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NORMAL AND PATHOLOGICAL DISSOCIATIONS OF EARLY CHILDHOOD

ABSTRACT

The an thins hypothesize lbrit multiple personality dts-ordeet is 'elated tolhe j)rores.sesthat lead to thefrnt/latin in children 6 th (11.51,9 ‖ and cohesive sell 'Three clinical propositions concerning AWL) derived from this hypothesis a re: first, rrtrthiple personality disorder-should be
seen as rr childhood disorder; second, cohesion of the self is best

tnder.ciodd a.s r developmental achievement mediated by specific experiences in theearly fears oflife; third, some di.csor alive disorders, including multiple personality disorder, are sterol-vats of an earlier
personality organization in which distinct centers of experience ex-

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. Contparisotsol normal children with very very urg victims of severe abuse lead us to suspect that the mom 'ntary establishm 'nt of centers of experience ex-
ternal to the core self during transient hypnotic-like states may be typical in young children. Such episodes uhav comprise a normal developmental analogue to the dissociative phenomena characteristic of 111PD, such as described by Kluf (198-1a) as Factor 1 (in the Four Factor Theov of the etiology of NIP).), 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 Mein/ Kohut (1971, 1977, 1984) and expanded upon by his I(rltowers. :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 n'IP) literature (Berman, 1953; Gruenewald, 1977; (.:reaevs. 1980). their thses predated the later expansion of his findings and his models. By 1977 Kohut's theot" 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 development line, paralleling the developmental line of object.ica-
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tiols. Thies, pregenital as well as Oedipal pathology could be understood as disorders of the self (Kohut & Wolf, 1978).

Therefore, a brief over iew and definitions of the key teens utilized in this paper will he 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 ob-
serves:

... 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 bock' 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)

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...the self refers to a specific content of mental apparatus, a cohesive configuration of the mind which contains the collection of concepts 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 the same time. 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. 145).

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 antixtv which includes fragmentatio, serious enfeeblement, or uncontrollable rage. Kohn (1977) describes fragmentation as "...the (child's) estrangement from his body and mind in space, the break down of Ihe sense of his continuity inn time" (p.105). Self-object functions are divided into three basic forms: mirroring, twinnship (a specific kind of mirroring) and idealizing. Mirroring consists of empathic admiration, approval, echoing the unfolding self, and duns offering the child in developmentally age-appropriate and phase-specific ways confirmation of the child's own worth, and appreciation of his talents and skills. Twinship consists of the confirmation of the child's need to experience the presence of essential alikeness 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 intrinsic process of intrapsychic structualization. Gedc_n 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).

I’olpin (1978) observes that "...structural deficits occur when the child's self-objects fail to meet normal endowment half-way and do not provide the indispensable transitional precursors of psychic strutures 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-obj'oh juects by saying, "These cmv relationships are experienced as fusions or mergers, i.e.,...interruptions (psychologically speaking) into the body and must of the caretaking self object (p.27).

Tolpin (1978) points out how...I’t-lablcr el. al.'s (1975) theory of a decisive, pathogenic 'rapprochement conflict' ...and Kernberg's (1975) theory of pathological idealization, ...grandiosity, and archaic conflicts misunderstand transference revivals of legitimate de emotional 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 realistic infantile expectable environment and its indispensable psychological functions -- a prestructural 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 precontFsome of psychic structure is the indispensable theoretical bridge which now links the most important confusions 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. (I'olpin, 1978, p. 181)

We propose that in traumatized young children, prior to the formation of a nuclear self, whose environments provide inadequate soothing (where Kluft.'s [1984a] Factors I, overwhelming stimuli, and IV, inadequate stimulus barriers. are present) a few self nuclei selftically split off from (dis-avowed) 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. (Kluft'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 N1PD-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, Pain, was a 1 year old girl whom the therapist had seen in weekly psychotherapy since the age of 2 years and II [numbs when she was first referred for evaluation of her developmental status. She told the therapist about a monster to tvhunt she gave the name of a populfm h- fis-find e, who conies into her roost and scares her and bites her. 'This child had first been referred for multiple fractures stn x-ray before 6 months of age. There were also several opportunities for retralunatization of this child. In Mc -muse of her treatment there was working through of much of her fear of injuv, her tendency to he afraid to he alone, and her difficulties with repeated t' aumas related to indecision on the part of systems involved in deciding her ultimate r:st-torch.

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-sired pieces - an important activity) that she was not Pam but was Karen, giving the name of a battery 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 he the child's attempt at mastering over her £ t'umatic: experiences. In fact, we (lid throw out toys and run outside to get them and soothe them and make sure they were :iii 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 front 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 turgent 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 stake 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 Iter neck stanch on end. "The look, she said, was one of rage and hatred. The adult was stirred up enough to call attention to this event to Pam's foster soother and to ask to have the therapist explain what had happened. 'hehe therapist saw a similar event when the littlegirl turned into a "scarvbear" - roaring and IoT all the world uuhs 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 voting age, but for consistent empathic mothering, separation from the abuser, and early identification and treatment seethed to have led to a more favorable outcome.

This child is the offspring of a soother who qualifies on level 3, highly probably evidence of D155 A}PD (dissociative identity) according to Braun's (1985) rating system for diagnostic certainty. I his maternal grandfather and one maternal aunt also qualify for level 3. Two other aunts qualify for level 4, confirmed evidence of DISS/114PD. Three of the adults in this child's life entered onlookers to his attempt to establish his identity, and 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 vein old son, for whom she sought assessment and treatment. She reported that he cried ttosolahlah at diapering, that he manipulated his own genitals and his nipples, and attempted to stimulate himself on his mother's both, subsequent to visits to the home of the presumed abuser. He was terrified of bathing, had severe prolonged and frequent nightmares 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 diem. 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. Oka 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 ve rs of therapy and supportive ad vice to his already enpathic lv ;tittencel mother, this child was able to achieve cohesion. He evi icted a health sense of assertiveness and the pro cess of integrating Functions had hewn.

MPD AS A DISORDER ROOTED IN CHILDHOOD

Multiple personality disorder is lornarily it 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 in childhood, as early as 2 to 8, and typically by age 5 or 8" (p. 587). Fagan and IllcMahou (14t... ) documented 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.

Ulltian 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 symptomatically manifested by dissociative phenomena. Irevd found that these fantasies had undergone relatively Mlle development' al 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 brutal violence, which destroyed her illusions of becoming a famous performer. Efforts at defensive restoration were

The tendency to approach N1P1 as a pathology of adulthood, and to search for comparisons between integrated adults and MPD adults or risks having its 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 pathology underlying this disorder. The clinical picture in adult cases involves .it great deal of secondm,v elaboration and alteration over time of the initial pathology (Kluft, 1985). tints the study of adult multiples is limited as it pathuas to discovering the fundamental ha e s that goes into marking up this disorder. In obser ing adult patients we do not see what MP1) looks like in its purest form.

bt contrasting otir clinical experience in the treatment of children with that of the retrospective data collected in the treatment of adult MP1) 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. I 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 front 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 surrounded In objects the child can appropriate 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 futrctiou within the internal system that cope with both the external and internal worlds.

It is also important to the understanding of MPD adults and 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 dive rge, and what the factors are that influence this divergence. Noting how NTPD children differ from nonchildren should be more fruitful than comparing adults with MTD to integrated adults.

Inillt s (1981a) Folly Factor''heors provides some help in this process by identifying the retrospectively described experiences that surrounded the terne,'r7 o1 'the splitting. VA-em have found that these saute factors, viewed prospectively, leads 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 1, 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 subje ctively experienced by the child In 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 const self 'sell has been hampered by the inherent difficult 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 exper ience with voting 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
It is not possible to find a place for the self within the scheme of the ego since ego is a concept at a different level of abstraction. Referring to a narrower segment of behavior, we cogent with regard to healthy ions that do riot begin operation until long after the tulipication of the self.... If we apply the clinical discoveries of Kohut to an expansion of developmental psychology, we may conclude that the phase of self-cohesion must be preceded by one in which aspects of the self are not yet unified, we believe that Freud was alluding to this state of organization when he postulated a phase of 'elararaste instinctual activist,' orattoerodeins/l (I911), (Germ Goldberg. 1971, pp. (4-1e))

When we think developmentally and look to how patients and their experiences in it developmentally phase specific was, we see the cab MPT phenomena as being not so much a dissociative but a /lrr-assign itt01 or snrder. In saving pre-associative, we refer to an each period (birth to fi-8 years) before the formation of a firmly cohesive nun Lear self is established. The child needs to come to distinguish her his existence and achievements from those of the primary caretakers, as well as to integrate and recognize experiences with various people, which have different emotional tone. Due to the complexity of these developmental tasks, the young child often fails to see these early experiences as part of the sane reality. 'ti'heti, for example, we see how easily children are able to pretend, in play, to alternate between different experiences in the first three to five scenes of life.

It is our view that the phase appropriate existence of separate nuclei around which self-experiences can condense is more common than not in developing children. We hypothesize that split-off sectors of self nuclei seen in incipient cases of MPD are related to a normal developmental analogue that precedes the establishment of the cohesive nuclear self.

### MPD AS PHASE INAPPROPRIATE SURVIVALS

The third proposition is that incipient MPD and later phases of initial splitting, as well as some dissociative phenomena in adulthood are not primarily examples of coming apart (dissociation) but are phase inappropriate survivals of what were once phase appropriate and distinct centers of experience and initiative. One hypothesis is that the adults in the world of the child who is to become a dissociator or classical MPD adult have not provided the integrating, consistent experiences over time and space that permit, induce, and maintain eohesi+sn.

Every child requires consistent exleLicences of soothing of distress, confirmation of slates of being, affirmation of achievements, pleasure and mastery close enough proximity over time, space, aul person to establish a unified experience of self. The absence of that cohesion in the pre-MN) child points not to it primarily cognitive event, but an internal, nonverbal, cprsericine near cvtnl. Children do not come to know that they are at single person because the have been told this. not do they knot' this antonticall. They knots it because they subjectiyls experience it with consistency over time and space by the psychological lime- dons provided by adequate parenting.

One brief clinical vignette illustrates the adult's in ling in ways that enhance the child's sense of himself as being always the saute pet'son. The occasion was of a transient regression lay a live veal' old boy. Saul, who had been left in another therapist's office in an agency by his mother while she went to spend an hour with her therapist. Sam "fell apart" in the was of an abandoned S or 1 (1 month old inlinit __he cried. tied to pursue mother, finally fell on the floor oblivious to the other therapist's presence (n that of other people. le followed mother as she went up the stairs and sat on the floor near the locked door of the office where she met with her therapist. Sam cried and screamed. and was completely tenable tea tolerate the separation.

What was striking aboul his behavior was that although Sane knew the other therapist, he was not able to attend to her presence in anyway- laews in a t'ance-like state of rage and (error. The therapist sal on the floorwith hint and talked to hit, without much success. The fragmentation state went on for It least twenty minutes. He began to integrate when the therapist was able to catch something he was saying, to repeat his words, and then to remind him of his name, of what he wanted (his Mummy) and that he was still the same boy. What seemed to help him most to calm down and to become reintegrated was her saying the following words: "... And you're still the same Sam whose Mommy sings and plays this little piggy goes to market, this little piggy slays home and she touches your other toe and says this little piggy had roast beef ... and the same Sam who misses his Daddy." The feeling, in doing this work, was that of gathering together pieces of the child's self from various places, pointing them out to the child and weaving them together onto a whole child. It seems that sucessively inducing his distinct experiences of "self-hood at moments close together in time and space helped re-integrate this boy.

Games like This Little Piggy and pee:-a-hoo are much enjoyed and developmentally important family play with infants and in the child therapists' clinical repertoire. They set up slight fragmentation fears" for the child which allow (tint/her to test the as yet incompletely coalesced self in the safety of a loving/caring other, such that mastery of the fragmentation state can be achieved. This process occurs in normal child development routinely, although its importance is often recognized only in cases where the self-object functions have been inadequate or absent (Kohut, 1971, 1978).

The non-integrated state of having distinct nuclei of...
associations is the typical state of the young child. The kind of nurturing missing when Muffs (1984a) Factor IV (inadequate stinstdns hatricrsl is present, that is the presence of at consistently empathically attuned adult providing self-object calming and protective functions, is the kind of parenting that all children require. Titus we ask not only tdhv (lot, the child dissociates 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 Kluft's (1984-a) formulation, factor III refers to shaping influences. These all to determine the forth, cltuaeslritics incl firmness of the isolated self fragments that persist and matt even predominate in the patients we are discussing here. lntes 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 "alserego" self-object concepts may he useful in understanding and distinguishing the role of "imaginary companion" phenomena its the developing self's manifestatunts of hods preassociation and dissociation.

Details of a particular event that mast have been momentarily soothing protecting, or mirroring, and that may have momentarily dispelled the effects of a trauma, can he 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 ate associated with other aspects of the child's life. instead, their vent' effectiveness helps to reinforce the barrier between dissociated states and to ensure the persistence as the mtclei of independent self fragments. Thus a TV character who is associated with specific emotions or stereotyped ways ways of solving problems may becom' 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 Pant (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 establishnsent of the nuclear self. We can 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 (he young person before the overwhelming trauma.

TREATMENT IMPLICATIONS

While our focus here is not primarily oil 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 midi vulnerability to af gingamention thin characteritos young children ions wit importirlut avenue through which the child is able to turn to adults fin-self-object functions which will lay down protatul supplies Of self este 'ms, self-soothing, astatshion, 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 fit' setting overly modest treatment goals.

It is apparently possible to effect rapid and rtlatiycly lasting fissions ill pre-associated children. If, as we suggest, these non-associative states are normal and transient its the pi usenet; of soothing adults (self-objects) then massive intervention specifically designed to reintegrate a split may be misplaced. It seems very possible lh.u the young child who seems to have split will he 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 int' usions occasioned by hypnosis or more massive strategies. in our opinion it seems to he 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 ofa preuantrelni= cohesive but emptier c Mild.

CONCLUDING OBSERVATIONS

The hypotheses the paper's esploratiotts and re'ationirs represent apant( tla r paradigm for the understanding of mental functioning, growth. and deyclupment. 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 nsodern self-psychology to heart on the understanding ofclis.sociativc processes and dissociative psy-chopathologies. with the hopes that the application of this paradigm can lint her enrich the study of dissociation and the clisso( iative disorders. ■

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