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Marie - A Swedish Case of Apparent Anxiety Disorder, Showing up to be a PTSD and DID (NOS), as Uncovered by Hypnosis

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■ *I want to convey, from my own experience, that the therapist's curiosity about the dissociative phenomena doesn't create the diagnosis per se. Before Marie, I treated several patients sufferring from repressed childhood trauma, with ego state therapy (Watkins, 1992). I regarded dissociation only as a therapeutic tool, utilizing some normal dissociative tendencies, experienced as having different roles, aspects or states evoked by various contexts or environmental demands. So, one purpose with this presentation is to leave it to the reader to discover, as I did, that the characteristic dissociative phenomena of this patient were quite strong and part of her defenses against childhood trauma. The PTSD diagnosis has, as one of its criteria, some somatic symptoms. Is it possible to regard the onset of Marie's multiple sclerosis and later in therapy her tinnitus, as a result of trauma and decompensation of defenses against trauma? The question is controversial unless theory includes a perpetual link between psyche and soma. In this case presentation, I will put some of my retrospective reflections in brackets.*

Marie, a married woman with two children, requested hypnotherapy in order to obtain relief from symptoms that had not disappeared despite a two year psychotherapy a few years earlier. The remaining symptoms were nightmares with a recurrent theme of witnessing a murder and before falling asleep, fading away and feeling herself loosing her breath. These anxiety provoking symptoms appeared every time she was coming into a phase of multiple sclerosis, from which she also suffered. The interview disclosed some marital problems and a family background with absolutely no memories of closeness and trust. As a child, Marie's dog was her only comfort. In therapy, we continually used hypnosis both as a diagnostic tool and as a way of enhancing her immune system to help her ease her phases. Marie knew very little about hypnosis and was unfamiliar with hypnotherapeutic concepts or ideas. Neither did I introduce any theoretical assumptions about hypnotic, dissociative or trance phenomena.

After the first interview Marie reported that her breathlessness had become more distinct and she described it as a heavy pressure upon her chest. While Marie focused upon this pressure, it transformed itself into a brick and her father was holding it, thus frightening Marie. In the next nightmare Marie watched her father being the one who was frightened and hunted, but without any obvious reason. (Who had now reason to be afraid? Her father?)

Marie came to her fourth session on crutches because she was in a painful phase. This time she was helped to visualize her immune system and direct her energy accordingly. She was in an apparently deep trance; her pain decreased considerably and she estimated the fifty minutes duration of the trance state to five minutes. (I did not have the intention to induce a deep trance, and was thus surprised by her strong time distortion). Marie brought a drawing to her sixth session, representing her MS. She told me she had made this drawing in a state of automaticity. I asked her what the drawing meant to her and she associated it to the atmosphere in her childhood home. While associating, Marie spontaneously entered a trance state and imagined herself inside her drawing. She was surrounded by a slimy wall and after considerable struggle found her way out. There Marie discovered she had got a shadow. The shadow took too much space, had sharp turquoise colour and was very cold. (I could see her shiver from the cold).

Since Marie spontaneously had entered a trance state and since her symptoms as well as this shadow were quite ego alien, I started using ego state therapy on the spot, without having introduced the method to her. (In my experience, patients with less dissociative personalities, i.e. within the range of "normality," would have been confused by my unprepared intervention and have had a query about how to answer).

So I talked directly to the shadow and asked for its willingness to let Marie learn more about it. The shadow answered in quite a different voice than Marie's ordinary voice: "I don't think so."

Therapist: "You are with Marie everywhere. You are having a function. What function? (Silence) I suppose you want to help Marie in some way?"

"Yes, protect her. Yes."

"Do you want to tell Marie from what you protect her?"

"No I do not!"

"Why not?"

"It would make her so sad."

"When did you enter Marie's life?"

"When she was five years old."

"Marie is grown-up now. She needs you, but not in the same way as before. Do you want to cooperate with me, Susanna, in order to help Marie in a new way?"

"Yes I do."

"Could you please step aside and stay a little more in the background. Marie is grown-up now. She must get opportunities to stumble on stones, get hurt sometimes, rise herself, learn to walk. (A metaphor for learning especially adressing her MS.) You don't have to protect her in the way you have done, she is an adult. She can set her own limits and she can say 'no', she is not dependent any more in the way she was. Now I want to be in contact with Marie again." (I chose these suggestions as a general ego-strengthening, but this "no" became very important in her therapy.)

Marie then told me the shadow was still in its sharp turquoise colour but it felt warmer. She woke up with partial amnesia, namely for what the shadow had said. She commented: "What is the shadow? I didn't know I had one." (She experienced the shadow in a literal, not metaphorical sense.)

Next time Marie told me that she had felt a lot of fear and also sorrow, probably due to her work situation, she believed. She also told me that her father used to touch her breasts every time her parents visited her. (Isn't it a sign of dissociation that she connects her bad feelings to a present nuisance, but tells about her father's abusive behaviour as if by accident?) She objected to his intimacy only by avoiding coming close to him. She then remembered never going to her parent's bedroom as a child, but seeking comfort in the dog basket. She also remembered her father coming and hugging her goodnight. Once she had laid her teddy bear under the blanket and hid herself behind her bed. When Marie's father saw the bear, he left the room and Marie cried triumphantly that she had fooled him. Her father didn't respond. (Provided this was a memory, this negligence is an odd parental reaction.)

The nightmares continued and gave more information. Now she dreamt that the murder was committed in the area where she lived as a child and she told me in a kind of a child's voice (and state) "It is dangerous to go there."

In Marie's next dream the murderer was a rapist, dangerous for children and the only protection was a dog. (She didn't connect the dream with her father, the dog with her dog and I didn't anticipate her eventual insight.)

At this time of therapy she brought up the subject of her seductiveness. She wondered about the fact that she had been seductive only to men she knew well and why she at the same time was ashamed of being so attractive. (She had a very ordinary appearance.) Without "insight" in the reason for this ego-alien behaviour she was convinced she now had put an end to these affairs. Which she did.

The nightmare about men trying to rape women continued in slightly different forms. In one dream she tried to get help from women, but they were unreachable by fright. Marie's association to this dream was that the women were her mother and the men were her father. She remembered that her mother always wanted Marie to sit on her father's lap until she was thirteen, although she did not want to. In hypnosis she reexperienced the feeling of not being able to breathe. Through "affect bridge" (Watkins, 1971) she described this situation: She was five years old, sitting on her father's lap. He was forcing her towards him and holding a steady grip around her body. She fought to get loose and finally succeeded. Her father was very disappointed, sad and hurt. Marie felt sad too. She wanted to retain her father's love, otherwise she wouldn't get anything at all. She liked her dad. A sequence from how we continued:

Therapist: "Now I want you to be a grown-up good mother coming in, seeing Marie in Daddy's lap."

Marie shouted: "You son of a bitch, let her loose! She doesn't want to sit there! You just don't do such things to children! Never touch her again the way you did - if you do I will hit the shit out of you!"

Therapist: "Can you help little Marie?"

The "mother Marie" helped "Marie the child" loose, but Marie (the patient or "the mother") informed me that the child part didn't understand what was going on.

Therapist: "What is it that you, the grown-up woman can see that little Marie cannot see?"

Marie: "He is behaving like a dirty old man. That is the reason why he cannot let her loose that suddenly. He is too excited."

She took the child by the hand and they walked away. After waking up, she spontaneously told me that she remembered most of our communication. (I regard this as a sign of some integration.) She recognized that she felt exactly the same sorrow now, as when she woke up from the nightmares. While discussing what had come up so far in therapy, Marie summarized that the hardest part was that her father's feelings were sexual. She had pushed him away, and she had been left with guilt feelings.

During some months now Marie used her therapy to get strength to set limits towards her husband, who had been abusing her with aggressive abreactions psychically and physically. With a remarkable creativity and strength she succeeded in putting an end to this pattern. In the continuing nightmares, Marie now had a child to protect and she received support from "unconventional people."

While working with her MS in a deep trance, Marie informed me that the cause of her MS was that she was taught to be good and that we had to work with her guilt. We made an age regression and she stopped at the age of five, where she felt how she was not allowed to have her own opinions and feelings. She had complied in order not to be abandoned. After this trance Marie said "It is important to be able to say no." We now had three sessions to work before my summer vacation. Marie's MS symptoms got worse, she had tinnitus and sleeping difficulties. What kept her awake were feelings of anger. In therapy, she engaged all her body in an abreaction, shouting "No! I don't want to! Get away! Leave me alone! No!" After this abreaction she relaxed. She had no idea as to what or to whom she protested. But with hypnosis she found out: She was a little child, whose Mummy ordered her to be good to Daddy. "No one is so good to Daddy as I am."

"Not even Mum?"

"No, nobody."

Marie suddenly felt the taste of mint. "I have received a coin from mum and Dad because I am so good to Dad. I am buying a mint. I am good because Daddy is sitting on my bedside and hugging me goodnight... I don't want to be there again!"

I encouraged Marie to experience what was happening by asking the protective part

to step aside and directing my questions to the child about what was happening and what she was feeling. She answered she was feeling so heavy, her father was weighing her down. "He is touching me on the wrong places."

"Wrong places?" (I remained naive, in order not to influence her experience.)

"My breast and my bottom. Both front and back."

Marie's cheek shivered, and she started crying like a child. "I don't want him to."

"Can you tell him?"

She couldn't tell him and I explained to her that Daddy was afraid of women but he was not afraid of Marie. He was touching Marie as if she was a grown-up woman and that was very wrong.

"Yes, isn't it? Wrong! Wrong!"

"You need your Daddy and you are afraid to say 'no', by fear of losing him altogether." I asked Marie to imagine her father as she would like him to be.

"With a real Daddy I want to have beautiful clothes, to be pretty, but now I am forced to use my brother's clothes."

I asked her to imagine growing up in the trance state integrating the female attractivity. She did this and repeated that "it is also important to say no."

I will give some more examples of the ego state work. Marie felt that some of her anger towards her husband was displaced. In hypnosis the feeling of anger made her see her father coming into her bedroom, kissing her goodnight and hugging her too firmly. She was very scared, shouted "no!" and literally beat him. Then she asked me in her childish voice, "will I be left lonely now?."

Later in therapy Marie suffered from a severe headache. She visualized the headache as a black and white screen. People were talking but no one was listening. The feeling was familiar. Then the black and white screen became a chessboard. The headache disappeared and we continued working with the chess as a deepening motive. Marie spontaneously imagined her headache as well as her MS as a stream of contaminated water. She followed the stream towards its well, but was prevented by a shrubbery. The shrubbery was impenetrable. I asked Marie's protective part to tell me why the shrubbery was there. It answered that Marie would be too sad if she was allowed to pass the shrubbery and discover what was behind. I reminded the protective part of our contract, it withdraw and Marie was able to see further. She saw a frightened child sitting and playing chess with its father. The child appeared to be herself. Her father was drunk and very excited by the game. We were close to an end of session, so I helped Marie ego strengthening by following the pure water towards its well beyond her father. There she found an environment with no animals, only vegetation, no water, only smooth air and light. (I can only guess about the symbolism - no sexuality, only spirituality?) She spontaneously fell asleep there and healed. After some more months of supportive therapy I received contact again with the protective part who told me, "now I am only watching, I am resting and I am giving energy to the grown-up Marie." During this trance I asked: "Are there more parts?"

"Yes, a creative part and the one responsible for the MS."

Without any suggestions to do so, before leaving the trance state Marie counted her parts to seven or eight. (I had no ambition to examine these parts, since I had yet no reason to believe they were restraining therapeutic progress.)

Marie was now feeling much better. She was engaging in social activities, she was never on crutches and had even started to bicycle to and from work. After my second summer vacation she had some breathing difficulties associated to the incest experience. What now was left to work with, she said, was sorrow. She was often tired and wanted me to help her with her immune system. After some other months of strengthening her immune system I got contact with the protective Marie again, who now had a calmer, deeper and more confident voice. She told me that she now wanted Marie to remember. (Now? Again I was amazed by this dissociation persistency.) So I asked for the little Marie. Suddenly the protective Marie asked me "Why should she come in?"

So we had to negotiate, the protective Marie and I, and little Marie was let in. She did not want to tell me what her Daddy had done.

"It is so sad," she said. "I like my Daddy, but I do not show him any feelings at all. I like to hug Mimmi" (her dog).

In trance the little Marie, the protective Marie and other more diffuse parts of personalities were meeting in a room downstairs (as a metaphor for the unconscious). Marie the child was now very hesitant to talk about herself. I told her that the other participants in this room wanted to help her out from her hideous existence, and that they were really interested in learning to know her. However, little Marie had no words to express herself. She was in real trouble, I could see. Close to the couch on which Marie was lying I had a big pad and painting material, so I asked little Marie to show the rest of the participants what had happened to her and what she was feeling. She slowly rose from the couch without noticing me or the surrounding room. She was obviously staying in the trance state. As she started to paint she also started to cry profusely. She finished her painting, and laid down in slow-motion movements. I suggested her to integrate all the parts who now were able to see her and confirm her. After waking up from the trance Marie said "it is really nice to have access to all the parts. It must be possible to heal the child, isn't it?" She cried.

The next step towards integration of memories and feelings was provoked by a near death experience. Marie had got a cookie crumb stuck in her throat. She had lost her breath for such a time that she felt leaving her body, entering an internal feeling of total calm, and returning to her body as she felt she did not want to die. She guessed in a matter-of-fact fashion that she survived because the biscuit crumb had melted (which indicates that she is a quite reality oriented character).

Her afterreactions were sleepless nights and amnesia for this experience. She came to me telling she had had sleepless nights, felt stress symptoms and tinnitus. She wanted my help to relax and restore her balance. These stress reactions, she thought, were due to some trouble at work and that sounded reasonable to me. In trance, however, her

unconscious mind showed her another reason for her tinnitus; she suddenly remembered that she almost choked when she got the crumb in her throat. She described the experience as I have described it above, and in particular the feeling of almost dying. I asked her if this reminded her of anything. She said: "I am paralyzed and I cannot do anything to help myself."

I helped her deepen her trance meanwhile describing the feelings she had told me. After a while she said: "Yes, I have experience of this feeling. I was four years old ... I cannot breathe, Daddy is stopping me from breathing. I am scared. I cannot get through with any sound. It smells sweat. I cannot breath, because he is on my throat and mouth and my whole face is covered. It is his stomach all over my face. I am so scared."

This time she spontaneously came out of trance. She said: "I was so scared" and cried. While leaving me she said: "Next time I want to literally push him away with all my anger and all my strength. Can we do that?"

Marie arrived announcing she was prepared to do what she had planned to do. But, she was very frightened. She laid down, repeated she was scared and asked me to take it easy. My only induction technique was to summarize what she had told me before, ask the protecting part to give strength and the child to experience what happened in order to do what she needed to do. After a while she described the situation, her arms stuck, her body weighed down under her father's body, totally immobilized. "I am almost dying" she said. She was shivering with fright and told me she couldn't move her arms. I asked the protecting part to help her get strength to push her father away. Ambivalently she raised her arms and as I offered a leather stool as resistance, she pushed amazingly hard, with all her body engaged in the pushing, shouting aloud. After having removed the stool and before relaxing she exaggerated her breathing, almost hyperventilating.

Marie: "It was me who pushed him away. I had to help her. She could not push him away herself. She is very sad now." (I had expected the child, but apparently the protective part was talking to me.)

Therapist: "I would like to know more about how she feels."

Marie: "I have difficulty moving away. I am terribly tired." (The protective part being too exausted to move away and let through the "she" I asked for.)

Therapist: "OK, take your time, have some rest, and while you are resting, little Marie can realize she is not left alone ..."

After trance, sitting face to face, Marie made an evaluation of her therapy so far: "I used to believe that if I only knew the reason for my anxiety, there would be sunshine. It was not so. Instead of anxiety, I felt so much sorrow. But sorrow is easier to live with, than anxiety. Today I was very scared. I knew it would be very difficult, perhaps too difficult, I thought. But I trusted you to decide whether to go on or not. I appreciated your talking to me, I needed to hear your voice. It functioned as an anchor, do you understand? It enabled me to let go."

A follow up contact one year after Marie had finished her therapy, confirmed the

progresses. It was most obvious in her marriage; she had gained an extraordinary ability to say "no" to destructive patterns in favour of the constructive possibilities.

Comments

From the perspective of dissociation/integration, the three years of therapy had uncovered repressed experiences, loosened up Marie's dissociative barriers, integrated parts of herself and contributed to positive outcomes in her marital, professional and social relations. Regarding the fact that during the last two years of therapy the frequency had been only one session a month, Marie had progressed relatively quickly from saying: "I didn't know I had a shadow" to being the one who was in charge of her own therapy, knowing what she needed for healing her inner child and using her protective part in a less energy-consuming manner.

An interesting question is: If I had ignored the signs of dissociative defenses in favour of the theory of neurotic, borderline or psychotic diagnosises, how would I have understood her nightmare anxieties? If I had relied on insight and working through resistance and transference reactions as therapeutic tools or if I had relied on home assignments, suggestions and metaphoric interventions, would I have reached her? How long would it have taken? Or would she, like "Marge" in Irvin Yaloms (1989) *Love's Executioner*, be only partially helped, namely the part accepted by the therapist as the real patient?

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Dissociative Identity Disorder: Perspectives on Recent Findings and Current Controversies

Richard P. Kluft

■ *Dissociative Identity Disorder (DID), formerly known as Multiple Personality Disorder (MPD), has been surrounded with controversy throughout its history. This contribution explores several issues concerning DID that are of interest to modern clinicians and scientific investigators. The recent history of DID will be reviewed, current thoughts about its etiology (inluding trauma, iatrogenesis, and factitious symptom formation) discussed, and the historical accuracy of alleged traumata studied. Also, the effects of specific treatment interventions will be compared to the impact of therapies that do not address core DID phenomena. The benefits and liabilities of specialized dissociative disorders programs will be explored, and the role of hypnosis in the treatment of DID will be outlined.*

Introduction

Controversy is no stranger to the study of Dissociative Identity Disorder (DID), formerly known as Multiple Personality Disorder (MPD). It tends to evoke polarized responses of fascination or skepticism, neither of which is associated with objectivity or clarity of insight. Enthusiasts and the doubters alike, armed with unacknowledged confirmatory bias (Baron, Beattie, & Hershey, 1988) and motivated skepticism (Ditto & Lopez, 1992), tend to survey the dissociative disorders field with an inclination to search for material and potential interpretations that confirm their points of view and/or disparage their opponents' perceptions instead of attempting to discover all available evidence and assess it evenhandedly. Invariably, they confirm their original hypotheses, and declare their opponents to be incorrect and/or misguided, and deny them credibility.

As an illustration, we may turn to a recent article by Frankel (1992) challenging the allegations of childhood traumatization made by DID/MPD patients. Frankel states few articles document alleged abuses. Yet Frankel fails to cite several articles in which abuse has been documented, particularly in childhood cases. Likewise, Fahy (1988) adds Kluft to the list of those who caution against the use of hypnosis for DID/MPD.