children. Gedo and Goldberg (1973) alluded to this by saying, "The utilization of the construct 'self' has been hampered ... by the inherent difficulty of grasping the subtle idea that the organization of the personality as a whole may be an important developmental achievement of early childhood but also by the semantic problems created by attempts to superimpose this concept on the tripartite model of the mind ..." (p. 64). From our experience with young children in treatment, as well as preschool children and toddlers in other settings, it seems clear that the state of cohesion that we take for granted in normal

associations is the typical state of the young child. The kind of nurturing missing when Muffs (1984a) Factor IV (inadequate empathically attuned adult providing self-object calming and protective functions, is the kind of parenting that all children require. Thus we ask not only why (not, the child dissociate) but what leads to the inhibition of the process of cohesion and the persistence and firmness of the split. This is an important difference.

In Klufit's (1981a) formulation, factor III refers to shaping influences. These all to determine the form, characteristics and firmness of the isolated self fragments that persist and may even predominate in the patients we are discussing here. These shaping influences are important since they may determine how effectively a particular self fragment may substitute for the missing self-object functions (Factor IV). Kohut's (1971, 1977, 1984) "twinship" and "self-object concepts may be useful in understanding and distinguishing the role of the "imaginary companion" phenomena in the developing self's manifestations of self-preassociation and dissociation.

Details of a particular event that may have been momentarily soothing, protecting, or mirroring, and that may have momentarily dispelled the effects of a trauma, can be preserved as characteristic of a self fragment. The momentarily protective influences are probably occasional or fleeting. Thus while effective to help the child retreat from the trauma (dissociate from bodily and psychic pain), they do not serve to enhance cohesion because they do not recur its times, places or with persons who are associated with other aspects of the child's life. Instead, their very effectiveness helps to reinforce the barrier between dissociated states and to ensure the persistence as the nucleus of independent self fragments. Thus a TV character who is associated with specific emotions or stereotyped ways of solving problems may become the nucleus of a set of experiences that are markedly different from the helplessness of a traumatic sexual intrusion by an adult. When they work really well or when they contrast sharply with the severity of prior trauma, these isolated soothing events are reinforced and the barriers that isolate them from the traumatic experiences are firmed up. In the case of Pam (discussed above), a salient feature of the therapist was recreated and existed in isolation from Pam's most common experience of herself.

These issues lead us to conclude that in addition to physiological components, MPD in early childhood results from a primary failure of cohesion prior to the establishment of the nuclear self. We may speculate that different degrees of dissociative disorders may be distinguished in terms of the degree to which cohesion had been attempted or achieved or experienced in rudimentary form in the young person before the overwhelming trauma.

TREATMENT IMPLICATIONS

While our focus here is not primarily on treatment issues, there is one important caution that should be made. The looser cohesion of young children is an important asset in childhood and not a sign of pathology. The very looseness

of middle childhood is a vulnerability to fragmentation in children who are unable to turn to adults for self-object functions which will lay down profitable supplies of self-esteem, self-soothing, attention, values, internal warmth, empathy, vigor and organization which are the stuff of deeper and healthier adulthood functioning. When we take an adult-oriented approach to conducting child therapy, we are at risk for setting overly modest treatment goals.

It is apparently possible to effect rapid and relatively lasting fissions in pre-associated children. If, as we suggest, these non-associative states are normal and transient in the presence of soothing adults (self-objects) then massive intervention specifically designed to reintegrate a split may be misplaced. It seems very possible that the young child who seems to have split will be able to make use of the availability of the self-object functions provided by the therapist to effect phase appropriate integration of the split off sectors of the self without the intrusions occasioned by hypnosis or more massive strategies. In our opinion it seems to be preferable to allow the natural, more gradual establishment of cohesion to unfold rather than to bypass the normally looser self-cohesion of the preschool and young latency child in favor of a prematurely cohesive but emptier child.

CONCLUDING OBSERVATIONS

The hypotheses underlying this paper's explorations and conclusions represent a paradigm for the understanding of mental functioning, growth, and development. We appreciate that many alternative paradigms for the explanation of the phenomena we have discussed have been offered, and have been described astutely and eloquently. It has been our goal here to bring the perspectives of modern self-psychology to bear on the understanding of dissociative processes and dissociative psychopathologies, with the hopes that the application of this paradigm can further enrich the study of dissociation and the dissociative disorders. ■

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