JUDGMENT, REALITY, AND DISSOCIATIVE CONSCIOUSNESS[1]

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This paper explores genetic development and cognitional theory in an effort to manifest the movement upwards from lower to higher manifolds as the manner in which the human subject develops, and any form of dissociation or childhood trauma can and will inhibit that movement on many fronts. Because there is such a wide range of association paths, some form of development can take place, but it will suffer the aberrations of blocked pathways. My exposition in this article is a purely descriptive application in which I attempt to express how a critical stance towards the real can be very helpful in understanding the dynamics of dissociative consciousness. In brief, dissociative consciousness inhibits the natural integral dynamic of the human subject. In doing so physical ailments abound as the body and consciousness fight for integration. Although I have focused on dissociative consciousness, this understanding has ramifications for any therapeutic action or diagnosis.[2] Others in those fields will be able to work out further implications and applications.

Over the past fifteen years I have counseled some women who had been sexually abused as children. A common factor began to emerge in terms of their previous treatment by professional psychologists, psychiatrists, and therapists. Symptoms were being treated with coping skills or medication but few seemed to be dealing with the

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[2] Bernard Lonergan, *Insight: A Study of Human Understanding*, CWL 3, Univ. of Toronto Press, 1992, 215-227.

central issue which appeared, in every case, to be repressed feelings and memories. The dissociated parts of consciousness were the cause of most of their physical ailments and the anxieties experienced in living.

I developed a methodology[3] for assisting these people in recalling the repressed memories and feelings, eventually releasing the hold that such repression has over integral development.[4] In developing that methodology I drew on critical realism and the integral structure of the human subject.[5] The feelings and memories are integrated by moving them 'upwards' from the unconscious to consciousness.[6] It is a matter of integrating lower levels of activities that could not or cannot be resolved on a lower level. In researching and reading for assistance I found there to be a basic problem which leaves the contemporary analyst quite unequipped to properly deal with the integration of repression.[7] The following article is an effort to outline one particular experience and at the same time attempt to express how a critical stand on the' real' can assist in the field of therapy as well as provide an exposition of how knowledge of the integral subject can provide a foundation for therapy. The theoretical literature on dissociative consciousness reveals a prevailing problem all therapists have to deal with in their effort to orient their people towards better health. That prevailing problem is the accepted notion of the 'real' world. This is not discussed as a problem in the various journals because there is an unquestioned and accepted premise that what is' seen' is what is 'real.' Lonergan's work

[3] Outlining this methodology would require a lengthy work that is outside the scope of this paper.
[4] *Insight*, CWL 3: 488-503, on development.
[5] *Insight*, CWL 3. See the chapters on Metaphysics regarding the integration of the different levels of the human subject.
[6] "To move feelings" is a metaphorical phrase. It is a matter of making conscious what is not conscious.
[7] The process of integration would perhaps be obvious to some analysts. The lack of a systematic understanding of the dynamic of integral subjectivity leaves a wide range for error and experimentation remains rooted in positivism.

and one's own critical position directly challenges this unquestioned assumption regarding the' real.'[8]

Bearing these issues in mind let me return to a specific instance of dissociative consciousness. I spent three and a half years helping a person diagnosed with dissociative consciousness, of which the fragmentation varied widely in personality expression. There were many different personalities present ranging from aggressive women manifesting sexual comfortability to young girls terrified of speaking. This person had been in and out of various mental health facilities for almost three decades. She had many therapists and psychiatrists, and had taken a multiplicity of medications. Her disorder revealed sexual abuse and ritualistic abuse by the father over a period of almost twenty years. The fear associated with these events causes the dissociative event in consciousness. Dissociative consciousness produces a distortion and break in the natural extroversion of consciousness leading to a fixation of inner imaging.

I originally encouraged this person to seek specific professional help. She informed me that having gone that route for the time mentioned above, she was not prepared to try that again. In my earlier work on childhood development, I had (and still am) explored the notion of an 'inner world.' She was indeed 'familiar' with what might be meant by 'inner world,' but her earlier therapy had avoided the topic. We assume that if a person sees an inner world or hears inner voices or sounds, that he or she is ' crazy.' We assume that images and sounds must be ' out there' in the 'real' world. This person explained to me after a few months of therapy that the dissociative portions of consciousness were letting me into their world and that this inner world was their' real'

[8] A perusal of a variety of texts reveals that the 'real' is widely held to be identical with the 'seen.'

world. I was told that the world out there was not 'real' to 'them' Notice how the words express the real in terms of a judgment. Why does a person who has been traumatized develop these inner elaborate schemes?

Colin Ross touches on this issue in his discussion of how often and easily people dissociate in everyday living.[9] Different degrees of fear will bring on some degree of dissociation. Childhood abuse can be so brutal, so engaging of the element of fear, that one can withdraw completely from the world of outer sensibility to the inner world of imagination. Such fear can be so great, that the images brought forward, become fixed in the imagination. The person I had been working with developed a tunnel-like image that we later learned to be the child's 'view' of the crib. This crib image had been there as long as she could recall. The correlation of various statements led me to the hypothesis that she may have been abused, in some manner, at an age of less than one year. One portion of consciousness experienced the abuse and the remainder of consciousness 'remained' in the 'crib' while the abuse was taking place. It was an extremely sophisticated manner of avoiding the abuse which began when mobility was an impossibility or unknown. Unfortunately, the inability to 'get away' physically later translated into the inability to decide on one's own how to survive later abuse even as an adult. As Colin Ross puts it, "fragmentation represents a creative strategy for coping with and surviving this assault."[10] Unfortunately, such fragmentation leaves the subject living with repressed unintegrated feelings that severely affect one's emotional development and a distorted view of sensibility.

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[9] Colin Ross, *Multiple Personality Disorder*, Toronto: John Wiley & Sons, 1989, Ch. 8.
[10] *Ibid*., p. 10. See also Frank Putnam, "Dissociation as a Response to Extreme Trauma," *Childhood Antecedents of Multiple Personality*, ed. R. Kluft, American Psychiatric Press Inc., 1989, p. 71.

There is usually one personality functioning in day-to-day activities. This personality usually has the greatest degree of development or ability to integrate while other personalities are focused on one issue from the past. The person I had been working with exhibited fragmented portions of consciousness that had not worn glasses for some years, while the' adult' (that is, day-to-day) expression of consciousness required glasses since early youth. She also described how medications that had been administered while at hospitals were distributed to portions of consciousness so that the intended effect would not occur. [11]

The withdrawal to develop elaborate images and personalities manifests a psychological control of neural chemistry somewhat similar to the manner in which dream images are created or even in the manner that anyone can imagine an image in their sensitive integration area.[12]

After about three months of work together, this person informed me that things, ‘out there' began to have color. She informed me that the outer world of sensibility had always been gray and dark. Most of the abuse did take place at night, but it would appear that this was not the cause of this grayness. It seems more accurate to understand this as her inner conscious creation attempting to block out the outer world of sensibility completely. Her conscious attention to experience had withdrawn to a fixed state of introversion. Certain portions of extroverted consciousness had been, for the most part, overcome.

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[11] The accuracy of these statements is questionable. Just as memories can be repressed into the unconscious, it may well be possible to restrict chemical effects to portions of the unconscious leaving other portions of awareness unaffected by medication. The restriction is brought on by shifting awareness or focusing awareness. Extreme introversion over time provides the person the ability to split awareness.

[12] Philip McShane, *Wealth of Self and Wealth of Nations*, New York, Exposition Press, 1975, p. 40-41. Also published on website www.philipmcshane.ca

As more repressed feelings and dissociated areas of consciousness were integrated, colors changed from pastels to brighter shades. She did inform me that when this first began, the colors emerged with physical pain. She expressed that feelings had colors and it would seem that the symbolic nature of her psychology had become overly sensitive due to her excessive fear of the outer world. Returning to our earlier discussion of the foundations of psychology, the positivistic position claims that what is' real' is what is seen -or we might use the term ' experienced' -through the senses. The inner world of a person with dissociative consciousness is judged to be the real world just as the positivist 'judges' the outer world of sensibility to be the real world. The point here is that reality is known by correctly understanding experiences, by judging one's understanding of inner or outer experience. The dissociative consciousness creates an inner world of sensorium where all five senses appear to be active and all experiences appear to originate within consciousness, therefore not requiring an explanation. The patient becomes like a creator. This issue of judgment raises also the issue of objectivity .If there is no fixed 'thing'[13] 'outside' of me, beyond me, how can science be certain of any thing; including hypothesis, theories, or conclusions?

If objectivity is a matter of elementary extroversion then the objective interpreter has to have more to look at than spatially ordered marks on paper; not only the marks but also the meanings have to be ' out there' ; and the difference between an objective interpreter and one that is merely subjective is that the objective interpreter observes simply the meanings that are obviously' out there,' while the merely subjective interpreter 'reads' his own ideas ' into' statements that obviously possess quite a different meaning.

[13] *Insight*, CWL 3, see also Ch. 8.

But the plain fact is that there is nothing' out there' except spatially ordered marks; to appeal to dictionaries and to grammars, to linguistic and stylistic studies, is to appeal to more marks. The proximate source of the whole experiential component in the meaning of both objective and subjective interpreters lies in their own experience; the proximate source of the whole intellectual component lies in their own insights; the proximate source of the whole reflective component lies in their own critical reflection. If the criterion of objectivity is the 'obviously out there,' then there is no objective interpretation whatever; there is only gaping at ordered marks, and the only order is spatial.[14]

For example, Lonergan's judgment on objectivity is not present to us in the words above, for those are just marks. The reader must read, add meaning, and then judge one's own meaning. But the meaning judged is not, in the first instance at least, Lonergan's meaning. It is the reader's meaning. There is no meaning in the words provided. They are just letters arranged in a specific order.

These distinctions are relevant to the issue of dissociative consciousness. If judgment of one's understanding, one's meaning of one's experience, is how we know reality , how we objectify our understanding, then, to a certain extent at least, that is also what the person with dissociative consciousness is doing. The person judges her own creation to be the 'real' through her understanding of her experience. Unfortunately for dissociative consciousness, fear blocks the insights that would over time release the introverted state. As the feelings are integrated, the fear lessens and an integrated extroverted state can gradually emerge. If this is how the subject knows reality, reflection

[14] *Insight*, CWL 3, see also p. 605.

on moving out of one 'world' to another might reveal the struggle of introverted consciousness to reorient itself. When we begin to treat persons with dissociative consciousness we 'call' the repressed feelings out from their world into ours.

Our world is judged by the patient to be hostile, so these feelings do not come out easily and are often unpleasant when they do so. This person explained later that her other personalities ('alters') were seldom abusive in the crib. Yet I found some to be self-abusive when they came out. Self-mutilation is often the result and is treated as a problem in itself. Such activity is a symptom that the person usually has no control over. This is completely different from attempted suicide. Self -mutilation usually occurs as a way of stopping the inner psychological pain, memory, chaos, or headaches associated with emerging memories that need to be integrated into consciousness. These memories are resisted and the resistance creates a change in chemistry, experienced as a headache or some other sensation due to rapid chemical change. Such a person usually discovers, by accident, that physical pain stops the inner pain. Once a child discovers that this activity will help, she will often utilize it whenever the inner pain becomes unbearable. It would require some work on the part of biochemistry and neural chemistry to explain the relations and how consciousness focuses on the physical pain enabling consciousness to repress the chemical base of memories that are naturally and dynamically trying to integrate.

This activity will eventually become habitual because it 'works.' The fact that it is only a temporary solution is irrelevant when the situation is extreme and the personality is usually not immediately educable about the inadequacy of such a solution. Self-mutilation for a dissociative consciousness is a survival technique. Self-mutilation keeps

the person 'safe' in their world. It is best treated by shifting the feelings and memories from the personality that is performing such acts to the personality that is normative in daily living. In other words, integrate the repressed chemistry of the feelings into consciousness. It is counter-productive to dispute whose reality is more' real.' What is needed, instead, is an understanding of the similarity of the structures by means of which healthy and dissociative persons form their senses of the 'real' and the 'world.' This realization will assist therapists in appreciating how a dissociative person's understanding of the situation fixes their psychological stability. In their judgment of what is 'real' some semblance of inner order is maintained. Medication and unfamiliar surroundings can and often do challenge a person's understanding and they can become extremely agitated, confused, or afraid, and they will react to these experiences in ways that too often clinicians denote as 'sick.'

It took a few weeks for the person I was working with to metaphorically invite me into the 'crib.' She did so when she knew the other personalities trusted me. The personalities when present to me actually experienced me as 'in the crib.' I later informed her that in fact I was not and could not see what she was seeing so she would then describe everything to me. She was surprised at first. Later she would apologize and say, "Oh, I keep forgetting you're not in here." We might ask ourselves, how difficult would it be to let a stranger in our house when there are news reports of numerous killers lurking in our area? The dissociative person is hiding from abusers and when the abuse is severe enough, everyone, the entire outer world of sensibility, becomes the abuser. By entering into the meanings of the creative consciousness of the patient and healing the fears, one slowly reorients the understanding of that person to judging the outer world of sensibility

as the world we move about in and make decisions in every day, in order to keep consciousness extroverted and to survive. It also slowly heals the fear so that it becomes more intelligently selective and not generalized to the entire outer world of sensibility. Before concluding, I wish to add one further point, suggested by a quotation from Lonergan.

Let us now return to such sciences as psychology and sociology .Two cases arise. These sciences may be modeled on the procedures of the natural sciences. In so far as this approach is carried out rigorously, the meaning in human speech and action is ignored, and the science regards only the unconscious side of human process.[15]

The therapist must work with the conscious side of human process if he or she is to be successful. Observation of a person and their behavior as the major determinant in assessing their disorder is doing bad zoology. One must seek meanings of the things done and the words spoken, backed up by an understanding of the inner dynamics that constitute the integral subjectivity of a person. These meanings then become the data of the therapy. Once these meanings are understood as a whole, one moves to a judgment of the problem and then a decision of what form therapy will take. Treating the physical symptoms is a requirement but it must be kept in mind that the actual cause is not being healed by the process. Positivism and behaviorism lead to such errors. In conclusion, Lonergan's thought on the hierarchy of being would be most beneficial to both teachers of psychology and counselors in practice. The more efficient complement to those activities of course is the implementation of schemes of recurrence that would over a prolonged period reduce the neurotic schemes inherent in contemporary culture. This

[15] Bernard Lonergan, *Method in Theology*, London: Darton, Longman & Todd, 1973, p. 180.

brief article points to that complement through the challenge to educators to initiate their own manner of communicating their own self-discovery.