

What Does It Really Mean to Work with the Adult Self?

Kathy Steele

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The Adult Self in Therapy

- ▶ Why do some approaches suggest working only through the adult self in clients, especially those with DID?
- ▶ **Dependency:** Child parts become too dependent on the therapist and take up all the time in session
- ▶ **Chaos:** Too many parts switch in session, leading to chaos and disorganization
- ▶ **Acting out:** Some parts tend to self-harm, become unresponsive, have trouble leaving the session
- ▶ **Agency:** The client should be responsible for working with parts, with the therapist only as a guide

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Reasons to Work with Adult Self: Using a Systems Approach

Management of Dependency	Reduction of chaos in session	Elimination of acting out in session
Promotion of inner cooperation	Promotion of agency and responsibility	Promotion of the highest integrative level possible

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What Makes It Challenging to Work with Adult Self?

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Degree of amnesia	Degree of phobic avoidance and conflict	Triggers / current abuse (DV, etc.)
Emotion dysregulation	Fantasies of rescue	Countertransference

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Various Positions of the "Adult Self"

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- ▶ Able and willing to acknowledge parts, even if slowly
- ▶ Fearful / ashamed of parts to significant degree and highly avoidant
- ▶ Acts out in session – aggression, self-harm; unable to stay on topic; disorganization
- ▶ "You deal with those child parts!"
- ▶ Severe amnesia; Cannot stay present in session
- ▶ Experiences being "hijacked" by parts in session

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The Dysfunctional "Adult Self"

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- ▶ Sometimes the "adult" self is highly dysfunctional, particularly in serious personality disorders
- ▶ Chronic disempowerment;
- ▶ "Hostile/helpless" states of mind
- ▶ Unable to cooperate with the therapist
- ▶ Demands therapist take care of the client
- ▶ Chronic enactments
- ▶ High levels of defense and resistance

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What Are We Asking for When We Ask for The Adult Self?

- ▶ Reflect on experience, at least to a degree
- ▶ Identify, tolerate and regulation emotions; willing to learn skills
- ▶ Contain regression/ acting out in sessions
- ▶ Come and go on time for sessions / pay the fee in a timely way
- ▶ Maintain safety / reduce destructive behavior
- ▶ Accept therapy frame and boundaries
- ▶ Have dual attention most of the time
- ▶ Communicate effectively with the therapist
- ▶ Identify and focus on therapeutic goals
- ▶ Any parts that can engage collaboratively with the therapist in these ways can be adaptive

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Regulatory Capacities

- ▶ Self regulation
- ▶ Relational regulation
- ▶ Ability to alternate adaptively between self and relational regulation
- ▶ Capacity for positive emotion and experience
- ▶ Impulse control – ability to wait
- ▶ Ability to reflect on experience

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Relational Capacities

- ▶ Ability to mentalize
 - ▶ Mental representations of others are updated
 - ▶ Transference is contained to some degree
 - ▶ Acceptance that others cannot meet all your needs
- ▶ Compassion for others
- ▶ Awareness of impact of one's own behavior on others
- ▶ Assertiveness vs. aggression

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Basic Trauma-related Phobias

- ▶ Phobia of inner experience (thoughts, emotions, wishes, fantasies, dreams, sensations, movements)
- ▶ Phobia of dissociative parts
- ▶ Phobia of attachment and attachment loss
- ▶ Phobia of traumatic memories
- ▶ Phobia of adaptive change and risk-taking

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Typical Inner Conflicts that Contribute to Resistance

- I want to know / I don't want to know
- Avoidance of parts
- Loyalty to the perpetrator: I love him / I hate him
- Avoidance of closeness / Fear of abandonment
- I want to get better / Getting better means things will be worse
- I want to get better / If I am better my perpetrator will not have to pay the cost
- I am bad or evil / I need to be loved
- I have needs / Needs are bad or stupid
- I want to be known and seen / I want to hide

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Assessment of Conflict and Resistance

- ▶ What are the client's core conflicts (e.g., "I want to be close: Being close is dangerous;" "I want to feel better: I don't deserve to feel better;" "I love my father: I hate my father")
- ▶ Do not take one side or the other, but hold both for and with the client!
- ▶ How does the client avoid the conflict?
- ▶ What emotions, cognitions, predictions, etc. are at the heart of the conflict?
- ▶ How do these conflict manifest among dissociative parts and in the therapeutic relationship?

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The Need for Separation is the Treatment Target 13

- ▶ Why does the client continue to have the need for separation (dissociation) at this time?
- ▶ What keeps any two parts separate?
- ▶ The answers to these questions are the treatment targets, not parts themselves

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Working with Inner Separations 14

- ▶ What maintains dissociation among parts, especially what keeps the adult self separate from other parts, or not in control?
- ▶ What functions does this serve?
- ▶ Resistance is almost always two-sided: Both parts maintain separation. Explore how this happens.
- ▶ Exploration of willingness to be aware of and accept parts.

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Problems When the Adult Self is Not Sufficiently Available 15

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Adult Self is Resistant 16

- ▶ “I don’t want to know anything about parts; I can’t deal with them”
- ▶ “Therapy doesn’t have anything to do with me.”
- ▶ “I just want to go to work. The rest can go to therapy if they want.”
- ▶ “Having parts means I am crazy.”
- ▶ “I’m must be making it all up.”

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Adult Self is Resistant 17

- ▶ “I can’t stay present; other parts take over and I have no control.”
- ▶ Client consistently switches to young parts that seek comfort, reassurance, care.
- ▶ Client consistently switches to parts that are not oriented to the present and are terrified; nothing the therapist does seems to help these parts.
- ▶ Client consistently switches to angry, attacking parts, blaming the therapist, or being entitled to get what they want (usually some type of care)
- ▶ Client switches to parts that deflect, deny, change the subject, and generally are not focused on therapeutic goals and topics.

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The Role of the Hijacked Part 18

- ▶ When one part “hijacks” another in session:
- ▶ Be curious about what skills the “hijacked” part is lacking
- ▶ Be curious about other reasons the “hijacked” part might not want to be discussing the present issue or feeling the present emotion
- ▶ Be curious about reasons the “hijacked” part may not want to own the “hijacker’s” experience.

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What to Do when Adult Self is Resistant to Being Present

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- ▶ Work with adult self to:
 - ▶ Increase emotion tolerance and regulation
 - ▶ Discuss options for taking more responsibility in therapy – psychoeducation about what works in therapy; focus on therapeutic goals
 - ▶ Work with conflicts about true-not true regarding dissociation (and trauma)
 - ▶ The more the adult self is unable to tolerate the idea of dissociation and trauma, the less likely cooperation will happen

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Sequencing The Work with Dissociative Clients

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Sequencing The Work with Dissociative Clients

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Most integrative way to work

All parts: Talking through

Moderately integrative

2 or more parts

Least integrative

1 part

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Approaches to Working with the Adult Self 22

- ▶ “Always” work through the adult self if possible
- ▶ If not possible, “as much as possible” work through the adult self, pendulating to working with other parts as needed to take small integrative steps
- ▶ Sometimes work with whatever part emerges in session but weaving in constant attempts to increase awareness and cooperation

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A Systemic Approach to Dissociation 23

- ▶ Begin work with the adult self of the client so there is a stable foundation for working with parts fixed in trauma
- ▶ If it is not possible to work with all parts simultaneously, then work with two or more parts to increase cooperation
- ▶ For example, have an adult part soothe a child part; a functional part support a nonfunctional one; build cooperation among parts that function in daily life
- ▶ Avoid working with child parts too soon, or without an adult part present (no “drop-off daycare!”)

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A Systemic Approach to Dissociation 24

- ▶ If it is not possible to work with two or more parts simultaneously, work with one part to the point of stabilization and immediately bring in other parts
- ▶ For example, engaging an angry part that is destructive and helping it become more calm before connecting with other parts
- ▶ Avoid letting one part dominate therapy, tell you “secrets,” or suppress other parts

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Increasing Inner Communication and Cooperation


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Talking Through the Part that is Present

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- ▶ Talking to the whole person
- ▶ To encourage all parts of the client to work together and engage in treatment (“You are all in this together”)
- ▶ Reinforce acceptance of all parts as possible




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Talking Through the Part that is Present

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- ▶ As we are talking it's important for all parts of you to be listening and giving feedback
- ▶ Would all parts be willing to listen through your ears and watch with your eyes?
- ▶ Could you be curious with me about what other parts of you are thinking or feeling about what we are talking about?
- ▶ What do you think makes it hard for you to be curious about what other parts of you are thinking right now?



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Talking Through the Part that is Present 28

- ▶ It seems you are getting stressed. Can we see if parts inside can help us both understand what is happening?
- ▶ Can parts help you from the inside?



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Working with Switching to Support Integration

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What To Do When the Client Switches 30

- ▶ Switching from one part to another is a sign of stress.
- ▶ It is may be the result of the client becoming overwhelmed or having a conflict
- ▶ It may be an avoidance strategy to shift attention away from something painful or shameful
- ▶ It may be a manifestation of disorganized attachment: conflict between attachment and defense

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What To Do When the Client Switches 31

- ▶ Switching generally has an inner logic with systemic functions and reasons that are not always apparent to the observer
- ▶ Essential to understand the systemic purposes of a switch
- ▶ Be curious about the relationship between the context (situation) and the switching
- ▶ Why now? Why switch to this particular part?
- ▶ The exception is chaotic, "rapid," or "revolving door" switching, which is a sign of collapse of strategies in disorganized attachment and/or general overwhelm.
 - ▶ This is a signal that therapy is outside the window of tolerance of the client as a whole.

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What To Do When the Client Switches 32

- ▶ Ask, "What just happened?"
- ▶ "Can your adult self return and be here?"
- ▶ "Can your adult self be present with this part and watch and listen?"
- ▶ Can parts help inside?
- ▶ Let's be curious about what makes it hard for you to be here right now.
- ▶ Continue talking about topic even with a different part present; don't change topics unless the part is asking you to stop talking about it
 - ▶ Then be curious about why it is important to stop
- ▶ Be curious about lack of communication, and try to establish communication

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