

Peer-reviewed article

Taking the 'DYS' out of the 'FUNCTION' of dissociation using the 'Healing Inner Conflict' technique

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When we 'teach a person to fish' we give them the best chance of long-term survival. In the same manner, the 'Healing Inner Conflict' technique (HIC) teaches clients how to manage their own long-term wellbeing in the face of inner conflict and disassociation.

With the strategic use of a simple template of eight floor-cards, HIC can quickly and easily guide a client from a place of having no idea of why they feel what they feel and do what they do, to a comprehensive understanding. Within an hour or two, the client can begin to understand how four key mechanisms affect their experience. In a few more sessions they are able to effectively intervene in their internal dynamic. The more extreme the disturbance the more time it takes. This article is a very simplistic representation of the technique and many specifics have been omitted in order to offer a succinct overview. All case studies have been modified to maintain confidentiality.

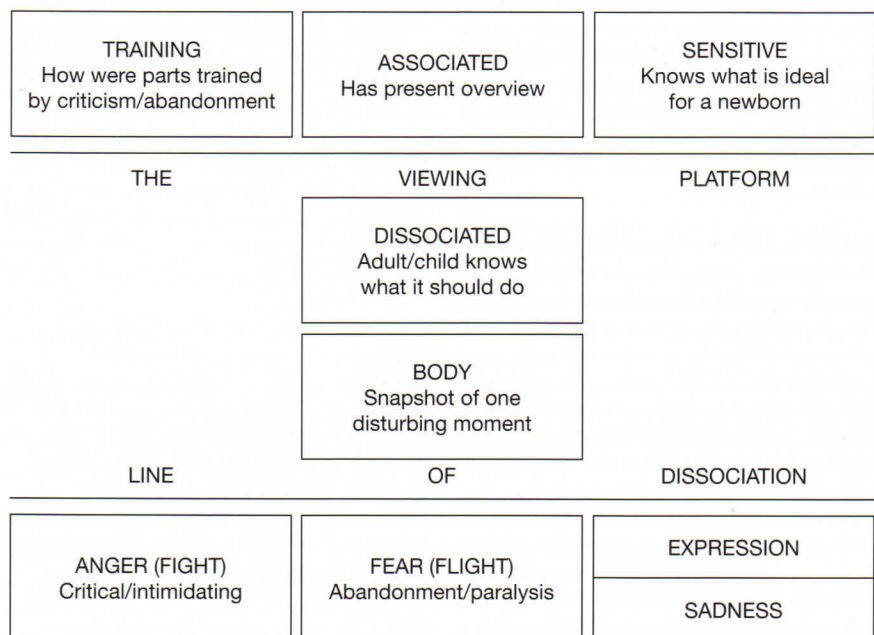
There are many similarities to Voice Dialogue, Gestalt Therapy, Psychodrama, Psychosynthesis, Cognitive Behavioural Therapy, Transactional Analysis and, in particular, Dr Richard Schwartz's 'Internal Family Systems'. It draws much inspiration from Dr Arnold Mindell's 'Process Oriented Psychology', Dr John Briere's 'Self-Trauma Model' and my experience with highly dissociative clients over the last 30 years.

Where it differs from many of these modalities is in its simplicity, speed, efficacy and the following underpinnings.

1. Almost all emotional disturbances are the signals of healing trying to happen. This exactly matches the physical pain disturbance mechanism, which attempts to draw attention to that which needs healing in the body.
2. The eight floor-card template (illustrated below) and its ability to separate out the momentary experience of different parts of ourselves

3. when dealing with a disturbance.
3. The four mechanisms, child, adolescent, adult and self-medicating, which seem to cover the largest spectrum of our daily disturbances.
4. Anger and Fear are the impulses behind the Fight and Flight mechanism and their relationship to the override of expression and the consequential sadness in childhood.
5. Our non-conceptual, childhood, reptilian brain survival mechanisms that inextricably link the sadness (of getting criticised) and a sense of non-survival (fear of abandonment) which makes perfect sense in that dependent context and only makes sense as healing trying to happen in a non-dependent adult context.
6. When you notice a part that uses criticism internally as a way to avoid criticism externally, then you know it must have been trained in childhood, as it makes no sense in adult context.
7. Differentiating between when a client is 'triggered' (not acting from a present moment state of mind) and when they're not.
8. Differentiating between External Molecular Reality (five senses) and Internal Consequential Reality (feelings, thoughts, sensations etc). The ability to notice that these parts are real enough to take over the body when triggered and precipitate actions or inactions that are usually regretted moments later.
9. Understanding and following 'content' signals - the detailed information about the disturbance and training, as well as 'process' signals - the feelings, sensations and experiences that become noticeable while exploring the disturbance. These process signals add essential information, without which a comprehensive understanding is unlikely to be unfolded.

THE EIGHT FLOOR-CARD TEMPLATE



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10. There is always a purpose to the mechanisms in their own context.

In a nutshell, HIC helps a client recognise context as an important factor of experience and to establish a healing relationship with those parts traumatised (often in childhood), in order to have healthy, associated responses to their current experience.

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The counsellor encourages the client to move from one card to another, based on the signals they notice when exploring the disturbance. In this way, the template shows the client how to sort their own disturbing signals into a framework that is easily followed and makes sense. One starts with a single moment of disturbance and explores it in order to understand the dynamics of the disturbance in present moment context. Using simple questions and a process of elimination, the template guides the client toward the discovery of how things got this way and why they still occur. This inevitably leads toward an understanding of how patterns of insensitive behaviour, that usually date all the way back to dependence stage childhood, have trained parts of them to react in very prescribed, repetitive, insensitive and ineffective ways.

The Associated, Sensitive and Training cards act as a viewing platform from which to see and explore the previous moment of disturbance as 'healing trying to happen'.

The Associated Card encourages the client to notice that nothing is externally triggering in the room and that they are an adult in the present moment who would like to understand everything there is to know about their own disturbance.

The Dissociated Card encourages the client to notice the part of them that is the public face of whatever is going on. This part often displays the opposite of what is going on beneath the line of dissociation. This is also the part that

knows what should or shouldn't be happening but is unable to stop it, in that moment, often going into 'damage control' a moment later with apologies and attempts at explanation.

The Sensitivity Card encourages the client to focus on their awareness of what would be the ideal, healthy and 'sensitive' thing to do with a newborn baby. eg, what to do when it's crying or when it's expressing itself freely and uniquely. This will, almost always, be in direct opposition to the methods that the person was trained with.

The Training Card encourages the client to notice what situations trained the Anger/Criticism/Intimidation part to criticise/intimidate internally or externally. This usually stems from childhood where there was no choice but to internalise these insensitive methods as a way to protect from them.

The Body Card: in order to develop understanding of the particular mechanism that's being triggered, it is essential to narrow the disturbance down to one moment in time. The reason being that the mechanisms can change from one moment to the next, however, if you slow the process down, it is simple enough to differentiate between the mechanisms as they change.

The client stands at the body card and freeze-frames the moment of disturbance then goes back to the associated card in order to look at what the body is doing/not doing, in search of the purpose behind the disturbance.

Exploring behind the line of dissociation is a process of noticing where Anger/Fear (perceived survival need) overrides Expression/Sadness (wellbeing needs).

The Anger Card helps the client to get into relationship with the part of them that is critical/intimidating. This is often the part that people least identify with as it is connected to insensitive training (shouting, smacking etc) that, by definition, they want nothing to do with. This part is often only discovered due to the awareness, through signals, that there is a part feeling fear, which means there must be a part doing the intimidating. This is also the part that

would like to (and sometimes does in extreme circumstances) tell people where to get off, but is often overridden by the DISSOCIATED Adult part that has been trained that you shouldn't and is trying to avoid the potentially disturbing external consequences of such actions.

The Fear Card helps the client get into relationship with the part of them that is frightened into non-expression/paralysis. This is mostly precipitated by the ANGER (critical/intimidating) part triggering a sense of overwhelming fear of a seemingly life-threatening consequence based on its previous experiences and training.

The Sadness/Expression Card helps the client get into relationship with the part of them that would like to be able to express itself freely but for reasons of protection/survival must be overridden in order to avoid criticism and the sense of potential abandonment in the dependent stage childhood context. Underneath the dissociation will be the sadness the child inevitably experiences at the inability to express itself freely and uniquely.

Case studies illustrating the four mechanisms

These mechanisms seem to exactly match our developmental stages. Put simply, the child can't override the criticism of the parent. The adolescent can't stop themselves from trying to override the criticism of the parent. The adult can override their own adolescent desire to criticise the parent. Self-medication is the method of dissociating from the overwhelming feelings that arise when any or all of the overriding is going on. Each of these mechanisms are attempts at avoiding external criticism, the consequential internal SADNESS and its link to an overwhelming sense of non-survival.

1. Child mechanism – ANGER/criticism/intimidation part overrides EXPRESSIVE part in order to gain compliance therefore avoiding external criticism, the consequential internal SADNESS and its link to an overwhelming sense of non-survival.

Case study: Jean (35) is disturbed by the fact that she doesn't share her

opinions in her own circle of friends. Moving between the cards by following her signals from the ASSOCIATED (card's) point of view she notices that her BODY is silent, while behind the scenes there is an EXPRESSIVE part of her that would like to give its opinions. However, it is overridden by an ANGER (Critical/Intimidating) part that criticises the EXPRESSIVE part's opinions as "unworthy" and instils the fear of external criticism. This intimidates it into becoming a FEAR (abandonment/paralysis) part that forces the BODY to be politely compliant and silent in an attempt to protect her from criticism, at the cost of her unique/freedom of EXPRESSION.

When she explores this from the viewing platform perspective she notices that the present moment ASSOCIATED part of her can see that what is going on internally is not SENSITIVE and is able to ask from the TRAINING card's point of view "How did that ANGER (Critical/Intimidating) part get that way? I know it wasn't born like that" She is able to find a video clip from her memory bank, that matches the present day one, where her father is criticising her, when she was 5 years old, for interrupting his phone conversation with her desire to tell him about a snail she had found. She is now able to see how that mechanism became internalised and notices that her own present moment understanding brings compassion automatically and a desire to bring healing to these parts as soon as possible. (see below for Effective Internal Intervention)

2. Adolescent mechanism – ANGER (Critical/Intimidating) part criticises externally in an attempt to avoid external criticism, the consequential internal SADNESS and its link to an overwhelming sense of non-survival.

Case study: John (28) has just lost his third job in as many months for swearing and telling his boss where to go. He is able to follow the signals from the ASSOCIATED viewing platform and notice that his BODY was being driven by the ANGER (Critical/Intimidating) part. When he visits that card he becomes aware of this part's intention to protect other parts from unfairness which would trigger SADNESS which, in turn, would trigger a sense of non-survival. Hence, losing the job is insignificant in the face of a sense of non-survival. This part attempts to rearrange the universe externally as a way to avoid the internal consequential sadness and a sense of non-survival, using criticism/intimidation with the intention of getting the boss to change. He becomes aware that there was a DISSOCIATED Adult part of him that knew he shouldn't do it, but it was

unable to intervene at the time. This part was only noticed afterwards repeating internally "You shouldn't have done it" as it was unable to override the ANGER (critical/intimidating) part at the moment in question.

3. Adult mechanism – DISSOCIATED Adult part overrides the ANGER (critical/intimidating) part in order to stop it from becoming externalised and therefore avoid external criticism/abandonment (loss of marriage, job etc) the consequential internal SADNESS and its link to an overwhelming sense of non-survival.

Case study

Barbara (53) is very unhappy in her marriage of 30 something years, as she seems almost completely unable to create an equitable relationship with her very conservative husband. He controls almost everything financially, socially and around the house. She has severe psoriasis that flares up whenever her frustration flares up at the injustice, however, she is unable to tell her husband just what she thinks of him. When she follows the body signals from the ASSOCIATED viewing platform she is able to notice that while the BODY is doing and saying nothing, there is a very ANGRY (critical/intimidating) part of her that would love to scream accumulated years of abuse at him. However, this is severely overridden by the DISSOCIATED adult part that doesn't want to jeopardise the security and social decorum of the marriage arrangement. She notices that this mechanism comes at the cost of her own wellbeing.

4. Self-medication mechanism – When the ANGER (critical/intimidating) part notices that the above mechanism's attempts at avoiding internal SADNESS and its link to an overwhelming sense of non-survival, have failed, it is forced to use extreme measures. At this point it will use any means at its disposal to dissociate from the overwhelming feelings e.g. Substances - Drugs, alcohol, eating, etc or Non-substance Repetitive Processes - working, cleaning, sexing, exercising, watching screens, not eating etc in fact almost any repetitive behaviour which effectively distracts. When these fail to deliver sufficient relief from overwhelming feelings, then this part will start contemplating even more extreme measures to dissociate from the overwhelming feelings. The hope that if the body ends, then the overwhelming feelings will end, which leads to ideations of suicidality. This part perceives ending the pain at all cost as an internal mercy killing (euthanasia). As far as that part is concerned, there is an almost constant, seemingly life-threatening agony that

there is no known cure for and therefore, the compassionate thing to do is to put the body/being out of its misery.

Lulu (65) is a celebrity who was, in her day, a household name in the entertainment industry. She has a history suicide attempts and spends most of her day seeking out and finding her drug of preference. Then she spends the rest of her day partaking of it, only forcing herself to shape up, at the last minute, to put on her 'Public Happy Face' when she has to. When she looks at what the BODY is doing from the ASSOCIATED viewing platform she is very disturbed at what looks like an extremely self-destructive behaviour. However, when she follows the signals, she notices the part of her intent on making sure she feels nothing (not SADNESS) and will use anything in the short term, no matter how destructive it may be in the long term, in order to do so. When she asks that part the purpose of its need to feel nothing, she remembers having been sexually abused as a child, telling her parents and their criticism of her for bad-mouthing her uncle. When the child cries in despair she is told to 'Get a grip or I'll give you something to cry about'. From the ASSOCIATED viewing platform she can see that there is a DISSOCIATED Adult that knows she shouldn't use the drugs but is unable to intervene when she's triggered.

She can also see that as soon as she is alone and out of the public or even private (husband and children's) eye, there is a part of her that MUST get relief. So, the ANGER (critical/intimidating) part does its best, albeit in an adolescent way, to avoid the sadness, connected to the abuse, that seems overwhelming. She takes the drug. She feels nothing for a few moments and is relieved from a feeling that must be dissociated from at all costs due to its sense of overwhelm, reminiscent of abandonment in childhood that actually is potentially life-threatening then. However, the drugs do not offer the healing that needs to happen internally and neither have various rehabs, which have only succeeded to inadvertently force her to swap addictions. She is able to see that one part has a need to medicate the sadness into non-expression, hence the need to find a drug that can make her feel nothing. She is also able to notice that she is not being abused now, and that she would like to bring healing to those parts trained with insensitivity in childhood and offer them a sensitive, healing relationship internally now.

Effective Internal Intervention using Jean's Child mechanism case study from above.

Now, that Jean is aware of the Child

mechanism triggered in the moment of disturbance, she can begin the process of bringing a present moment ASSOCIATED and SENSITIVE part into healing relationship with the triggered parts.

There is a specific order that has been developed over time which has been proven to be the most effective way to approach each part.

Firstly, Jean starts from the viewing platform, reminding herself of her ability in this present, non-triggered, moment to begin from an ASSOCIATED and SENSITIVE position due to her awareness that we don't choose our TRAINING. She notices her desire in this moment to help these parts. She reminds herself that, as an adult, she can get herself out of criticism's way which wasn't possible in dependent-stage childhood. She notices her innate desire to bring permission and encouragement to the SADNESS that may arise as a result of external criticism. This is something that she knows, in present day context, is not linked to ANYTHING life-threatening. Due to her understanding of how the Anger (Critical/Intimidating) part was trained, through no fault of its own, she now automatically has compassion for that part. She notices a desire to bring appreciation to that part for having protected her then, and a desire to meet its survival needs in a way that doesn't override EXPRESSION or SADNESS.

She moves into relationship with her experience of that part, its facial expressions, vocal tones, use of words and feelings. She is then able to say directly to that part, something like..."Thank you for internalising the criticism you were trained with and using the same criticism internally to intimidate expression into paralysed silent compliance. That was essential at the time from a survival point of view, as we were completely dependent on Dad and couldn't afford to take that risk. I understand that, based on your experience, criticism is normal, because it was normal at the time. However, I am here to let you know that criticism is not ideal, not healthy and definitely not sensitive. I understand that you continue to do this internally because as far as you're concerned nothing has changed. I am here to show you that, as an adult, I can deal with that which you couldn't deal with. I can set and enforce limits around myself because I'm not life-threateningly dependent on my friends. Thus, if any of them were to criticise me for my opinions, I could say "Stop criticising me or I'm leaving" and leave if they don't stop. I can also bring permission and encouragement to the part of us that would be sad from the experience of having being criticised.

It is important that these parts notice that sadness is no longer linked to the experience of potential abandonment and sense of non-survival.

The ANGER part listened sceptically and responded to Jean with its surprise at her turning up and lack of trust that she would actually be able to do as she said she would. Jean was able to reply with "I understand your scepticism, as I haven't been able to do this previously. However, don't trust me. Take me on face value. If I turn up in this way, you don't have to, and if I don't, I know you will do your default mechanism of criticising internally." The ANGER part seemed reluctantly willing to give that a go.

Jean then moved on to the FEAR part saying "Thank you for having been paralysed by the ANGER part as compliance was the only survival-oriented thing to do at the time. However, I am 35 now and I can deal with the criticism and the sadness in ways you have never been able to. Therefore you don't need to be paralysed into compliance any more. The FEAR part responds with signals of relief which is enough to prompt Jean to move on to the SADNESS/EXPRESSION part and show the ANGER and FEAR parts what the adult is able to do in the way of permission and encouragement for unique expression and sadness.

Jean moves into relationship with the SADNESS/EXPRESSION part and says the opposite of what this part has been experiencing for a long time. "Your feelings, your sadness is really important and you can cry as much as you like. I love you just because you are part of me, just because you are breathing. You can express yourself however you like and I will look after you and protect you, as I can do 'stop or I'm leaving' as a way of setting and enforcing limits not available when we were dependent. I can also bring permission and encouragement for the expression of sadness. The SADNESS/EXPRESSION part shows signs of relief and tentative joy.

Jean then addresses all of the parts and lets them know that she intends to check in with them regularly to make sure their needs are met. She reassures them by letting them know that in the event of an actually life-threatening situation, they will be the first ones on the front line, however, it will be the 35 year old that decides whether or not the situation is actually life-threatening. They all seem willing to give it a go and feel relieved that there is a 35 year old in relationship with their experience of reality and able to bring moments of sensitivity and wellbeing. Jean notices that she feels very different to when she started the process. She finds it hard to

put into words, but her words attempt to describe a calmness and a wholeness. The 'proof of the pudding' is in her return the following week, having been able to talk to one of her closer friends about her challenges in relationship, which she felt was an even bigger step than just offering her own opinions. Over time she has not become the life of the party, but she is very satisfied with her ability to intervene effectively internally when she gets triggered, that more often than not, allows her greater ability to express herself externally.

HIC is no miracle cure and is not the ideal modality in all situations. It simply offers some tools that have been proven to be consistently effective over time. It is a work in progress, constantly improving itself as new patterns emerge. I dedicate this work to all of my highly dissociative clients who, through their trust, patiently taught me how to help them and vicariously, almost everyone else. ■

About the author

David Gotlieb (aka Bhakti Das) has a Masters of Applied Science in Critical Psychology and a Graduate Diploma in Social Ecology. He ran Domestic Violence support groups and wrote his mini-thesis 'Men, Violence and Community Response' as a consultant for the Dep't of Women. He currently runs support groups for the Breast Cancer Institute and offers counselling, supervision and workshops in Bowral, Sydney and on-line. He is a full member of ACA and will be presenting a workshop on HIC at the 2013 ACA Conference.

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