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Promoting Integration in Dissociative Children

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Integration has been defined as a "pervasive and thorough psychic re-structuring" (Kluft, 1984). It is viewed by adult dissociative therapists (Kluft, 1984; Putnam 1989) as an ongoing process in the latter stages of treatment wherein the barriers between the separated self-states slowly erode and new, blended configurations of self-representation emerge. Integration, which is an ongoing process, is distinguished from ¨fusion,¨ which is the specific "compacting" process (Kluft, 1984) at a given point in treatment wherein the blending of two or more states occurs. These definitions and distinctions may not be as appropriate for the understanding of the final stages of child and adolescent dissociative treatment, as the ¨psychic structuring¨ of younger patients is not as rigid or well-developed, and the moments of "fusion" are less specific during the ongoing integration process.

In fact, many therapists who have described childhood integration view the process as more simple, natural, and developmentally driven than adult integration. Albini & Pease (1989), in discussion of treatment of young latency children, suggest that it is preferable to "allow the natural, more gradual establishment of cohesion to unfold" (p. 149) rather than using hypnotic or other intrusive techniques. Peterson (Chapter 1, this volume) as well as Silberg (Chapter 3, this volume) have described that dissociative children's "voices" will often spontaneously disappear even after an initial interview. LaPorta (1992) describes a case of a child who spontaneously reports "We are now one" from under a blanket in a play therapy session.

Other therapists report more focused fusion rituals to promote childhood integration, but these are reported to be easier, quicker, and less

complex than with adult dissociative treatment. Fagan & McMahon (1984) describe an imagery-building technique in which the child is asked to imagine the personality states "hugging" until they are joined. Initial followup after integration of these cases of "incipient multiple personality disorder" suggested that the integrations held, and there was impressive symptom reduction. Kluft (1985) described the use of hypnotherapy techniques to promote fusion, utilizing images crafted from the child's interest or experiences (e.g. "star trek images") and determined that the children achieved integration rapidly, and that dissociated parts at times requested to 'join' the others. Followup on some of these cases suggested that these fusions held (Kluft, 1985; 1990).

In addition to the shortened time involved to achieve fusion of personalities and eventual integration, integration-focused therapy for dissociative children has other differences from the therapeutic approach with adults. Play therapy with dissociative children relies on many concrete ways of demonstrating the ideas of integration and unification, and this fantasy play is a primary vehicle for experiencing integration. Concrete play rituals to promote the process of integration have also been described by McMahon and Fagan (1993) and Shirar (1996).

This chapter describes specific fusion rituals and techniques that promote integration that the authors have found useful in treating over 50 dissociative children and adolescents. Techniques for working with DDNOS and DID will not be distinguished, as the process is similar whether the parts are more differentiated and autonomous as in DID, or more passively experienced as in DDNOS. The authors' experience suggests that unification of the personality is often a natural development at the latter stages of treatment, but that some children may report spontaneous fusions throughout the course of treatment. Length of time to achieve full unification will vary depending on the severity of the initial trauma, the consistency and availability of appropriate parenting, and the child's cognitive and emotional strengths. The authors acknowledge the creative input of other authors (Fagan & McMahon, 1984; Kluft, 1985; McMahon & Fagan, 1993; Shirar, 1996) but seek to expand the developing literature on childhood integration by describing some new techniques, by emphasizing a variety of modalities for promoting integration experiences, and by highlighting the use of the family to enhance the integration process.

The Importance of Integration

The authors believe that the fusion and eventual integration of all of the dissociative child's split-off parts is crucial to assisting the child to learn in school, to engage in appropriate behaviors, to develop his/her capabilities, and to form meaningful and lasting relationships. As long as frag-

mentation exists, the dissociative patient relies more on his or her disso-ciative defenses, and this coping style becomes increasingly more in-grained. As the literature on adult dissociative disorders expands, the overwhelming morbidity of this disorder in adulthood becomes clearer, making even stronger the imperative to strive for total integration in childhood cases.

In our experience, most children do not resist the concept of eventual unity of the personality, especially if the concept of "togetherness" has been emphasized throughout the therapy. This is consistent with the ob-servations of other therapists (Kluft, 1984; Laporta, 1992; Shirar, 1996) who report that children have an almost instinctive awareness of what the natural course of therapy will be. Before adolescence, children appear to have less investment in the separateness of the parts. The following essay written by a 10-year-old describes her perception of the positive potential of integration.

> A inside part is like a friend. They are helpful sometimes. Sometimes they distract you or do wrong things. Sometimes in life they join into one, but they will always be here. There can be little ones and big ones. They come in all different ages. Some are playful, some are not. It's very surprising to know you have an inside part, but it's perfectly fine to have an inside part. When you get hurt, they will make you feel better. Some are very creative. Some are humorous. Inside parts have feelings too. They are all good at different things. They have different preferences. I was very startled when I found out I had inside parts. There is a so-called MPD. If you go to a therapist it won't be so seri-ous. One day they will all come together and they won't be separated.
> —Melissa, age 10

Most children who have been diagnosed with a dissociative disorder and educated about it will readily accept the idea that "all parts" will one day be so "close that it will be difficult to tell them apart." In early stages of treatment, children are not required to understand clearly how this might be so, and lengthy discussions about it may serve to frighten the child or other alter states. If children seem to express a high degree of anxiety about this potential process, the therapeutic stance is a "let's wait and see" approach (Kluft, 1993) assuring them that the therapist will never impose anything on them which is against their will or the will of the other parts. (Although forced integrations have been described for adults [Putnam, 1989], they are clearly not advocated for children.)

With adolescents, the idea of eventual integration may be much more frightening. Dell and Eisenhower (1990) and Kluft and Schultz (1993) have expressed similar observations about adolescent patients who may have become more invested in the separateness of the personalities and more reliant on this defensive style. Our adolescent patients have ex-

pressed fear of "being lonely" without the accustomed friendly chatter in their mind or fearing that integration may be a kind of "death. " With adolescents, the emphasis is always on the patient's own potential for decision-making about this and on respect for the patient's pace and choice in the process. As adolescents may never be completely open about their internal experience, the therapist really has no choice but to be a "coach on the sidelines" respecting the adolescent's own decision-making about how and when integration may occur.

Other adolescents may have unrealistic notions that integration may produce magical alleviation of symptoms, reduction in learning disabilities, or an improved social life. These notions need to be dispelled, so that the teenager does not try to prematurely squelch the legitimate expression of all of his/her dissociated self-aspects.

Integration is equally important for the child with dissociative disorder not otherwise specified (DDNOS) who may have internal personality fragments or ego states. Our observation is that these children do not make continued and consistent progress in symptom reduction until their fragmented personalities or ego states have become integrated into the child's personality. Regardless of the severity of the dissociation and the degree of splitting of the child's personality, eventual integration is required.

When is the Patient Ready for Integration?

Integration is not a discrete point in time but a gradual process, even more so with children than with adults. Work on integration actually begins at the early stages of treatment when alters are identified and respected, and when the importance of the role of each internal part has been recognized. Throughout the therapeutic process, metaphors about unity, team cooperation, and joint ventures are stressed in play activities and therapeutic conversations which continue to build momentum towards the goal of final integration. Kluft (1993) has identified several "pathways" to integration in adults—some fostered by therapist intervention (fusion rituals, blending interventions) and some initiated by the patients spontaneously after processing traumatic memories or other internal reconfigurations. The integration pathways for children are similar but may more often be initiated by the child naturally as the child develops in therapy. Although some children may be receptive to planned fusion rituals, particularly if they have heard about these experiences from a dissociative parent, many report more spontaneous blendings and fusions which occur outside of therapy. Sometimes dramatic spontaneous fusions have occurred with DDNOS and DID children during early sessions, just through recognizing and reframing alter presences, as has been reported by Kluft (1985).

Formal fusion ceremonies are most appropriate during the latter

stages of treatment when the traumatic materials contained by the alters have been adequately processed, the alters' original purpose is no longer needed, and their roles have been redefined and focussed towards joint problem solving. However, Shirar (1996) reported that she agreed to conduct a fusion ritual early in the treatment for a young adolescent boy and then deal with the continuing emotional conflict in treatment after integration. Kluft (1993) also reports some variations in timing among different patients who may prefer to have fusions facilitated earlier, while continuing to work on the overall personality integration in the course of treatment.

If a formal fusion ritual is tried, and there is a failure in a dissociative child's attempt to unify the personalities, the therapist needs to explore with the child several possibilities that may be impeding integration. Is the child currently being abused? Are there stresses in the child's environment for which the child continues to rely on his/her dissociative defense mechanisms (e.g. testifying in court, placement changes, school transfers, or new memories)? Is there a hidden alter who is causing a sudden change in behavior resulting in serious, destructive actions? These issues will be detailed under the heading "Relapse" later in this chapter.

Integration Techniques: From the Abstract to the Concrete

Metaphors and Imagery

Initially, ideas about integration and what it may mean are illustrated to the child through metaphors that relate to his/her own experience. Selecting a metaphor or a symbol that pertains to the child's interests will increase the likelihood of the child understanding the significance and meaning of integration.

There are many everyday activities and experiences with which children are familiar that can be used to explain to a child the relationship of parts to a whole. Sport teams supply an excellent metaphor for "parts working together" to accomplish a goal. One DID child, Donna, who loved soccer, displayed a temporary regression when a younger alter wanted to do Donna's homework on her own, resulting in many mistakes. Donna was told that this was like letting her younger sister play soccer for her. Through this analogy, Donna's younger alter understood that she needed to allow Donna to do her homework, but she could learn about school work by internally watching and listening. When Donna was in the stage of unification, she drew a beautiful, full-size picture of herself playing soccer on the field and successfully hitting the soccer ball, symbolizing her integration (see Figure 1).

One child who had an obsession with television news shows was told that his dissociative system was like Channel 7—someone does the re-

Figure 1. A child symbolizes her feeling of integration with the metaphor of playing soccer successfully.

search, someone edits, and someone presents the news on camera. All members of the news room are required for a successful news program, even though we don't see all of them on camera. This gave the alters who were not "out" a feeling of confidence and importance and helped them appreciate their input even when it was more covert. For this patient a metaphor for moments of integration was "being on the air." The part-to-whole relationships in desserts, where various ingredients come together to make a final whole, is a particularly powerful way to describe the concept of personality integration. Children are well aware that the final product—a delicious cookie or cake is much better than each part alone, and this point is stressed when discussing integration. This metaphor was used with a patient who picked pumpkin pie as her favorite dessert. References were made frequently to her and her inside family coming together as "one delicious pumpkin pie." After one particularly resistant but significant alter, Lucy, decided to join with the others, the child reported enthusiastically that "Lucy was the pumpkin added to the pie, and the pumpkin pie tasted scrumptious!"

Shirar (1996) describes a child's poignant analogy that her traumatic splitting was like a "tree stump," in which all of its branches have been cut off. As healing progressed, this patient was able to visualize the tree being "grafted" back together.

As demonstrated by the above examples, once the child has become familiar with a metaphor used throughout therapy, that metaphor can be utilized in visualization exercises that symbolically represent a "coming

together. " Exercises involving the visualization of images associated with unity are standard work with adults (Kluft, 1993) and are also useful with children. Shirar (1996) describes having the child pick an imaginary place, such as a beach or meadow, for two parts to fuse together, and then describes the parts joining "from the feet up to the head and from the tummy all the way to the backbone."

Kluft (1985) describes the use of imagery for childhood fusion rituals taken from television science fiction: "beaming up" as seen on *Star Trek* helped several children visualize the internal experience of alters coming together. Images of two parts "dancing together" or "hugging" have also been described by Fagan and McMahon (1984).

In our visualization work with children, we have generally not found it necessary to use formal hypnosis. Children often enter spontaneous trance, and play itself has been seen as a form of trance (Donovan & McIntyre, 1990). Children's visual imagination is often superior to that of adults and they seem not to require the formal elements of trance induction in order to visualize successfully. In addition, the issue of informed consent is trickier with children, as it is not clear that they have a complete understanding of what they are consenting to. Children may have distorted ideas about what hypnosis is and fear a loss of control. Similarly, parents who have heard news media reports about "false memories" may have undue fears of formal hypnosis and it may add an unnecessary element of confusion into the therapist-parent alliance. In addition, children may be asked to testify in court regarding abuse, and some state guidelines prevent information obtained after hypnosis to be used in court testimony. These cautions aside, hypnosis can be a powerful technique for fusion rituals with children as described by Kluft (1986), as long as therapists are aware of the risks and legal consequences in each particular case. If hypnosis is employed, the therapist needs to explain the purpose of hypnosis and dispel any myths the patient or parents may believe. An informed consent signed by the parent or legal guardian is recommended.

However, hypnosis, formal visualization exercises, and metaphors are only part of the necessary tools to facilitate personality integration for childhood dissociative disorders. In our work with dissociative children and adolescents we have found it most useful to incorporate a variety of techniques that provide concrete dramatization of the concepts of integration along with formalized play rituals to encourage specific fusions. These concrete activities are helpful for many reasons. Children are often not capable of the abstract thinking which would allow them to conceptualize what integration may be from verbal conversations and explanations alone. Learning specialists know that children's learning is enhanced though multisensory experience (see Chapter 15) and concretized integration techniques facilitate this multisensory learning by providing visual, verbal, motor, sensory, proprioceptive, or even olfactory and gus-

tatory input. In addition, as Donovan & McIntyre (1990) have pointed out, children believe in "magic," that is, the powerful effect that concrete rituals can have in changing their experience of the world. Thus, children may readily buy into the "magical" ritual elements in a fusion intervention. Finally, these concrete experiences are fun for children and may be perceived as a form of constructive play in which important new challenges are mastered. As Piaget (1951) has pointed out, "play" is in fact the "work" of childhood, and thus it is often in play that new, important, growth-enhancing experiences take place. We will explore various sensory modalities to describe how concrete activities involving sensory experiences can be structured to enhance feelings of unity and cohesion in dissociative children.

Sensory Modalities

Visual Art. Art is a powerful modality for children and, as stated by Sobol, "Images developed and changed through art-making may alter or amend internal imagery" (see Chapter 10). A picture, diorama, or collage made by the child can be used to depict the ongoing process of integration or can be incorporated into a fusion ritual. It is important that the child and alters equally participate, negotiate, and agree on the symbols, colors, designs, etc. to be used in the visual art. A session can be devoted to talking about symbols with the child and his/her alters, and their significance to the child's healing and integration. What the child says about the visual art can then be used in an integration story: "This is a picture of how you look when you are whole. The buttons are for eyes that let all of you see the good in the world, the cotton, for the soft feeling of love all of you share . . . etc." The creation of the art may be trance-inducing, and the therapist's storytelling tone similarly helps the patient achieve a feeling of concentrated relaxation and focus that heightens the experience. The concrete experience of creating the picture imbues the fusion ritual with a kind of "magic" which allows the child to believe that he/she can construct an "inner whole self" as well as the external art creation.

Jane, an 8-year-old DID girl, used a picture she created of "the love lines" connecting her and her alters to finalize a fusion with her alters. While she drew this picture, a discussion occurred about Jane's and her alters' individual strengths being combined, reinforced, and connected through the "love line. " It was stressed that the "love line" will help them come together as one, experiencing life simultaneously, playing, learning, and loving her adopted family.

Pam, a DDNOS teenager with three ego states, drew a picture of a kite to represent her growth and integration. Each ego state picked a favorite color and design to put on the kite. One of her ego states, Lisa, had pulled off the petals of daisies and played the game of "He loves me, he loves me
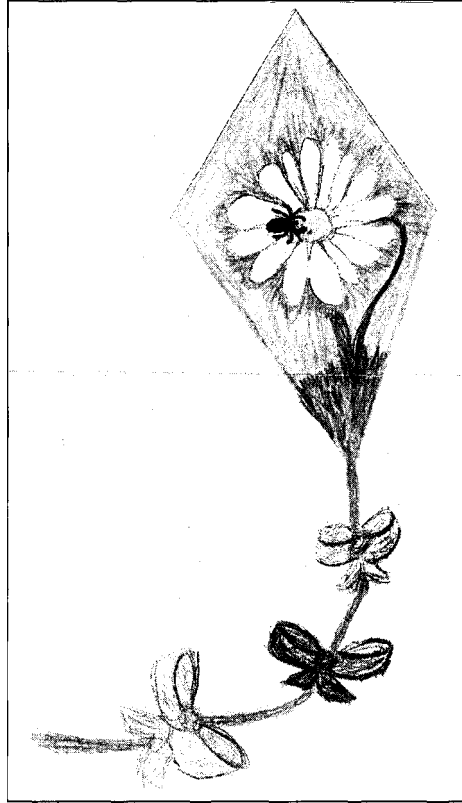
Figure 2. This picture of a kite was drawn by a teenager with DDNOS to symbolize integration.

not," when questioning the love of her father who abused her. Pam drew a large daisy with all of the petals intact on the center of the kite, symbolizing the resolution of that conflict, with a spider symbolizing the ongoing need for protection. Integration occurred as Pam looked at her picture, while F. W. told an integration story about Pam and her parts joining together and soaring high, like the kite, free of abuse and fear (see Figure 2).

Several patients have chosen the image of a rainbow to represent integration experiences and have drawn rainbows with their alters' favorite colors. As children experiment with mixing paint colors during play therapy, the idea of colors blending together can be used to describe how parts are not lost but transformed by the process of integration. A ceremonious mixing of paint colors can then be used in a fusion ritual (Marcia Waterbury, personal communication).

Another interesting visual tool developed by F. W. is creation of a crossword puzzle with the names of the child and the alters connected. The child can add the alter's qualities to the puzzle or put the qualities in a

separate crossword puzzle. These qualities, such as strong, kind, musical, artistic, are included in a mutual storytelling by the therapist and child after the crossword puzzle is created, to describe how they will feel when interconnected into one like the crossword puzzle.

Dr. Priscilla Cogan, a therapist in Maryland, has described her use of a picture puzzle to help explain, encourage, and symbolize integration (personal communication). She sent a photograph of a patient to a company that will make a puzzle with the child's face on it. As the therapist and patient worked together in therapy, the pieces of the picture puzzle of the child's face were slowly pieced together. The author J. S. has used makeshift puzzles, paper drawings with pictures of the child on them, that have been cut apart. As new feelings, or memories are shared, the child ceremoniously begins to tape the pieces of paper back together.

Tactile Experience. Clay and sand tray provide tactile experiences for a child in which the child can touch, create, or form objects with his/her hands to symbolize the blending of feelings or attainment of wholeness. The child and the alters might be asked to each pick their favorite color of clay which has special meaning for each of them and to form it into a ball symbolic of unification. This can be done in the early part of therapy to help symbolize what might be accomplished as therapy progresses. Later, if a fusion ritual is needed to help cement the integration process, the child can be asked to mix the clay more thoroughly, while the therapist discusses the strengths of the various parts of the self contributing to the whole child. The child is permitted to take the ball home to keep as a reminder of the personality unification.

If the sand tray has been used in the early stages of treatment, as explained by Sachs (1993), then it will feel natural to use the sand tray to demonstrate continuing integration as well. The child can arrange objects and figures depicting his/her personality system coming together and move them ceremoniously closer in the sand tray from week to week in therapy. To turn this technique into a more formalized fusion ritual, the child and therapist can tell a story together about the significance of each character and its role in promoting the total well-being of the whole child.

Auditory and Language Techniques. Children are fascinated and intrigued by the sound of their own voice on tape. For dissociative children whose identity is fragmented and confused, it is as if this concrete auditory feedback provides external confirmation of their identity. The tape recorder can be used in many ways to facilitate the child's ongoing appreciation of the integrating aspects of the self. The author J. S. will frequently have children write play scripts, recounting past events, reflecting internal dialogue between the parts, or depicting wished-for reconciliations between parents or siblings from whom they are separated. As the play scripts develop, the therapist can move the play in the

direction of personality unity and recovery, so that the play has a healing effect. These plays can then be recorded on a tape recorder, with different voices if desired, and the final tape of this play can become an important object symbolizing the completion of therapeutic work. For one child, a play about the aftermath of her father's murder of her mother (which she had witnessed) eventually contained themes of anger resolution, forgiveness, and faith. Listening to this tape allowed her to deal with the conflicting emotions of this tragedy and provide some soothing. Therapists and patients can develop stories together which can be taped and then played at home for the child to facilitate work on continuing integration. Sometimes spontaneous fusion is reported after children have listened to these tapes.

Some dissociative children are particularly gifted in music or poetry and have created songs or poems about the process of integration which can be utilized as part of a fusion ritual. The following poem was written by a teenage patient during a fusion ritual when a particularly religious alter fused with other personalities.

> You have a bright light of God within you. I
> will be there with you in your prayers.
> Love, H.

Other sensory modalities. Children love the sensation of passive movement, on rides, bicycles, or playground equipment, which seems to have trance-inducing qualities. Author J. S. utilized a child's proprioceptive sensory awareness to enhance integration during outdoor play. While the child was on the inpatient hospital's playground merry-go-round and asking to be spun "faster and faster," integrating messages were conveyed: "As you spin, the walls between the feelings will melt away and get blended more and more together." As work progressed, repeated playground excursions to the merry-go round were used to help cement therapeutic gains and reinforce the messages about unity.

The experience of eating a delicious dessert, shared with special family members and the therapist at an "integration party," can serve as a unifying fusion experience, especially if the metaphor of a delicious dessert, as presented earlier, has been used to illustrate unification throughout the therapy. In this case even gustatory and olfactory sensation can be utilized to heighten the sensory experiences which symbolize personality integration.

Creative Play and Toy Symbols

The play therapy itself in which dolls, puppets, or other toys are utilized in therapeutic creative play can serve as the medium for integration

work. Techniques that use concrete doll symbols to represent split off parts during play therapy have been described by Gil (1991), McMahon and Fagan (1993), and Shirar (1996). McMahon and Fagan (1993) describe using a doll to represent the "new" child; the different elements of the child can give symbolic gifts to represent their continuing characteristics. The therapist can have the child enact joining the elements into each other with a play hugging of the dolls.

Throughout the various stages of treatment puppets can be employed to demonstrate "inside families" and trauma issues. The puppets can be one step ahead of the child in order to guide the child through the treatment process. In the integration phase, the puppet will tell the child his/her feelings and thoughts about unification and improvement as integration has progressed. When the child is ready for personality unification, the child's favorite puppet can talk and cheer them during and after a fusion ritual. One particularly useful marionette puppet, Dudley, frequently struggles with tangled strings, a useful metaphor for the child of "parts not working well together."

Toy symbols can be helpful to children in understanding cooperation, co-consciousness, and eventual integration. One particularly useful toy is a wind up caterpillar that sits on author F. Ws desk. This caterpillar's body has joints connecting the four separate body parts with wheels that move it (see Figure 3). The caterpillar's parts are compared to the child's alters, fragments, or feeling states. When the child is having conflicts with the alters, one or more of the body joints of the caterpillar will be turned upside down, which inhibits it from moving. The immobilized caterpillar is compared to the impaired child who is experiencing internal conflicts with alters or external conflicts with family. It is explained to the child that when a caterpillar grows, it becomes a beautiful butterfly, just as when the child grows and the personality integrates, he/she will be-come a healthy man or woman who will be able to utilize all of his/her strengths and skills. The child may be given one of the caterpillars to safe-guard and protect, and a fusion ritual may involve creation of a butterfly.

Sometimes toy symbols can be created by the child with clay or other medium. These toy symbols, when combined with creative play experiences, may be particularly powerful in encouraging integration episodes. F. W. has used clay figurines created by the child to help age progress and eventually facilitate the integration of split-off "baby parts" in several adopted children. These children, who were between the ages of 3 and 9 years old, had documented abuse histories predating their adoption and exhibited many infantile symptoms, such as sucking their thumb, baby talk, spitting food, walking on toes, and wetting. It was surmised that their problematic, regressed behaviors were associated with preverbal trauma which impaired their ability to attach to their adoptive parents.

Each child was asked to make the "baby part" of herself out of clay while the therapist made a rocking chair and "a mom" out of clay. The
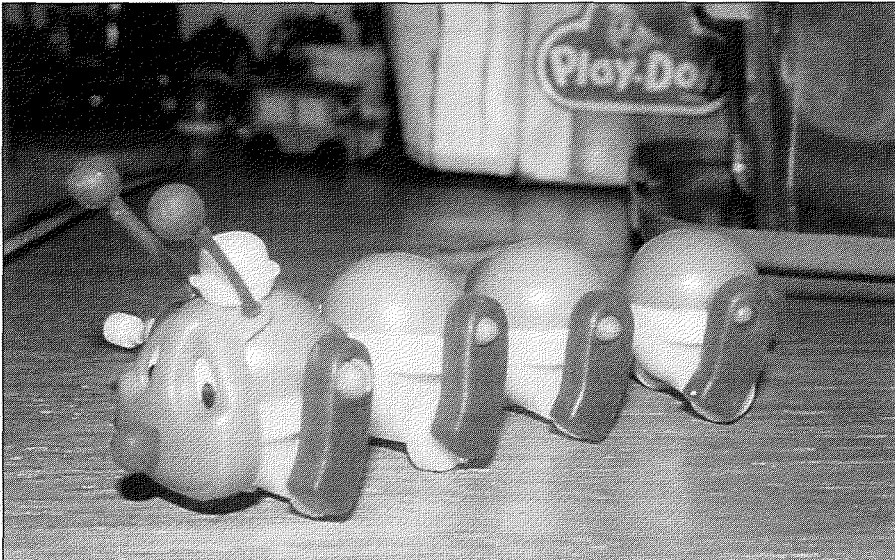
Figure 3. A therapist can utilize toys such as this caterpillar to symbolize parts working together.

child was asked to identify the clay mom as either her biological mother, adoptive mother, or simply a mom. In this first stage, each of the adopted children identified the clay mom as her biological mother. Then, the child was instructed to place the clay baby figure in the arms of the clay mom figure which was sitting in the clay rocking chair, and rock the sculpture in her hand as she sat in the office rocking chair (see Figure 4). It was explained how, when she was a baby, she had been hurt and was unable to be comforted by her mom, who was perhaps unaware of the abuse, or abused herself and prevented from protecting her daughter. The child was asked to pretend that the clay mother was providing the comfort that the baby needed through rocking. The child was asked to count slowly from the "baby" age to the child's age as the baby part was rocked so that it could grow up to the child's current age. The therapist participated in counting as the child rocked the sculpture in her hand. The child was instructed to carefully take the clay sculpture home and rock it daily to continue to help the "baby part" grow through this comforting process.

In the subsequent sessions in which the instructions were repeated, each of the children reported that the infant part had age progressed to an older age and then to the child's current age. After the initial session in which the children were able to process their grief and loss over their biological mothers, the adoptive children consistently chose their adoptive mother to be represented by the clay mother. This reinforces the
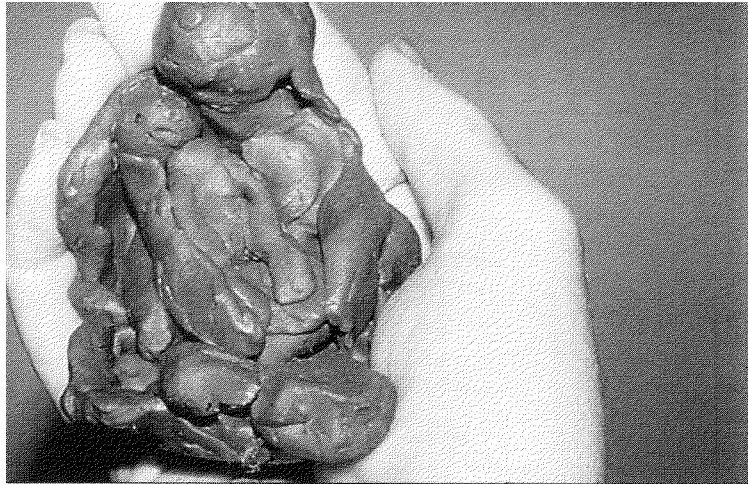
Figure 4. Clay figurines are used in an age progression technique.

thinking of Bowlby (1980) and James (1994), who describe children who have been separated from their primary caregivers and need to resolve feelings of loss, abandonment, and grief. Once these children in treatment were given an opportunity to process the loss and grief regarding their biological mothers, they were ready to attach to their adoptive parents.

In the final steps, the clay technique was used in a formal fusion ritual as the therapist suggested that through rocking and loving the symbolic clay sculpture, the age-appropriate part could become one with the child and their good qualities would be shared.

This symbolic clay technique highlights several important implications for working with children who may have had early abuse, a dissociated infant, separation/loss issues with primary parents, and attachment problems with adoptive parents. After the initial session of rocking the infant part, the infantile symptoms ceased without the need to retrieve the specific early memories. When the infant part resolved the loss of her biological that part was able to age progress, which paved the way for the child to integrate and attach to her adoptive parents. Because the children took their clay sculptures home, parents and siblings became involved in the nurturing process by enthusiastically participating in rocking the sculpture. This technique highlights the importance of family involvement in integration techniques which will be emphasized in the next section.

181 *Family Involvement in Integration and Fusion Rituals*

As illuminated above, in many of the techniques, we view family involvement in the therapeutic process as a key to solidifying integration with children. One of the primary ways in which working with dissociative children differs from work with adults is the opportunity to resolve and intervene in promoting appropriate attachment experiences. Although the therapist for an adult patient is an important attachment figure, the therapist can never truly re-parent or make up for the profound loss of consistent nurturing of which these children were deprived. However, with dissociative children, the optimum goal is to help them develop an appropriate attachment to a consistent, caring parental figure in their life who can accept and attach to all of the split-off aspects of the child. Many child DID patients initially come into therapy reporting that one or more of their alters do not have a mother, or have a different mother than the identified caregiver. Although the child may be able to cooperate and share feelings among the parts, successful personality integration will be impeded unless all of the parts recognize and accept the same parental attachment figure. Both authors have used adoption ceremonies for alters as an important fusion ritual.

One DDNOS child, Nikki, had been adopted at age 6 by an aunt from another city whom she had rarely seen before the adoption. Her birth parents, both substance abusers, had abandoned Nikki at a homeless shelter at age 5. On occasion, 10-year-old Nikki would spend therapy sessions looking through the phone book to try to locate her birth parents, with whom her aunt had lost contact. This behavior was in marked contrast to her playful engagement and positive attachment to her aunt at other times. We identified this obsessive phone book reader as a part of Nikki whom we named "the Nikki not attached" to Aunt Rose, and planned an adoption ceremony for her. A chair was prepared for "the Nikki not attached" and a doll was chosen to represent this aspect of Nikki. Aunt Rose ceremoniously talked to the symbolic doll and described how she had first heard about Nikki's birth, the occasions when she had seen her as a baby, and how she had made preparations to adopt her. After this session was over, Nikki stated "The Great Wall of China just fell down," and the obsessive reading of phone books stopped. "The Nikki not attached" had integrated and attached to her aunt.

In another dramatic fusion ritual involving a parent, an aggressive alter who had denied that the patient's mother was her own asked to be joined with the host personality during a family therapy session. The mother had used the session for a tearful apology about not knowing about the "bad people" in the neighbor's house where the child had been abused. This apology allowed the alter to feel forgiveness and sympathy and she stated, "I am not needed now. " A visualization involving the

metaphor of water flowing together was used with this older adolescent while her mother held her hands.

Even when not directly included in the therapy sessions during fusion rituals, parents can be involved in celebrating integration by listening with the child to taped stories or poems about the integration. Preceding fusion rituals, parents can be involved in writing letters to the child and the alters about their recovery, or giving special "thank you cards" to "adult" parts that helped the child during traumatic times. Shirar (1996) describes allowing the parent to have a session for a final goodbye to an alter before integration. Parents can be instructed to celebrate unification with the child by baking together, especially desserts, which have been used as metaphors for integration, or working together on special craft projects that have been linked to the child's attainment of unification. Families may work together on special picture albums or scrapbooks that help unify the child's memory into a coherent narrative and provide a unifying record of the child's complete history All of these family techniques help to provide some insurance against re-fragmentation as the child has the opportunity to process important feelings towards the primary attachment figures and attach to them in their new reconfigured state.

The Assessment of Integration in Dissociative Children

The assessment of whether successful fusions have occurred may be tricky in children who falsely report that spontaneous fusion of personalitites has occurred to please the therapist, to interrupt the treatment process, or to have time to engage in activities that are more "fun." Children may go through periods of distrust of the therapist and transference issues can arise, particularly when the child is confronted with his/her aggressive or destructive behaviors. Children may blame therapist, parents, or others, or minimize the seriousness of such behavior, and contend that "everyone was out and together as one," hoping that the therapy will end soon. These are tedious sessions for the therapist who does not want to become enmeshed in the power struggle or allow countertransference issues to interfere in processing conflicting issues with the child. During these times, it is best not to argue with the child as to whether personality integration has occurred successfully, but to provide support and understanding about the time and pain involved in recovery. Shifting the focus of discussion temporarily from the aggressive episode to a time when the child responded appropriately may encourage the child to be reengaged in the therapeutic process.

Kluft (1993) has presented six research-based characteristics of adult patients with stable fusions, which include memory continuity, no behavioral signs of MPD, the report of subjective unity, an absence of alters, modifications of transference, and clinical evidence of unity. Although no

research on the characteristics of children in the post-unification phase is available, our experience suggests that Kluft's list of characteristics may be equally applicable to children. However, the assessment of these characteristics differs in children, as these assessments are more reliant on multiple adult observations and give less credence to subjective expressions of the child unless particularly clear and striking. Hypnosis to elicit alters is not generally used to test for continued alter presences in our work with children. Instead the therapist may ask for alters directly. The child who has achieved a successful fusion will seem perplexed by this and may reiterate that they are all "one" with her. Sometimes, the alter will seem to reappear and state that she is the spokesperson, but "we are all together." In this case, the "alter" appearance will not be accompanied by noticeable changes in voice, facial expression, or body language.

The following list of methods to assess whether stable fusions and ongoing integration have occurred in children and adolescents may provide a structured guide for families and therapists. It is hoped that future research can assess whether these preliminary guidelines continue to be useful as clinicians from various settings gain increased experience with children in the post-unification phase of treatment. These guidelines might also be useful for determining the efficacy of treatment, the continued maintenance of unification, and the child's adjustment after post-unification therapy has been provided. Many of the manifestations of integration listed below would not necessarily be achieved at the moment after a fusion experience, but during the post-unification phase when continued therapy has been provided to teach coping skills and ongoing resolution of developmental issues.

Guidelines for Assessing Childhood Integration

1. *The child's subjective report of a unified self, and accompanied sensory changes.* Adult reports of subjective unification may be much more reliable than children's reports. Children may engage in many playful tactics to fool the therapist if they are tired of therapy or want to avoid responsibility for inappropriate behavior. Nevertheless, self-report of unity by the child is one assessment criterion, particularly if the child is articulate and specific about the changes he/she has experienced. Children have described sensory changes after final fusions in which their hearing, sight, touch, taste, and smell are clearer and more distinct, much like what has been reported in the adult literature (Kluft, 1988). Children may say that colors are more distinct and vision is clearer. One integrated 9-year-old DID girl articulately de-scribed how much easier it was for her to ride her horse, as she sensed that the horse felt less confused by mixed messages and was more responsive to her direction. This girl described the sensory

changes in her inner world when she had finally integrated as follows:

> "I don't blank out a lot because I don't need to do that anymore. I have a new home . . . It's like you're in a new world. I used to be all black. My eyes would be cloudy. My mom and dad would sense that something's wrong. But now it's like you're in a new world and you aren't cloudy. You're really happy and you laugh and play a lot. It's like you're in a new world!"

2. *Observed changes in physical characteristics.* Author F. W. has observed dramatic physical changes in children following fusion including facial, body posture, and gait changes. The face may appear more relaxed, and most notably, the eyes appear brighter, softer, and more open. Circles under the eyes may not be as dark or may disappear. The child's complexion may have more color and the forehead may appear smooth without lines between the brows. The body posture may be more erect and the head is held straighter. The child may have a spring in his/her gait. The child's voice may develop a more musical lilt. These physical changes of voice, facial appearance, and body movement remain without the variations noted prior to the fusion.

3. *Observed affective changes.* The parents may notice a more cheerful disposition and see that the child smiles more readily and easily and can demonstrate humor. When conflicts or obstacles occur the child has a more optimistic approach to solving them. The child shows more resiliency and can return to a playful state soon after the conflict. There are unhappy feelings, but they do not seem to dominate the child's entire day or have the intensity that they had before. Moods are more constant, consistent, and predictable. There seems to be a significant shift from a sense of hopelessness and despair to a sense of hope for the future. The child anticipates activities, discusses future plans, and conveys optimism.

4. *Observed and measured cognitive changes.* McMahon and Fagan (1984) reported a 14-point improvement in IQ for one child following fusion. Similarly, we have observed the child's cognitive processes have become more organized, clearer, and logical. Cognitive deficits to some degree may continue as the child struggles with processing cur-rent events, relationship issues, and situational conflicts. However, the presence of the victim/persecutor attitude which previously dominated many of the children's thinking about life situations, relation-ships, and their future is less pervasive.

   Most notably, the child's attention span increases, improving the child's responsiveness to the teacher and leading to more appropriate behavior in the classroom. The child may not be as easily frustrated when he/she cannot accomplish an assignment and may show more

consistency in learning, completing homework, and on test performance.

5. *Observed changes in family relationships.* The trust and attachment issues continue to be difficult for the child, but there are positive signs that the child is forming more meaningful family relationships, particularly in adoptive homes, with less frequent episodes of testing. The child may be more willing to participate in family activities and may be more willing and able to complete chores.

6. *Observed improved peer relationships.* The child is able to form meaningful relationships and maintain them for 6 months or longer. He/she may begin to receive invitations from school friends to attend birthday parties. He/she may be included in playground activities, be better able to share with peers, negotiate over activities, and not bully or intimidate if he/she does not get his/her way.

7. *Behavioral improvement in a wide variety of settings.* The child's impulse control appears to improve across a variety of settings. The parents feel more comfortable about exposing the child to new unfamiliar people and places. The child may display more sensitivity to others and respect for property.

8. *Increased interest in hobbies, special projects, age-appropriate pursuits.* The child may show an interest in extracurricular activities offered through the school or community, and begins to participate in sports, learning a musical instrument, drama, dance, skating, hiking, etc. Friendships are made through these activities, and anticipation and enthusiasm are expressed.

9. *Observed decrease in memory lapses and fluctuating behavior.* The child who has achieved a state of personality integration no longer appears perplexed about events that family and friends recall. Preference in clothing, food, activities, music, etc. , may change with the child's development, but do not change from moment to moment.

10. *Observed changes in therapeutic transference.* The child no longer appears to fluctuate dramatically in relationship to the therapist. There is less testing, sporadic aggressiveness, and resistance.

Many of these guidelines do not reflect a qualitative level of change, as assessment must include sensitivity to gradations in improvement during the ongoing process of integration. The child's continued improvement after the final fusions may involve sporadic variations in functioning, as temporary splitting during new life crises may occur in the post-unification phase. However, the variations are relatively mild and brief in duration and not so intense as to impair the child's overall adjustment at school, home, or in the community. If the child temporarily "splits off," he/she is able to reunite within a short period of time. This transient splitting after integration is generally not rooted in unresolved past trauma issues but due to a current environmental stressor or activity,

such as going to a school function or extracurricular activity. One integrated 8-year-old girl had momentarily dissociated when her younger alter wanted to be the only one out to skate at a recital. The parent indicated that this younger alter separated for part of the performance and then rejoined the child. The subtle manifestations of this temporary occurrence were noticeable only to the parents and later confirmed by the child's report.

Post-fusion Relapses

Relapses differ from the transient and momentary appearance of alters described above. When the child "splits off" and an alter personality appears for hours or days at a time, resulting in developmentally inappropriate behavior, embarrassment, and confusion, it may be considered a relapse. Kluft (1988, 1984, 1986) indicates that the majority of unified patients will experience one or more relapses, and a certain percentage of patients will continue to have such events over time until the full domain of their multiplicity has been explored and resolved.

Significant relapses have occurred with F. W. `s dissociative children when the following conditions occurred.

1. *New memories surfaced* as a result of a trigger to past, unknown trauma.

    This new memory brought unexpected intense feelings of pain and fear, and the child relied on her previous response of dissociation to deal with these feelings. Even though strategies had been discussed to deal with such occurrences, the sudden memory and associated feelings were too overwhelming for the child to manage. The splintering of the personality may be resolved once the child is able to communicate what occurred, process it, and receive the necessary support, reassurance, and psychological protection. Reintegration with F. W's cases occurred rapidly once the trauma was processed.
2. *Emergence of a hidden alter* unknown to the child or the other alters that was not ready to reveal itself at an earlier time. In one of F. W's cases, a DID 10-year-old boy had an 18-year-old hidden alter who emerged and chased the neighborhood children with a knife. Once he was able to process his memories of sexual abuse, this alter readily joined with the child and the other fused parts.
3. *Incomplete processing of a traumatic memory* may also result in a relapse. Children may become restless with therapy or want to avoid painful memories. Although the therapist may use creative techniques to make the processing of the trauma interesting or "fun," some alters may not be ready to deal with the feelings. They may ap-

pear to be engaged in the therapeutic exercises, but only to please the therapist, parents, or other alters. Once it is apparent that integration of those alters did not occur, the therapist must review with them the short-term and long-term benefits of working through the materials and ask the other integrated parts to share with those alters how much better they have felt and the rewards they have received as a result of resolving the trauma. Brief periods of therapy breaks and negotiations for desirable activities after processing the material are techniques which may be helpful.

4. *Repeated abuse or maltreatment* may result in relapse. Therapists need to be aware of the family environment and assess the parents' ability to deal with stress, and use appropriate child management techniques. (Please refer to Chapter 13.) When there is an emergence of a new alter or a former alter, the therapist needs to inquire with the child if she has been revictimized. Referral to child protection services and intervention to stabilize and make the environment safe is necessary before the dissociative mechanism can be removed.

5. *Major environmental stressors,* such as divorce, death of a significant other, change in placement, or court appearances can cause relapse. These types of changes, particularly if they are sudden and the child does not have time to prepare for them, can cause the child to feel extremely vulnerable and overwhelmed. A previous alter who dealt with similar past changes may reappear. Once the child has the opportunity to accept changes and grieve losses in individual and family therapy sessions, the alter is more likely to rejoin with the child.

6. *Major developmental stressors,* especially during adolescence, can stimulate relapse. Adolescents normally experience various degrees of periods of anxiety, identity confusion, sexual fears, peer difficulties, and parental discord as they struggle with independence. Sexually abused dissociative children who have successfully achieved personality integration at an earlier age may need to reprocess issues during adolescence. If they continue to reside in a dysfunctional family, they are particularly vulnerable to dissociating again. One 12-year old girl dissociated anew when she reached her teen years. She continued to reside in a dysfunctional family environment characterized by parental divorce and alcoholism and began to engage in promiscuous behavior, substance abuse, and truancy. With the pressures of adolescence and the instability of her home environment, she was not able to maintain her unified self.

In all cases of relapse, the therapist should try to uncover the underlying reasons for the setback, move to create an environment of increased safety for the patient, or help the patient with the unresolved feelings and thoughts that led to the re-fragmentation.

Post-Unification Phase

As Shirar (1996) warns, parents should not expect that personality unification will be a panacea for all the child's problems. There will be old problems, but expressed in a different way, and there will, no doubt, be new problems. Kluft (1988) discusses the importance of continued therapy for adult patients in the post-unification phase to cope with physical and psychological changes, problematic behaviors, and grieving the lost, idealized past. The therapy at this stage for children involves improving coping skills, improving interpersonal relationships, and preparing for new developmental challenges.

With many of our children who have been adopted, a major focus in this phase continues to be grieving the loss of the primary attachment figures and working on issues of trust and attachment with the adoptive parents. Each developmental milestone stimulates precarious issues of trust and identity anew. For children who remain with their biological parents, these issues are pertinent as well. As children begin to "forgive" their parents for betraying them during the time of their abuse, minor parent-child conflicts can become magnified and issues of basic trust reemerge. Providing family therapy at this stage of treatment is recommended either with the ongoing individual therapist or with an additional therapist.

In addition to issues of grief, attachment, and trust, the post-unification child must deal with developmental issues, particularly sexuality at the onset of puberty. In one case an adolescent girl's pregnancy which occurred after integration set into motion issues of trauma, loss, and abandonment, which were too overwhelming for her to handle while caring for her infant. Her extensive therapy had included thorough discussion of stopping the intergenerational abuse; consequently, she became fearful of abusing her child and released her parental rights. Ongoing followup and "check-ins" with teenagers in the post-unification phase are recommended, as adolescence seems filled with developmental crises that may require therapeutic processing. During the post-unification phase, auxiliary services such as group therapy or art therapy can help maintain gains and increase socialization (see Chapters 10 and 11).

Summary

If the therapy focus is on assisting the child to understand, accept, and treat the dissociated parts with equal importance and respect, personality integration will be a natural and accepted part of the treatment. Spontaneous fusions have been reported with many dissociative children but in some cases more formalized techniques are utilized. Techniques that foster integration for children should include a variety of sensory modal-

ities and utilize concrete metaphors that depict the concept of unification through therapeutic creative play or other child-oriented activities. In any technique that promotes integration, it is important to emphasize to the child what will be gained through unification, rather than what will be lost.

Resistance to unification may imply that some traumatic material has yet to be processed and/or a hidden alter may need to come forward to deal with the trauma. There may be disruptions in the child's environment that interfere in the progression toward integration and maintenance of unification. Exploring with the child and care providers what may be impeding final unification is an important therapeutic task in successfully treating the dissociative child. Continuous involvement of the parents throughout all stages of treatment facilitates the resolution of attachment problems and solidifies the integration process. Post-unification therapy finalizes the treatment of the unified child by completing grief work related to attachment issues with the primary parents who abused them, learning to trust parental figures again, and developing new coping skills.

Dissociative children who have achieved successful integration may have a chance to reclaim their childhood. One teenager described her healing and integration in this untitled poem:

> I come to you now, and bring nothing in my hand.
> I bring myself to you wiped away from anger.
> I come to you today free from abuse and pain.
> I come to you now and give to you my love.
> I come to you this day showing how I changed.
> So, now that I am here empty handed,
>   but with a fulfilled heart,
> Take me under your wings and wrap me in your innocence ... I
> am now *FREE.*

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