

# **The Influence of Childhood Dissociative States from Sexual Abuse on the Adult Woman's Spiritual Development**

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(submitted in partial fulfillment of the requirements for the degree of Master of Social Work, Smith College School for Social Work, 1995)

**Abstract:** This study was undertaken to determine if the dissociative states experienced during childhood sexual abuse influence the adult woman survivor's spiritual development. Did they effect her search for purpose and meaning in life? If these experiences were ultimately of value to the survivor, what would be the implication for the clinician and treatment?

Twelve therapists from the author's hometown were sent recruitment letters requesting survivor referrals for the study. Eight Anglo women, ranging in age from 36 to 55, were interviewed after they had been administered the Dissociative Experiences Scale (DES) to be certain they met the criterion of having experienced childhood dissociation. The interview explored dissociative experiences as children and adults, religious/spiritual beliefs as children and their evolution, and the role therapy played in their spiritual development.

The findings supported the hypothesis of a connection between dissociative states and spiritual beliefs. All women had a strong spiritual orientation with only one of the women maintaining a traditional Christian concept of God. Six of the women believed their dissociative experiences had influenced their beliefs and the other two women were uncertain.

## **Acknowledgements**

I wish to honor the women whose personal struggles and victories are the subject of this study. Their strength, depth, and eloquence were an inspiration throughout the process. And to Dr. Galyn Savage, I offer my heart for guiding my journey by trusting the part of me that knew where I was going.

## **Chapter I - Introduction**

Increased awareness of the prevalence of childhood sexual abuse has facilitated a growing concern about the long-term effects of abuse on the adult survivor. Dissociation has been correlated with abuse and other traumatic experiences, employed as a defense to help the person survive the ordeal that threatens to overwhelm. Thus part of the job facing clinicians is to assist the adult who was molested as a child to integrate whatever piece of the experience was split off during dissociation.

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Additionally, if a dissociative coping style is repeatedly used to deal with stressful or frightening life experiences, helping the survivor develop different coping mechanisms will be part of the challenge.

Although a history of the study of dissociation will not be discussed in this paper, it bears mentioning that the correlation between dissociation and psychological trauma, particularly childhood physical or sexual abuse, was first observed before the turn of the century by Pierre Janet, a psychologist and philosopher who studied with the French neurologist, Jean-Martin Charcot (van der Kolk, 1987). Janet considered himself a religious man and had an interest in mystical states of consciousness. "Janet recognized the role of altered states of consciousness ... in producing dissociative pathology" (Putnam, 1989, p. 414). In his pioneering, systematic, therapeutic approach to people suffering from post-traumatic difficulties, importance was placed on the retrieval and transforming of traumatic memories into meaningful experiences. The last unfinished and still unpublished manuscript of Janet's was on the psychology of religious beliefs (van der Hart & Friedman, 1989).

Much of the current literature regarding clinical work with survivors focuses on the wide array of problems attributed to the experience of childhood abuse, including dissociative behavior and symptoms, and discussion regarding how to deal with these issues. One particular area consistently left unaddressed in the literature is the role spiritual or religious experiences and development may potentially play in the life of the survivor.

Spiritual development is a difficult concept to define because the term "spiritual" is now commonly used by people to refer to a variety of experiences and events. For the purpose of this study, spiritual development refers to the process by which one actively engages in the search for purpose and meaning in one's life. To examine whether or not a connection exists between dissociation, childhood sexual abuse, and spiritual development, eight survivors who are now adult women, were interviewed. All participants were determined in advance to have had dissociative experiences when they were children. The interview investigated these childhood experiences, their religious or spiritual beliefs as a child, how those beliefs changed over time, and if they felt their dissociative experiences had influenced the course of their spiritual development in any way.

Childhood sexual abuse results in the loss of self-identity, connection with others, trust, faith, reality, security, and control. Through the process

of recovery, the devastating impact of the trauma has the potential to open the door to the most vital and basic questions about life. This author believes that by virtue of what has been revealed about the human psyche's capacity to expand through dissociative experiences, a revelation about life exists for the survivor, an opportunity that might be the only true gift of such suffering. If we, as clinicians, were able to facilitate the client's search for purpose and meaning in her life, recovery could potentially result in not only higher functioning and extinguishing of symptoms, but a transformational shift for the survivor's belief system about the purpose and meaning of life.

## Chapter II - Literature Review

Just as scar tissue over a wound ultimately gets tougher and stronger than the surrounding normal tissue, so the psychically wounded shaman who is healed may frequently become stronger and develop more energy than others (Halifax, 1985, p. 372).

There are four distinct realms of the literature that must be addressed so that the necessary foundation is provided for the question at the heart of this study: Do childhood dissociative experiences occurring during childhood sexual abuse, influence spiritual development? The first section discusses the process of dissociation. The second section establishes the correlation between dissociation and sexual abuse. The third section examines altered states of consciousness (ASCs) in other cultures as well as our own, paranormal experiences, intentional use of ASCs, and the correlation with these experiences and dissociation. The fourth and final section explores the relationship between dissociative experiences resulting from trauma, including childhood sexual abuse, and spiritual development.

### *Dissociation*

*The Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (American Psychological Association, 1994) states, "The essential feature of the Dissociative Disorders is a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment" (p. 477). There are five distinct Dissociative Disorders listed in the DSM-IV: Dissociative Amnesia, Dissociative Fugue, Dissociative Identity Disorder (DID), Depersonalization Disorder, and Dissociative Disorder Not Otherwise Specified (DDNOS). Currently there are two commonly used instruments to measure dissociation: the Dissociative

Disorders Interview Schedule (DDIS) and the Dissociative Experiences Scale (DES). The DDIS is a structured interview used diagnostically for several major psychiatric disorders (Ross & Joshi, 1992). The DES was developed to measure dissociative experiences in both clinical and non-clinical populations (Bernstein & Putnam, 1986).

The two characteristic features of most dissociative reactions are a disturbance of the self-identity of an individual, and/or a disturbance of the individual's memory (Putnam, 1985). An operationalized definition of dissociative experiences was provided by Bernstein and Putnam (1986). "Dissociation is a lack of the normal integration of thoughts, feelings, and experiences into the stream of consciousness and memory" (p. 727). Dissociative experiences are generally thought of as occurring on a continuum, with the basic self-hypnotic trance of highway driving at the normative end of the spectrum, and DID at the most extreme end. One model created by Braun (1988) was developed for application specifically with DID, but categorizes the dissociative defense systematically. The BASK (behavior, affect, sensation, and knowledge) model is representative of the four areas that a person may potentially split off from consciousness, singularly or in combination, through the dissociative process.

With the development and application of the DES, dissociative experiences have been shown to occur in the general population. They become symptomatic of psychiatric disorders when they interfere with individual functioning and cause distress (Ross, Joshi, & Currie, 1990). The validity and reliability of the DES has been tested in several replication studies (Frischholz et al., 1990; Ross, Norton, & Anderson, 1988). It has consistently screened study participants for dissociative disorders. However there has also been a consistently significant variation in the scores within both the nonclinical and the clinical populations. Adult scores above 20 (out of 100) indicate a significant number of dissociative experiences (Ross et al., 1988).

Reports from children's dissociative experiences are rare, but it appears that children more frequently use dissociation as a defense for dealing with stress than do adults (Putnam, 1985). Normative dissociation occurs frequently with children through fantasy play, imaginary companionship, and other "reality-suspending' imaginative mental activities" (Putnam, 1991, p. 521). It appears that this dissociative capacity peaks at about age nine to ten years of age and by early adolescence is beginning to decline. Depersonalization and derealization are two dissociative experiences found to occur in the general population that are

thought to be particularly common during adolescence (Bernstein & Putnam, 1986).

Putnam (1991) explains that systemic studies investigating the precise nature of dissociative experiences in children have only recently been conducted, made possible with the development of child dissociation scales. Prior to this, most of what was thought about dissociation in children was extrapolated from studies on the hypnotizability of children. Although hypnotizability and clinical dissociation are not identical processes, some of the features do overlap. Difficulties arise in dissociative assessment because there are often significant discrepancies in the self-reporting of children and adolescents and the observations of parents or teachers. Adult observations are often described as a deep, trance-like state in which the child appears vacant or dreamy. Two of the potentially symptomatic dissociative experiences which might occur during trance, time loss and discontinuity of experience, may not be perceived as unusual or abnormal to the child or adolescent, and therefore not recognized or reported. Many adults who have difficulty with depersonalization, report that they first experienced depersonalization as a child (Putnam, 1985).

#### *Dissociation and Sexual Abuse*

It has been well-established that dissociation is used as a defense in dealing with the overwhelming aspects of trauma and abuse, particularly sexual abuse (Chu, 1991; Chu & Dill, 1990; DiTomasso & Routh, 1993; Herman, 1992; Peterson, 1991; Putnam, 1985; Sanders & Giolas, 1991). Chu and Dill (1990) conducted a study of female psychiatric inpatients and found that childhood abuse produced a greater probability of adult dissociative symptoms. A correlation was also indicated between the severity of abuse and the level of dissociative symptoms. Another study (Ross, Ryan et al., 1991) administered the DES to college students. It was found that the only difference between the low-scoring participants and the high-scoring participants was that the latter reported more incidents of sexual abuse. A third study (Strick & Wilcoxin, 1991) administered the DES to women being seen on an outpatient basis who comprised four diagnostic categories. DES scores were highest in women with a history of early incestuous abuse, regardless of the diagnosis and despite histories of other traumatic experiences. A comprehensive review of the dissociative literature (Spiegel & Cardena, 1991) established that a reliable connection does exist between dissociative symptoms in adulthood and the occurrence of abuse and trauma.

When a dissociative coping style is repeatedly used to deal with recurring abusive experiences, Putnam (1993) believes the child or adolescent will often generalize the dissociative defense in responding to lesser stressors. If this occurs, the result is an interference of the normal age-related decline of dissociation which can lead to on-going dissociation as an adult. Putnam (1991) has categorized five areas of pathological dissociation: a) dissociative symptoms (trance-like behaviors), b) process symptoms (imaginary companionship, passive influence experiences), c) behavioral symptoms (conduct problems, aggression, risk taking, self-destructive behaviors), d) affective symptoms (depression, explosive anger), and e) posttraumatic symptoms (hypervigilance, intrusive imagery).

Sanders & Giolas (1991) investigated the extent to which dissociative symptoms cut across other diagnostic categories, implicit in the above five categories proposed by Putnam (1993). The DES and a child abuse and trauma questionnaire were administered to 47 adolescents at their admission to a private mental hospital. A significant correlation was found between the results of the two tests. The nine highest DES scores, scores that were well above the adolescent norm, did not appear to be related to diagnosis in any obvious way. The nine adolescents who had received these scores had been diagnosed from seven different diagnostic categories.

Putnam (1993) adamantly advocated for longitudinal studies that will assist in understanding the correlation between dissociative behaviors and other problems of adolescence. He described a study he was conducting in 1993 with sexually abused girls. In the preliminary analyses, dissociative behavior “is highly correlated with sexual behavior problems, depression, aggression, delinquency, and cruelty. In addition, it appears that as a group, the abused girls are not showing the same normative, age-related decline in dissociative behavior ...” (pp. 43-44), as the control adolescents.

In an attempt to understand the etiology of symptoms and psychiatric disorders in children and adolescents that have been abused, a study was conducted (Livingston, Lawson, & Jones, 1993) with 41 children who had been either physically or sexually abused. One of the questions was whether or not there is a “common risk factor for abuse and psychiatric disorders” (p. 948). The results indicated significant correlation between abuse and a number of disorders including conduct disorder, oppositional-defiant disorder, post-traumatic stress disorder, major depression, dysthymia, psychotic symptoms and somatization. Although this was not discussed, nearly 60% of the subjects had at least one medically

unexplained physical symptom connected with somatization. Chu (1991) states that somatic symptoms “are actually dissociated bodily sensations having to do with past trauma” (p. 331). Is it possible that dissociation links these disorders? It seems the statistical significance of somatization is quite important, although the authors did not reflect on that. Bernstein and Putnam (1986) maintain that the DES is useful for “investigating the contribution of dissociation to the symptoms of a variety of psychiatric disorders and for screening patients for major dissociative psychopathology” (p. 728).

### *Dissociation and Altered States of Consciousness*

The DES has been divided into three types of dissociative experiences through the use of factor scale analysis (Frischholz et al., 1991; Ross, Joshi, & Currie, 1991). Two of the three factor scales are considered to be a pathological use of dissociation (e.g., amnesic experiences and depersonalization-derealization experiences). The third factor scale is considered more normal (e.g., absorption experiences) (Frischholz et al., 1991). Depersonalization-derealization refers to an alteration in the perception of self or environment (Putnam, 1985), and the latter refers to becoming absorbed by external stimuli resulting in increased focal attention accompanied by a significantly diminished peripheral awareness (Frischholz et al., 1991).

In 1974, long before the DES had been constructed, Tellegen and Atkinson investigated the connection between hypnotic susceptibility and “absorption ... a state of ‘total attention’” (p. 274). Absorption is discussed in terms of memory, perception, and attention. Comparing these three characteristics to the three types of dissociative processes associated with the DES, amnesia, depersonalization-derealization, and absorption, a connection is evident. Tellegen and Atkinson state that memory, perception, and attention are “described and discussed widely in literature on meditation, expanded awareness, peak experiences, mysticism, esthetic experiences, regression in the service of the ego, altered states of consciousness, and in the literature on drug effects” (p. 274). The implication then, is that a correlation exists in the three characteristics because of parallel dissociative processes. Their description of absorbed attention is that it “amplifies greatly the experience of one part of reality, while other aspects recede from awareness” (p. 274). They believe that high absorption may be an ingredient of creativity and that a high-absorption person would be expected to have “an affinity for mystical

experiences” (p. 275). Additionally, they believe this ability could help to realize different states, in part because of being open to experiences that permit deep involvement.

Hood (1975) compares the two concepts, openness to experience and regression in the service of the ego, as similar processes in which “the ego can utilize preconscious and unconscious potentialities” (p. 36). Irwin (1981a) suggests that out-of-body experiences (OBEs) may depend not only on a capacity for absorption, but a *drive* or a psychological *need* for absorption, because not only are they correlated with states of relaxation, but they are correlated with life-threatening situations and trauma in general. These are situations when it is certainly necessary to utilize any available resource.

Ross and Joshi (1992) were interested in expanding earlier studies in which paranormal experiences were shown to be a part of the dissociative experience of adult survivors of childhood abuse. They administered the DDIS to a random sample in the general population. One section of the DDIS inquires specifically about experiences considered to be paranormal. These include such things as mental telepathy, precognition, telekinesis, possession, contact with non-physical entities or energy forces, trance channeling, etc. The results of their study indicated that subjects reporting childhood physical and/or sexual abuse had nearly twice the number of paranormal experiences as the general population. To their knowledge, no other studies of paranormal experiences in the general population existed in the psychiatric literature at that time. They also examined the hesitancy within the field of psychiatry to investigate paranormal experiences and the implications of this.

Wilson and Barber (1982) have examined hypnosis, OBEs, experiences involving a reduction in orientation to time, place, and person, in short, experiences that do not comply with the parameters of “reality”, as the process of a “fantasy-prone personality.” Fantasy is synonymous with “daydreaming” or “imagining.” They conducted a study in which two groups of women were interviewed. One group of women was rated as being excellent hypnotic subjects, and the other was rated as “non-excellent.” The excellent hypnotic subject’s “fantasies were often ‘as real as real’ (hallucinatory)” (p. 340). The primary question the authors asked was: How did these people become so involved in fantasy, and why did they remain involved? Upon investigation, four patterns were found to exist in the early lives of the fantasy-prone group. One of the patterns was that some subjects “fantasized in order to escape from a bad environment”

(p. 349). That these experiences are nothing more than the product of an individual's rich, inner fantasy world, as Wilson and Barber (1986) maintain, is a skeptical interpretation showing a limited understanding and vision of the capabilities of the psyche. The traditional psychological perspective of the Western world assumes that the "normal" waking state is the optimal state of consciousness. "No consideration is given to the possibility that states may exist that are even more functional than our usual waking one" (Walsh, 1983).

An altered state of consciousness is a state of consciousness in which an individual "clearly feels a *qualitative* shift in his pattern of mental functioning ... that some quality or qualities of his mental processes are *different*" (Tart, 1969, pp. 1-2). Ultimately the question that will be of most service to an individual is, "What are the characteristics of a given ASC and what consequences do these characteristics have on behavior in various settings?" (Tart, p. 2). It would be difficult in the Western culture to accurately answer this question because the subjective experience of the individual is not quantifiable. Research on ASCs has generally been conducted in a setting very much removed from the individual's life and therefore, study results lack contextual meaning and purpose (Ward, 1989). The experiment is not related to the subject's life.

Ludwig (1969) categorized ASCs based on the methods used to induce them. Two of the five categories have to do with a decrease or an increase of "exteroceptive stimulation and/or motor activity" (p. 12). The increased category also includes an increase in emotion. These categories are synonymous with what Halifax-Grof (1976) refers to as sensory deprivation and sensory overload. Sensory deprivation includes "constant exposure to repetitive, monotonous stimulation" (Ludwig, p. 12). Sensory overload refers to overwhelming the normal state of consciousness with sensory-based stimulation. "Alterations in consciousness may also arise from inner emotional turbulence or conflict or secondary to external conditions conducive to heightened emotional arousal" (Ludwig, p. 13). Included in this subcategory are the various dissociative processes. Thus, dissociation can serve to mediate access into nonordinary realities (Ring & Rosing, 1990).

One of Ludwig's (1971) ASC categories includes the process of meditation. "The term 'meditation' refers to a family of practices that train attention in order to heighten awareness and bring mental processes under greater voluntary control" (Walsh, 1983, p. 19). "Mindfulness", one of the qualities cultivated by Buddhist meditators, involves "being aware of the

nature of the object of consciousness. Thus, for example, a fantasy is recognized as such, rather than the individual becoming lost in it without recognizing that it is merely a fantasy” (Walsh, p. 28). Meditation theories view the “normal” state of consciousness as suboptimal, which would indicate a belief in the existence of other states of consciousness or ASCs.

Meditation practices and trance states can produce depersonalized phenomenology (Spiegel & Cardena, 1991). Kennedy (1976) points out that depersonalization occurs in response to altered emotions or altered consciousness, and with meditators, the goal is altered consciousness:

By using virtually the same mental maneuvers, a syndrome may be produced that, depending on the attitude the person adopts toward himself and then toward the resulting phenomenon, may be experienced either as something to be sought and valued or as something to be feared and called a disease (p. 1327).

Kennedy interviewed a random sample of 23 meditation and yoga students and found that all but one had a variety of experiences during full waking consciousness, that would be classified as depersonalization or derealization. None of the students considered this abnormal, probably due to the perception that it was egosyntonic.

Because many of the experiences that accompany the ASC associated with meditation practices are unknown to Western psychology, they are generally dismissed and worse, they are frequently viewed as pathological. Certainly Wilson and Barber (1982) found a systematic way to dismiss these experiences. Walsh maintains that the narrower Western model of one acceptable state of consciousness (other than the sleep and dream states), does not have the capacity to embrace the broader model of many states of consciousness, even though the reverse is true. The normal, waking state is one of many states of consciousness. Because of this disparity, he believes that experiential knowledge may be a requirement for intellectual understanding of the psychological processes and consciousness involved with other states.

Knowledge being gained experientially or not, it would appear that a broader and more tolerant viewpoint is developing, as even the DSM-IV (APA, 1994) acknowledges that, “... dissociative states are a common and accepted expression of cultural activities or religious experience in many societies” (p. 477). Tart points out that many “primitive” cultures believe that it is only the psychological cripple that is unable to enter a trance state and be possessed by a god. Bourguignon and Evascu (as cited in Ward,

1989) found that 90% of their worldwide sample of 488 societies experienced naturally occurring trance and possession states.

Halifax (1985) stated, "I have attempted in a sincere way to understand the deepest aspects of the healing process historically, culturally, psychologically, and parapsychologically. In all instances I have stumbled against the rock of credibility with regard to paranormal phenomena" (p. 368). She points out that shamans in other cultures have often been called the "wounded healers" because frequently they have endured an extreme psychophysiological crisis before becoming shamans. However they have been healed, often assisted by those who already made the journey from tremendous psychic wounding to recovery. The inner world experience described by shamans throughout the world is of astounding consistency. Just as Tellegen and Atkinson (1974) found the three characteristics of memory, perception, and absorption to be present in descriptions of certain belief systems and experiences, Halifax has observed the same shamanic inner world experience in "the mythical journeys of heroes, death-rebirth experiences in rites of passage and other rituals of initiation, the entry into ancient mystery religions, the posthumous journey of the soul, clinical death experiences, Yogic and Buddhist absorption states, and psychedelic drug experiences" (p. 369). She believes this may indicate "common structures and processes within the deep psyche" (p. 369).

A study comparing dissociation in alternative healers and traditional therapists (Heber et al., 1989) by initially using the DES to measure dissociation, produced average scores in the alternative healer group nearly five times that of the traditional therapists. The percentage of participants having experienced childhood abuse was almost identical in the two groups. The alternative healers most often described supernatural forces that they were in contact with as a pleasant experience they sought and useful in their work. They described supernatural and dissociative experiences as part of their spiritual or personal growth. One of the alternative healers scored positive for Multiple Personality Disorder (DID in the DSM-IV) on the DDIS. She perceived her dissociative experiences as positive and related to her psychic abilities. In general,

the alternative healers view dissociation as a talent rather than a disorder. ... As one of the alternative therapists in our study stated, "Trying to understand dissociation by only studying dissociative disorders is like trying to understand running by only observing muggers who use running as a method to escape the scene of the crime. You come away with a very narrow and biased perception of the activity" (p. 572).

### *Dissociation, Trauma, and Spiritual Development*

In an effort to investigate the correlation between psychic experiences, dissociative experiences, and affect and attitudes, Richards (1991) administered three instruments to measure each category. Participants were in attendance at conferences dealing with a variety of psychic phenomena. The DES was used to measure dissociative experiences, and the mean score of participants was 17.2. Of the 184 subjects, 32.4% felt that psychic experiences were a major source of inspiration in their life and 49.1% felt that generally they were a positive experience that had the effect of “opening my perception to a wider view of life” (p. 88). As with the study conducted by Heber et al. (1989), comments from some of the participants alluded to the fact that they perceived some of their dissociative experiences as spiritual progress. No data were gathered about childhood abuse histories or other trauma. *The Wounded Healers* (Goldwert, 1992) examined the lives of five pioneers of depth psychology to determine if trauma had influenced personal and theoretical development. “How did the psychic suffering of the pioneers shape their doctrines?” (p. 61). Four of these men, Sigmund Freud, Carl Jung, Otto Rank, and Harry Stack Sullivan, were sexually abused as children. Of these four men, two of them developed a close connection with God and religious/spiritual mysticism. In fact, Goldwert speculated that Jung was perhaps assaulted around age 11, given that this is the age Jung established as the period when he began thinking about God.

Two areas must be investigated to develop an understanding regarding the relationship between dissociative experiences and the conceptualization and development of spiritual beliefs in the survivor. One area explores the need to find meaning and purpose in one’s life, particularly in relation to experiences that appear meaningless:

This ultimate meaning necessarily exceeds and surpasses the finite intellectual capacities of man...What is demanded of man is not, as some existential philosophers teach, to endure the meaninglessness of life, but rather to bear his incapacity to grasp its unconditional meaningfulness in rational terms (Frankl, 1959, p. 141).

The second area examines the development of a dissociative capacity that has potentially served to inform the survivor about states of consciousness outside one’s normal awareness:

A survivor who used dissociation to cope with terror and helplessness may begin to marvel at this extraordinary capacity of the mind. Though she developed this capacity as a prisoner and may have become imprisoned by it as well, once she is free, she may even learn to use her

trance capability to enrich her present life rather than to escape from it (Herman, 1992, p. 204).

Because these two perspectives are often not clearly delineated, they will be discussed as different aspects of a singular process.

Carmil and Breznitz (1991) succinctly asked the critical question, "Which experience will overpower the other? The shattered collapsed world or its survival" (p. 398). They were interested in Holocaust survivors' religious identity which was defined as "a belief and acceptance of a certain existential causal relationship in the world" (p. 397). Their study sample consisted of four groups of Jewish people of European origin. Holocaust survivors were compared to a control group of Jewish people who emigrated to Israel before World War II. Nearly twice as many survivors defined themselves as religious. Many survivors developed their spiritual beliefs based on what they perceived as the miracle of survival.

There does not appear to be disagreement about the devastation abuse causes to the internal world of the survivor. Benyakar et al. (1989) conceptualized the initial stage of a traumatic event as one in which "a structure enters a *forced open state*. An open state is a temporary, partial, and usually self-regulated semi-permeability or full abolition of the boundaries, for a brief amount of time" (p. 441). The forced opening of boundaries is terrifying and results in a structural collapse of the self, in part because of the merging with something beyond the self. Structure refers to the three ideas of wholeness, transformation, and self-regulation. The concept of wholeness relates to having a sense of identity and continuity. Trauma threatens this sense of wholeness. Benyakar et al., believe what is terrifying to the individual is realizing that the rules thought to define the self and reality are no longer operational.

Transformation generally implies a "creative restructuring of the self" (Richards, 1990, p. 58) which results in radical and enduring consciousness changes. A breakdown of the familiar structure "often precedes reintegration of the personality on a higher or more inclusive level. Higher states are defined as those states that include all the attributes of the ordinary waking states, plus additional ones" (Tart, as cited in Vaughan, 1985, p. 19).

The structural collapse of the self may be what Krystal (1978) considers the beginning stages of psychogenic death. He maintains that when a child experiences trauma, part of the trauma is the primitive nature of the affects themselves. Thus the defense in response to overwhelming

trauma is blocking of affect as well as cognitive constriction. Contrary to the idea of the fantasy-prone personality, Krystal asserts that fantasy life is impaired due to undifferentiated emotions that develop in the aftermath of severe trauma.

Freud (as cited in Krystal, 1978), stated that “the *sole* determinant of the psychological consequences is a person’s subjective evaluation of the danger and ‘Whether he is wrong in his estimation or not is immaterial for the outcome’” (p. 95). A study analyzing 114 accounts of near-death experiences in adults found that common experiential themes included “altered perception of time, lack of emotion, feeling of unreality, altered attention, sense of detachment, loss of control, revival of memories and ineffability” (Noyes & Kletti, 1976, p. 20). These subjective experiences occurred more frequently if the individuals believed they were close to death.

A model was proposed (Smith & Jones, 1993) to assist in understanding the behavior of adults abused as children, particularly as it relates to the problem of existential choice, “a choice that is perceived as resulting in continuation of being or a descent into nonbeing” (p. 90). A child experiencing abuse can easily reach the “hypothetical end-state of chaotic nonentity” (p. 93) and therefore, “trauma-bound” adults respond to situations out of a conditioned-learned response that has been developed to avoid nonbeing and insure continuation of being. The fear of nonbeing or impending annihilation is in response to a sense of fragmentation. Therefore, reconnecting with the self, arriving at a sense of wholeness, is a prerequisite for recovery. Bringing a sense of meaning to traumatic events is a way of bringing closure to the trauma.

Individuals who have had a near-death experience (NDE), often use imagery such as “mystical union with God” (Hine, 1979, p. 379) to describe their experience, imagery they were not aware of before their experience. She maintains that descriptions of ASCs from different cultures often include death imagery and are accompanied by a positive attitude toward death. Many accounts of ASCs in a specific population that she studied, had “the sensation that the experience was either like a death or that death would come if the experienter remained long in this state” (p. 380). Young children’s concepts of death are often inaccurate and incomplete due to limited experience, but become more accurate as life concepts develop accuracy (Weininger, 1979). An analysis of the literature (Weininger) indicates that specific cultural situations may influence how children conceptualize death and the age at which these concrete ideas of

death are embraced. Tart (as cited in Ward, 1989) asserted that the potential for experiencing different states of consciousness is “shaped by cultural conditioning” (p. 22). One might wonder if the world of abuse is akin to cultural conditioning.

In an effort to understand the antecedents responsible for allowing some individuals to remember their NDE, Ring and Rosing (1990) conducted a study comparing a variety of characteristics between 74 adults who remembered their NDE and a control group of 54 adults who had never had a NDE (referred to as NDC) but were interested in NDEs. They recognized that a better control group would have been composed of people that had survived a NDE but did not recollect the experience. Nine diverse instruments were administered through the mail to each subject and the study results reflect the variety of information measured. They found that of the NDErs, 54% reported childhood abuse and trauma, compared to 30% of the NDCrs. Sexual abuse was nearly 50% higher in the NDErs than the NDCrs. Dissociation measures were significantly higher in the NDErs than the control group. They speculated that the “NDE-prone personality,” one who has a NDE and recalls the experience, is an individual that has developed the ability to focus on “nonsensory realities.”

What we are suggesting, then, is that such persons are what we might call psychological sensitives with low stress thresholds, and that it is their traumatic childhoods that have helped to make them so. From our point of view, however, these individuals-our NDErs-are the unwitting beneficiaries of a kind of compensatory gift in return for the wounds they have incurred in growing up: that through the exigencies of their difficult childhoods they also come to develop an extended range of human perception beyond normally recognized limits. Thus, they may experience directly what the rest of us with unexceptional childhoods may only wonder at (p. 232).

The study results also indicated that absorption plays a critical role in the recall of NDEs once the shift into non-sensory realities has occurred.

The long-term effects of a NDE were also investigated (Ring & Rosing, 1990). Both groups asserted that having experienced near-death or becoming interested in NDEs, had changed them, primarily in a positive way. The two general categories of altruism and social concern were measured on value scales as shifting to increased importance in individual's lives. Spirituality (but not religiousness) and a quest for meaning, were specific categories shifting in importance. Ring and Rosing wondered whether these aftereffects endured over time. In a preliminary analysis of four groups based on length of time since the NDE had occurred, ranging from within five years to more than 30 years prior, and

looking at two value scales, concern for others and spirituality, they determined that changes were stable over time.

Most study participants (Ring & Rosing, 1990) believed there were “higher forces” involved with NDEs and that the experiences were intended as a wake-up call to inform them of “a larger cosmic plan for life on earth” (p. 229). It also appeared that “those who have had or become interested in NDEs are inclined to see a religious meaning in NDEs” (p. 231). Deikman (1971) delineated mystical experiences into three categories based on the manner in which the state was attained. Typical of all categories is a gradual fading of the mystical state, leaving behind only a memory and a longing to be in the experience again. Culturally consistent, being one with God or the universe is the “hallmark of the mystic experience” (p. 41). “For psychological science, the problem of understanding such internal processes is hardly less complex than the theological problem of understanding God” (p. 46).

Lantz (1992) has used logotherapy, Victor Frankl’s theoretical model for conceptualizing spiritual development as a result of trauma, in working with clients diagnosed with post-traumatic stress disorder (PTSD). He used Frankl’s term of “existential or meaning vacuum” (p. 486) to discuss the intrapsychic drive to fill this vacuum. Based on his field experience, he proposed that when the vacuum is unable to be filled with meaning, it will instead be filled with symptoms or an addiction. He believes that to deal with the dissociated terror without the simultaneous recovery of meaning, once again leaving the survivor vulnerable to further symptom development, is creating a dangerous situation for the client (Lantz & Lantz, 1991). The problem of the meaning vacuum is potentially compounded if the survivor reassesses or questions her currently held spiritual beliefs during the course of recovery (McCann & Perlman, 1990).

Decker (1993a, 1993b) discussed the experience of trauma as a total disruption of the survivor’s belief system and of the causal necessity to develop a personal theory that will allow for integration of the trauma. He states:

Trauma demands something out of the ordinary if the horror is to be overcome. If we (clinicians) are so bold as to think that we can aid in the integration of horror, we must have an out-of-the-ordinary awareness of the human possibility (1993a, p. 30).

However he asserts that transcendence, “the experience of existence beyond the physical/psychological” (1993a, p. 34), is generally considered

to be outside the realm of scientific inquiry. He proposes that it is the ordinary perceptions about life that have been altered through trauma, and consequently ordinary ideas and expectations will no longer serve the survivor. Therefore, helping in the development of existential meaning is critical to recovery.

“Various Meanings of Transcendence” (Maslow, 1969) elaborated on the transience of peak experiences. “Illumination or an insight remains with the person. He can’t really become naive or innocent again or ignorant again in the same way that he was. He cannot un-see. He can’t become blind again” (p. 62). For example an OBE, an experience that frequently occurs during traumatic events, might be of “such a numinous quality” (Irwin, 1981b, p. 247), that the world view of the individual is affected. Jaffe (1985) states that family and friends assume a crisis is over when the traumatic event and the treatment come to an end, but the survivor’s experience is quite different. For her/him, “the extreme experience is a state of being, and no pronouncement, no assurances or security can change what has happened inside them” (p. 118).

One of the only studies in the literature investigating the coping mechanisms used by adults exposed to traumatic events as children, was a study (Hogman, 1983) of 11 European Jewish adults who survived World War II as children. She found all survivors believed that suffering had been a primary motivator. “After giving a meaning to their suffering, they could master it, transcend it, and integrate it into their lives” (p. 62). The most powerful way they were able to give meaning to their lives, to fill the emotional vacuum, was to more fully accept their Jewish identity. And furthermore, part of the healing process was in developing a new identity which included developing new perspectives about past experiences, *becoming* rather than *being*.

Survivors are often on a search to find some framework that will imbue their experience with meaning and life importance (Spiegel, 1988). This is the path towards self-renewal, a process opposed to psychic numbing. Self-renewal and transformation includes delving into the dark night of the soul, being reborn to a new level of self-awareness, and then returning to the world (Jaffe, 1985). Frankl (1959) wrote:

The true meaning of life is to be discovered in the world rather than within man or his own psyche, as though it were a closed system. I have termed this constitutive characteristic “the self-transcendence of human existence.” It denotes the fact that being human always points, and is directed, to something, or someone, other than oneself - be it a meaning to fulfill or another human being to encounter. The more one forgets himself - by giving

himself to a cause to serve or another person to love - the more human he is and the more he actualizes himself (p. 133).

Ochberg (1991) in his post-trauma therapy model states that he believes therapists need the ability to guide the search for meaning in terms that are specific for the individual, not general or abstract. In pursuit of therapeutic tools for post-trauma treatment, Wilson (1989) investigated the ritualized ceremonies for returning warriors of different Native American tribes to gain an understanding of the specific role the ceremonies played in the healing of the warrior. He states that not only did the rituals reestablish the warrior's mental health, they served to help the individual gain spiritual strength and reconnect with the community. The community also honors the warrior and through the purification and healing rituals, helps the warrior's identity transform into a new identity. This is a requirement in order for the warrior to overcome the feeling of alienation and stigmatization, a feeling of separateness from the community.

Herman (1992) has found that many survivors

recognize a political or religious dimension in their misfortune and discover that they can transform the meaning of their personal tragedy by making it the basis for social action. While there is no way to compensate for an atrocity, there is a way to transcend it, by making it a gift to others. The trauma is redeemed only when it becomes the source of a survivor mission (p. 207).

Herman, in her work with survivors, and Frankl (1959), in his work with Holocaust survivors and through his own concentration camp experience, have made similar observations about the path many survivors take in their recovery process. No one has explored the mythic realm of this journey more than Joseph Campbell (1948). His systematic study of myths from around the world, revealed what he called the "monomyth," an individual's rite of passage. This archetypal formula is divided into three stages: separation, initiation, and return.

A hero ventures forth from the world of common day into a region of supernatural wonder: fabulous forces are there encountered and a decisive victory is won: the hero comes back from this mysterious adventure with the power to bestow boons on his fellow man (p. 30).

Although this metaphor is presented as a fantastical adventure, it can be applied to the experience of many survivors. As Campbell so eloquently states of the hero's journey:

The two - the hero and his ultimate god, the seeker and the found - are thus understood as the outside and inside of a single, self-mirrored mystery, which is identical with the mystery of the manifest world. The great deed of the supreme hero is to come to the knowledge of this unity in multiplicity and then to make it known (p. 40).

### *Summary*

This literature review has investigated the connection between dissociative states experienced during childhood sexual abuse and the spiritual development of the adult survivor. Four areas were identified as requiring discussion: the process of dissociation, the use of dissociation as a defense mechanism during childhood sexual abuse, the correlation between dissociative states and altered states of consciousness, and the relationship between dissociation, trauma, and spiritual development.

There does not appear to be dissension about the link between dissociation and trauma, particularly the trauma of childhood abuse. However it has only been within the last few years that the dissociative process has been conceptualized as anything other than pathological. The nonpathological use of dissociative states in religious or cultural events is acknowledged in the DSM-IV (APA, 1994). A variety of studies investigating different characteristics common to ASCs including meditation practices, paranormal experiences and culturally-related shamanic states, indicate that dissociation is a part of the process involved in accessing nonordinary states of reality.

Spiritual development, the process of searching for purpose and meaning in one's life, is discussed in relation to how that search manifests and also in terms of the way in which the dissociative process used during childhood has the capacity to inform the survivor about nonordinary reality. The collapse of the structure of the self during trauma, particularly as it relates to the early stages of psychogenic death, is considered. Studies looking at different aspects of NDEs, offer a framework to better understand the impact that traumatic experiences, particularly childhood abuse, have on the development of spiritual beliefs. Finally, the recovery path that is often taken by survivors is looked at in terms of the mythic hero's journey, which culminates in a return to the world with a desire and the ability to teach what has been learned on the quest.

## Chapter III: Methodology

Psychotherapy, in accordance with the root meaning of the words "psyche" and "therapy" means *to serve soul*, not to treat it. ... Serving soul implies letting it rule; it leads, we follow. ... Before any attempt to treat, or even understand, pathologized phenomena we meet them

in an act of faith, regarding them as authentic, real, and valuable *as they are* (Hillman, 1975, pp. 74-75).

### *Formulation*

To investigate the research question at the heart of this study, do the dissociative states experienced during childhood sexual abuse, influence the adult woman survivor's spiritual development, a qualitative study using a semi-structured interview was conducted. The research design decision was based on a careful review of the literature which suggested that no studies of this nature had been done. Therefore, a study designed to indicate whether or not a connection does exist between spiritual development and childhood dissociative experiences was necessary in order to provide a substantial foundation for future quantitative investigation.

Focal sampling insured that the women being interviewed had childhood sexual abuse histories and additionally, that they had dissociative experiences as a child. Interviews were then coded according to units of meaning as they emerged in the content analysis.

### *Sample*

The population involved in this study were adult women who were survivors of sexual abuse. The subset of survivors being sampled were those women that used dissociative defenses as children and had done substantial personal work in therapy on their abuse history. Letters were sent to clinicians in the author's hometown explaining the nature of the study with a request for appropriate participant referrals. Therapists were also sent a copy of the participant consent form and a copy of the interview instrument (see Appendix A), with a request to respond to any concerns. They were also asked not to bias the study by referring only women with a known spiritual belief system. Twelve clinicians were contacted, eight responded, and seven gave referrals. One clinician referred herself, and two other referrals were therapists. No clinician voiced any concerns or requested any changes in the interview instrument or the consent form.

To insure that the sampling unit was appropriate, potential subjects were administered the DES through the mail or in person, with instructions to respond from the perspective of their childhood experiences. Early referrals were sent the DES through the mail. When there was not adequate time to send the DES prior to the interview date, they were given the DES the day of the interview. Despite the fact that a wide range of DES scores

were represented among the participants, all referrals appeared to meet the criteria of the study.

Eight interviews were conducted. One participant was referred through a coworker. The other seven were solicited through the request letter. All participants were Anglo, middle class women, ranging in age from 36 to 55.

### *Data Collection*

As discussed in the literature review, the DES is the most frequently used instrument for measuring an individual's use of dissociation. It has been administered to clinical and non-clinical populations and has been shown to be reliable and valid with both populations. Questions cover a wide range of dissociative responses beginning with "highway hypnosis" while driving, through dissociative experiences associated with DID.

The interview instrument consisted of 23 major questions with several subquestions. The four areas of inquiry explored (a) dissociative experiences as a child and how that changed over time, (b) religious/spiritual beliefs as a child and how that changed over time, (c) therapy and whether or not spiritual beliefs were incorporated into treatment, and (d) integration of all the above. Additional questions asked of individual participants generally had to do with expanding an idea or increasing clarification.

Interviews lasting 60 to 90 minutes were tape recorded and then transcribed. A pilot interview was conducted in order to address unanticipated problems and inherent weaknesses. However because the interview was successful, no changes were made and the interview became part of the data.

### *Data Analysis*

After transcription of interviews had occurred, the data were coded according to units of meaning. General themes were identified based on specific interview categories and then these themes were broken down into smaller units as they emerged in the analysis. Themes were assigned a letter and charted according to interview number. The number of participants sharing a belief or experience could then be numerically represented for descriptive statistics. Narrative segments that were exceptionally eloquent, that described an attitude or perspective representative of several participants, or that were particularly unique, were recorded in the chart during the coding.

## Chapter IV: Results

### *Spirituality*

Study participants unanimously felt spirituality to be an important part of their current life (see Table 1). All were asked their definition of spirituality. No responses were religiously dogmatic, but instead, the responses were uniquely descriptive of a process revolving around a personal relationship with “something” that permitted greater connection with the self. Five of the women mentioned “spirit,” referring to that which is outside and inside oneself. Four of the women occasionally went to church, but only one of the women had a traditionally Christian concept of God. God was more frequently conceptualized as an energy force, something universal and broader than represented in most traditional religions.

As children, all participants had a belief in God that was a traditional Christian conceptualization of God the Father. Several felt influenced by their parent’s religious beliefs, several felt they had developed their own religious beliefs, and several were uncertain about childhood influences. One woman went through a period of being an atheist.

### *Dissociation and Spirituality*

Six of the participants felt that dissociation had influenced their spiritual development and two were uncertain but believed there might be a connection between their spiritual development and childhood dissociative experiences. Conceptualization of the specific role dissociation played in the development of a personalized spiritual belief system varied among participants. One participant was able to articulate a direct experiential parallel between the dissociative realm and the spiritual realm:

I use it (dissociation) as a spiritual tool today. I use it to enhance my spirituality. It was at one time a detriment. ... I’m pretty open to what can happen spiritually. I know that my life is more than just being contained in this physical body right now and I don’t believe everyone knows that. We have this spiritual part of us that just right now is contained in this physical body, and because of the dissociation I’ve had, I know ... that there’s just so much that can be done to develop it. My intuitive sense is more fine tuned because of the dissociation. Definitely it’s enhanced who I am spiritually today. It’s something that was awful, but is now used in a positive means. And it’s only through therapy and the 12-steps that it could come to this.

Other responses indicated that spirituality was an important part of their recovery process, assisting them with overcoming self-destructive dissociative patterns. For example, in response to the question, “Do you still have experiences of a dissociative nature”, one woman responded:

Yes. I'm still getting some memories where I do experience totally leaving my body, but it also is positive experiences in a meditative state, or a positive altered state of consciousness, not in response to trauma. It's actually a spiritual connectedness, so it's different....It's not intentional leaving my body. It is instead, just being really present and being open to that spirit part of myself that is able to have a spiritual experience.

Four participants developed an awareness that they had been searching for something for many years. This was described as a spiritual quest, but was not consistently interpreted as a spiritual emergence due to either the sexual abuse or the dissociation. Six participants described at least one experience during their life that was interpreted to be spiritual or religious in nature.

Spirituality was frequently described antithetically to dissociation. Spirituality served to center the self. Dissociation decentered. Spirituality created a sense of connection. Dissociation disconnected. Being “grounded in the body” was considered important to six of the *women*. To feel one’s feelings was a part of being grounded and also necessary for spiritual connectedness. Two women felt that to dissociate was to not be comfortable with who one was, to not be comfortable “in my own skin.” Spiritual connectedness however, created a comfort with one’s self.

### *Common Themes*

Six of the women had a substance abuse problem at one time and four of these women had used 12-step programs for recovery. These four women felt the 12-step program was an important part of their spiritual development. Other themes emerged during analysis of the interviews that were not part of the central investigation of the study. These findings are represented in Table 2 and will be discussed in the following chapter.

### *Dissociative Experiences Scale*

Several of the participants stated that answering the DES from their memory of childhood was difficult and they felt uncertain their responses accurately represented their early experience. As shown in Figure 1, the DES scores ranged from 8 to 85, with a median score of 31, and an average

Table 1  
Participant's Views on Spirituality and Dissociation

Beliefs/experiences	Study participants by age							
	36	37	42	44	47	52	54	55
1 Has a personal spiritual belief system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Sees connection between dissociation and spiritual beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not sure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not sure
3 Attends church on occasion		<input type="radio"/>		<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
4 Maintains a Christian concept of God								<input type="radio"/>
5 Has a sense of internal/external "spirit"		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Had a profound religious experience sometime in life	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Has an awareness of searching for something in life		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Uses Christianity as foundation of beliefs		<input type="radio"/>		<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
9 Believes spirituality helps to "ground in the body"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

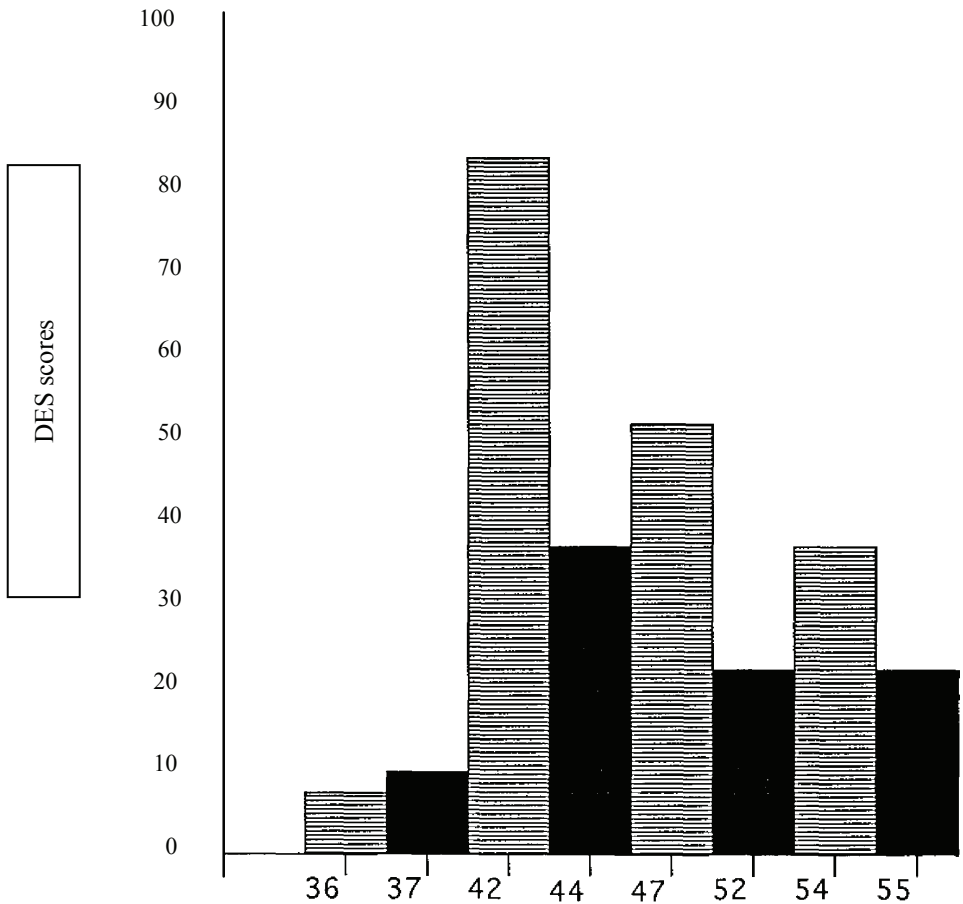
Data contained in items 1-3 correlate with interview questions 13, 21, and 11 respectively. All other data represent emergent themes.

Table 2  
Common Interview Themes

Beliefs/experiences	Study participants by age							
	36	37	42	44	47	52	54	55
1 Past substance abuse problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
2 Involvement in one or more 12-step programs	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		
3 Experiences of a psychic nature		<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
4 Had a perceived near-death experience		<input type="radio"/>					<input type="radio"/>	
5 Has an awareness of a creative internal drive	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6 Has a sense of needing to reclaim something from past	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7 Perceives some dissociative experiences as pleasant		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8 Has developed an awareness of an observing ego	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Work has been influenced by dissociative experiences		<input type="radio"/>			<input type="radio"/>	<input type="radio"/>		

score of 35. Although historical and current diagnoses were not questioned, two of the participants stated they were diagnosed with DID. The two youngest participants scored the two lowest scores. However both of these women related childhood experiences that fulfilled dissociative experiences criteria.

Figure 1  
DES Scores Ranked According to Age of Study Participants



## Chapter V: Discussion

In our time, there are millions of people who have lost faith in any kind of religion. Such people do not understand their religion any longer. While life runs smoothly without religion, the loss remains as good as unnoticed. But when suffering comes, it is another matter. That is when people begin to seek a way out and to reflect about the meaning of life and its bewildering and painful experiences (Jung, 1964, p. 75).

Most of Table 1 and all of Table 2 represent recurring themes found in the descriptions of participants' experiences, themes that emerged through spontaneous responses to interview questions. The participant's frequently shared perceptions and interpretations of their experiences seems quite extraordinary considering that none of the participants knew one another, their ages spanned two decades, all had worked with different therapists representing a variety of therapy modalities, and yet these communalities emerged unsolicited.

Formulation of this research question began as an attempt to understand if a survivor perceives her childhood dissociative experiences as contributing a valuable dimension to her life. Did they enrich her life in some way? Have they influenced her search for purpose and meaning in life? Is her awareness of the psyche and its capabilities broader and more developed because of her experiences? Have her experiences informed and influenced her spiritual belief system in some way? Are there specific types of dissociative experiences that appear to be more influential than others? Has she, in fact, learned to use her dissociative skills to experience altered states of consciousness in an unimpaired, controlled manner? If the data indicated that spiritual development was indeed influenced by these experiences, what would be the implications for therapists? What would be the implications for treatment if dissociative skills are also capable of facilitating recovery through influencing spiritual development, helping the survivor live a richer, fuller life?

This chapter uses these questions as a foundation to examine interview narratives. The review of the literature, which explored a variety of angles from which to conceptualize dissociative experiences, will be woven into the discussion. Narrative excerpts are used to illustrate the different themes discussed in the literature review. All uncited quotations in this chapter are from the narrative material.

### *Dissociative Experiences*

As my memory has unfolded, I'm aware that I never did learn an identity the way most young children do, you know, by having continuity of experience, where normal childhood distress is then relieved by appropriate caregiving. Then the child begins to have a continuing sense of self. Emotionally-laden states get relieved and then there is a sense of self that becomes more continuous, so the sense of self that has a relationship to the outside world, has a certain amount of trust.

### *DES Scores*

As described in the previous chapter and illustrated in Figure 1, the eight scores of the participants ranged from 8 to 85. This wide range could be reflective of several different factors: (1) variability in the participant's capacity to remember general dissociative experiences from childhood, (2) difficulty in responding from a child's perspective to questions developed specifically for investigating adult experiences, and (3) differences in the recovery process and the degree to which memory content was retrieved.

The two low scores of 8.1 and 10.9 were obtained from women who had been assessed by their previous therapists as being dissociative as children. Both women also described dissociative-type experiences in their interviews and were considered appropriate for the study. All other participant scores were above 22.3.

Although diagnoses were not discussed with the participants, two of the three highest scores, 39.1 and 84.9, were obtained from the two women who volunteered that they had been diagnosed with DID. No other diagnoses were known by the researcher.

### *Dissociative Experiences Described*

A wide spectrum of dissociative experiences were described, experiences that were the result of defense mechanisms serving to help children survive emotionally overwhelming situations. Not all participants were aware of the origin of their dissociative tendencies as children, apparently because they had no awareness or observing ego at the time which could inform them of when the experiences began. Their memories simply reflected that their response to certain situations produced dissociative experiences. Below are excerpts from interviews representing the range of experiences that were recalled, with each block quotation representing a different participant's experience:

I used to go into making sounds over and over again, or repeating my name just to get away, get my mind engaged in something else, or in my breath, laying in bed and focusing on my

breath to put myself to sleep.

I used to go into things, into objects. Specifically, my grandmother had glass grapes on her TV and when I was being sexually abused, I would go inside the glass grapes or go into corners of the room....I would watch the experiences from whatever place I was at....The only thing I had an awareness of is something that happened all my life. It usually happened at bedtime and all of a sudden my body would, I don't know how to explain it other than that it would start roaring. My body would get paralyzed. I used to describe it as feeling wooden. I couldn't move my legs, I couldn't move my arms. I'd be frozen but I wanted to holler out like, "Somebody turn on the light." ... Somehow I conceptualized that the devil was trying to possess me. So what I did as a child was I memorized Bible verses that would help me during that. I'd say, "Greater is he who is in me than who is in the world." ... I think it's some kind of coping skill I used during the abuse that then got used at other times.

Going into blackness was the safest. I could go into this total darkness and anything could be happening around me and I couldn't even feel what they were doing to me. There are two: One of them that I can go to and anything can be done to me, but I'm in this black hole, this dark place, and I'm safe. Then there's the other (dark place) that when I'm triggered, I get pulled into. It was always that I was going to leave my body and not be able to get back. The fear would escalate and would go into panic. I didn't know where I was going and if I could get back. It was like I was going to be pulled into this big, black hole and I wasn't going to be able to get out of it.

I was able to withdraw into myself and just be a little speck inside myself, but it turned out that inside of me was an entire universe. It was immense and empty. It was like space, like on *Star Trek*.

When I was a child, I never talked. People would always say, "Say something, M." I was always gone some place else. ... I was in a fantasy world. I lived in a world of books.

At a certain point, the bombardment of some of the things they did got so intense that then it was like I imploded in on myself and then exploded ... and all these little constellations were formed, these little clusters. It was no longer tolerable to be in the body, alter or not. It was into the sky ... That was the part that they weren't able to get ... It sounds so weird and so far out to describe any of this, but I just kept having experiences of traveling, traveling, traveling.

What is illustrated in these descriptions is that the childhood dissociative experiences ranged from removing one's attention from the environment by becoming absorbed in something else, whether that was a character in a book, an object within the field of vision, or a repetitive action, to OBEs in which the participant's experience was outside the body. These are examples of the process that Tellegen and Atkinson (1974) referred to that is used both in service of the ego and in ASCs.

### *Spirituality*

The interview questions focused on gathering descriptive data of dissociative experiences, spiritual beliefs, and the correlation, if any,

between the two. As summarized in Table 1 and Table 2, numerous themes emerged during the interviews. Several of these themes are difficult to weave into the exploration of spirituality and the dissociative process, but the implications are important and relevant to the connection between the two.

### *Spirituality, Connectedness, and the Creative Process*

Spirituality for me involves a connectedness to my self, to others, to the stuff of the earth, and a connectedness to a power greater than myself. It's a connectedness, a relatedness. It's seeing myself as part of a much, much greater whole....It's like there are so many boundaries that have been expanded. ... (Therapy) freed the parts of me to come out with the trauma, but then along with the trauma came these other experiences that just continued to unfold, that I believe were a deep spiritual part of me that has been emerging at the same time as the release from the trauma.

(Spirituality is) a place for me to center, to get focused, and I think it's the spirituality that keeps me out of a dissociated state. It's a place where I go to get connected, to get rejuvenated, a place where I go to find peace and tranquility. It's a calming type experience for me too, to meditate and connect with my source.

Most of the women described a feeling of separateness from both their internal and their external world, "like I was behind clear glass." Therefore, reengaging in life, reconnecting, reassociating with both the self and others became a critical part of the recovery process. "I've consciously made it a point to come in this physical body and be present and centered." "I became a massage therapist which allowed me to stay in the body, to stay grounded."

(Dissociation) is kind of like when you're coming down with something like the flu, like I have to escape from my body because my body is going into sickness or pain or hurt. I have to be out of it because it's hard if the body doesn't feel normal. I'm not fitting into it right. It's becoming sick and I'm separate from it.

With the dissociation I didn't really have the ease of being in my own skin. ... I didn't feel comfortable in who I was. With the increase in spirituality, I'm becoming more comfortable and more accepting of who I am, what I've lived through. It's just part of me.

I try and stay centered or grounded in my body. I try and feel my emotions. ... For me as a dissociative, I never wanted to stay in my physical body and as a result, it was easier to dissociate. It was easier to go here, go there, fly to the moon, whatever I was doing was a lot easier for me. It's only been through the work that I've done after the integration and learning who my authentic self is, and when I was able to give up the idea of wanting to die everyday, that I could feel that I could stay in my body.

### *Creativity and the Creative Process*

Creativity and the creative process were described as an important part of being able to connect with both the self and with that which is outside the self.

My concept of God is that there is this universal energy source that I can tap into. It's all about creativity and if I tap into it and I become creative, then I'm connected to the Creator. ... If I stay clear and not worry about stuff, the answers and the direction I'm supposed to go in will be given to me, if I stay tapped in. If I dissociate, well, it's only to get tapped back in there that I can stay here and stay present. ... My view now of spirituality is that whatever works for somebody, it's their personal way of describing the energy that's available to all of us, so all religions are right for whoever believes in them in any form. ... (Spiritual development) is staying clear of any kind of blocks from that creativity and being able to recognize when the energy flow is being blocked somehow, trying to figure out what I'm doing or how I'm keeping that flow from going through me and what I need to do to clear it out.

The role that creativity has played in both helping to ground the self and connect with a source outside the self is difficult to discuss, in part because creativity itself is not tangible. What is it? How is it defined? Is it a product or a process? Is it what one produces or how one feels? Storr (1983) believes that artistic creation is often about creating a new unification of opposites, and consequently the creative process can, in and of itself, help establish order. Von Franz (1964) states that although the purpose of creating a mandala is:

to restore a previously existing order ... it also serves the creative purpose of giving expression and form to something that does not yet exist, something new and unique. ... In the new order the older pattern returns on a higher level. The process is that of the ascending spiral, which grows upward while simultaneously returning again and again to the same point (pp. 247-248).

So much of my process has seemed so difficult to express ... It was real difficult to just verbalize it. I would be driven at times to create some things and it would be one way of saying I was listening, listening to what I was receiving inside and by creating something to express it, then it was like I was believing it, validating it. ... I think there was so much trickery around words ... My survival skill through my childhood and into adulthood was being addicted to the mind. I lived in my mind. It was really important as a part of the healing process to not always be thinking and often times in a circular fashion, traumatic thinking. I was caught up in traumatic thinking all the time. This was a way to get out of that traumatic thinking, to do something with my hands. It gave a way for internal communication to come out. It gave a way for me to accept and validate what was coming from me, inside me. It also provided a symbol of hope. ... (Creativity and hope) have been intimately connected.

*Connectedness*

Storr (1983) believes that Jung's concept of individuation and the creative process are closely related. Individuation is one of the core concepts of Jung's depth psychology. This life-long process of self-realization or self-fulfillment, the "psychic parallel to the physical process of growth and aging" (Jacobi, 1962, p. 104), is the path that leads to wholeness of the personality. The goal of wholeness is differentiation of the conscious and the unconscious so that they can enter into dynamic relationship with one another. "The general function of dreams is to try to restore our psychological balance by producing dream material that re-establishes, in a subtle way, the total psychic equilibrium" (Jung, 1964). Storr (1983) interprets this as "making new syntheses out of opposites" (p. 334) and believes that it is the inherent lack of unity in humans that drives discovery.

Because dissociation is specifically about splitting off parts of one's experience and one's self, it is possible that the recovery process leads to an extraordinary focus on unification, a superhuman move towards wholeness. "Even should unity of personality be an aim, 'only separated things can unite,' as we learn from the old alchemical psychologists. Separation comes first" (Hillman, 1975, p. 31). Recovery then, would have to do with recovering those split off parts, reconnecting the pieces of the self. Perhaps the creative process serves as the vehicle that helps to unify the conscious and unconscious and in so doing, facilitates movement towards wholeness. Additionally in helping to restore order, the creative process may serve the function of being an organizing principle to one's inner world, all the more important if one's experience threatens the internal structure of the psyche. Both of these hypotheses would be examples of what Jung refers to as "the intervention of the unconscious" (1964, p. 80).

A consideration of creativity requires looking at not only the process and the product of the process, but the origin of the inspiration. Ludwig (1989) believes, as do many, that creative inspiration does indeed exist. He speculates that "disturbed" individuals "may have more direct access to the subterranean regions of their minds where unusual, novel, or unconventional perspectives are apt to exist" (p. 10). Artists generally "attribute their inspirations and discoveries to a source beyond conscious striving ... which come to them in reverie ... and arise from a source which they cannot control, but with which they have to put themselves in touch" (Starr, 1983, pp. 336-337). Whether the creative process is conceptualized

as a process which facilitates connecting with the self, connecting with something greater than the self, or both, the potential is implicit for healing the split which makes one feel separate from the self and others.

The process of individuation is not synonymous with individualism. Wholeness, the goal of individuation, ultimately means entering into the wholeness of life, with the focus “on the fulfillment of his (her) own nature as it is related to the whole” (Jacobi, 1962, p. 103). Although this collective consciousness refers primarily to the archetypal realm of myth and dream, it is another way of looking at being in relation to something other than the self. It is the classical theme of “at-one-ment” (Metzner, 1980). “Somehow in the creative space I feel very connected, not in a transcendent way but in an earth way. I guess I’ve found a way to be with those in the world.”

### *Spirituality Described*

I believe there are many levels of existence. The religions may not be followed by the priest or the people who are teaching us about those religions, but the knowledge of the way things are is available in those religions. Most of them are symbolic, like the crucifixion. We have all felt crucified. It’s like crucifixion of the ego, letting go of who we think we need to be, or who we are. That is what needs to be crucified before our divine nature can come forward. In all of that symbology, very wise men put these stories together, like myths, and they’re all there to go into very deeply. But it takes time and a lot of emptiness to know what that is. Most of the preachers have not taken the time. They’re trying to put those teachings in the service of the ego rather than truly being empty. They can’t let go of their knowing to let the other in.

(Spirituality is) pursuing a relationship with a Higher Power, having that contact, that thing that makes it OK to live in my own skin ... Everything is an opportunity to get closer to God...Now I think of religion as a cultural thing. I think of it as a real purpose for people in their community. ... My relationship with God is all that keeps me going. I have a lot of other things that are in my life because of that.

I believe that our spirit is what makes us functional and the idea is that the beauty of the spirit is not to get back to heaven eventually, but to live out the life as it’s supposed to be lived out here. ... I don’t subscribe to dogma. I take what I need. ... The path that I tried to embrace, and I don’t know if I was successful at it, was more of the mystical path and the contemplative path. ... (Spirituality is) the concept that the divine is within and the divine is part of me and the divine is my external world, my internal world, my intellect, my heart, my soul, my spirit, spirit and soul being the same thing, and my physical body.

### *The Process of Spiritual Development*

All of the participants stated that as children they believed in the Christian concept of God. Although all women believed they were religious as children, one woman said it was just something she did and

another woman said it wasn't thought of as being religious, but as "going to church." The parents of most participants subscribed to Christian beliefs, although beliefs were frequently disparate between the two parents. One woman was the daughter of a minister. Another woman's family belonged to the Ku Klux Klan but they considered themselves religious nevertheless. Most women did not feel they had been influenced by their parent's beliefs, but the experiences they related would lead one to believe they had been.

(Discussing odd body sensations experienced as a child.) What I think I did as a kid was, somehow I conceptualized that the devil was trying to possess me. So what I did as a child was I memorized Bible verses that would help me during that. I'd say, "Greater is he who is in me than who is in the world." ... I think I just needed to have something tangible to explain to me what was going on with my body.

They said that the church was open 24 hours a day and after some really bad stuff with the Klan, I'd made a plan to run away to that church because it was open 24 hours a day. I was five. I ran up there and I remember it being absolutely huge and empty and scary, and I went over in a corner and got up in a big ball. I remember making the decision that there really is no place safe in the world, so I might as well just go home. I was an absolutely devout atheist until I got in 12-step.

### *Developing a Relationship with God*

Based on her experience as a clinician, Sargent (1988) discussed the spirituality issues she encountered with survivors. She found that many adult survivors left the traditional religious domain where God is personified and instead, related to God best as a nonpersonified image. She uses the example of God as nature. The women who participated in this study, as will be illustrated, developed their relationship with God based on their subjective experience, although all stated that as children their image of God was the traditional, Christian representation. Sargent's hypothesis was that the spiritual development of the child was interfered with, potentially arrested, due to the sexual abuse. She conceptualized the relationship with God in terms of object relations, although she did not refer to it as such. She believed that a dysfunctional relationship with God will perhaps illuminate the dysfunction in the survivor's "less divine" relationships. How would dissociation fit into her hypotheses? Would that create an additional dimension to the relationship with God and spirituality, expanding the potential? Is it possible that while religion can become contaminated, a spiritual channel remains open?

Most of the women remembered talking with God in one way or another as a child. Sometimes it was in the form of a prayer. Other times it

was more of a communion. Often the relationship appeared to develop out of a need to not feel alone, to have a sense of belonging, to feel safe and protected.

I wonder if it's not being in control, or losing control or losing consciousness, if fear of the dissociation doesn't influence the need for religion. I wonder if the mind dissociates because it can't handle what's going on and religion is a way of dealing with that, of feeling not alone, that there's a spirituality out there that is part of you. God is part of you. So it's not feeling alone.

Several women mentioned questioning Him/Her about why they were "here." A concept of God was also used to mediate internal conflict. God then, essentially evolved into a symbol that was imbued with personal meaning, developed out of a need for assistance. Perhaps one function of that symbol was to serve as a transitional object, accompanying the individual from one state to the next.

When my mom put me in the closet, now when I go back there I know why that felt safe, because I did feel this connection in there. Part of me wants to dissociate to that black place because I felt safe in there and connected to God....I would be in there (the broom closet) and I would have to be there all day, but I knew she wasn't going to hurt me because I was in the broom closet. Once I was out of her sight in the closet I was safe. I remember being able to, I guess I dissociated, but I felt like I wasn't alone in there, that there was something taking *care* of me, which I now call God.

There were three instances of feeling a connection with God, three instances of real comfort. Those were feelings of *real* peace and comfort and knowing that things were OK. It was really a strong sense. Those were my only memories of feeling peace.

I was told that God would see me doing these things (during abuse) and somehow attribute these things to me, and I remember having a clear sense that anyone as big and good and powerful as God wouldn't be stupid enough. He would know what was in my heart and not be confused by my acts. I've had a sense of that for a long time, thinking, "Well, that didn't make sense. If God's so powerful, how are they going to trick him by what I do?" ... My relationship came from need, because it was going to help me. ... I don't feel like I'm a child of my parents. I feel like I'm a child of God.

My life was so bad that all I could do *was* pray that God would get me out of there or something would happen. Finally, because of the craziness with the Catholic church, I made this assimilation with prayer. God wants everybody in heaven and people want to go to heaven, so the people that are really mean on earth, I would pray that they would die and go to heaven and be out of my life. I had my sister joining me in prayer.

### *Locus of control*

Control is an important issue with survivors as they struggle with issues of trust. Many survivors need to feel they are in control of their situation at all times. Children are inherently subject to external control,

but the external locus of control becomes extremely magnified during abuse. Investigating locus of control, Pargament, Sullivan, Tyler, and Steele (as cited in Jackson & Coursey, 1988) classified three styles of taking responsibility for problem-solving. They conceptualized locus of responsibility as resting either with the self, with God, or in collaboration. These authors conducted a series of studies and determined that an internal locus of responsibility (“self-directing” style) was most common among individuals with “humanistic” religious beliefs and was negatively correlated with God control. An external locus of responsibility (“deferring” style) tended to be used by individuals with more traditional, dogmatic, religious beliefs and was positively correlated with God control. Pargament, et al. also found that an internal locus of control tended to indicate the individual would have better coping skills.

Jackson & Coursey (1988) disagreed with the premise that a belief in God precluded an internal locus of control. They conducted a study to investigate this question and also to get a better understanding of whether a “religious” individual feels a greater contribution to the sense of purpose in one’s life with an internal or and external locus of control. Their findings indicated that “effective coping is achieved via personal control *through God*” (p. 407). They maintained that the concept of locus of control is complex and the results of their study supported the need to reformulate the interpretation of prior data.

It is probable that the issue of locus of control becomes more difficult for a survivor that has defended through the use of dissociation, although this study did not pursue that question. Clearly, a perpetrator is in control of the child being abused. When the child becomes overwhelmed and dissociates, it is once again the result of something outside the child’s control. Perhaps the need that Sargent (1988) found among survivors for developing a relationship with a nonpersonified God image is ultimately about locus of control. Certainly this is one way to create the sense of a more internal locus of control.

Concepts associated with 12-step programs such as surrendering, of “let go and let God”, could be interpreted as once again entering into a relationship where the locus of control is external. Sargent (1988) referred to this as the “passive” language of spirituality. And yet, none of the four women interviewed who were involved with 12-step appeared to interpret their involvement in that way. In fact, their attitude was generally quite similar to Jackson and Coursey’s (1988) idea of personal control through God.

I can remember going through a Billy Graham phase and I really looked and tried to make that spiritual connection with the church because that's all I knew. But I didn't. I couldn't. It wasn't until the 12 steps that I was able to make that connection with a Higher Power. I had to disregard the religion. ... Now I see God involved with me on a real personal level. When I think there are not answers to anything because I feel so boxed in to it and I won't be able to see any answers ... I can say, "There's an answer here. There's some creative approach that I can't figure out right now."

### *Religious Experiences*

A variety of experiences were described that participants considered to be of profound religious/spiritual quality. Some of these experiences occurred during or as a direct result of abuse, but other experiences happened later in adult life, seemingly spontaneously. However it is interesting that even the spontaneous experiences were interpreted as a response to the effects of abuse. The powerful nature of both the abuse and the religious event clearly did not lose its profundity over time. "I was very religious. I had several experiences that felt like spiritual experiences, but from an unknown place. So I've always believed in another world, although I've not always been able to contact it." One woman had a recurrent experience.

In terms of the spirituality, what I would try to do is what I would call going more within. I've never talked about this with anyone, but there were times when I just couldn't make it another five minutes and I knew I was so close to ending it. So I would go in and meditate. I would lay down on my bed and I would talk to God, my concept of God, and I'd say, "You've got to take over for me." And then I would feel like I never fell asleep during that time period. I was totally awake. I would close my eyes but I didn't leave my body. It was one of the few times I would feel grounded but then I would feel like I was totally enveloped, protected.

It was almost like I had turned everything over to something else, either within or without. In the beginning I just considered it without, out there, and that entity or whatever took over and helped me. I was really sad when it left because I was really peaceful. My anxiety level would go down. Usually I only called on that when I was really desperate.

Several women described experiencing a very bright light. "I had a revelation....I was 26. It was a big bright light that went through me. I felt it. I knew it, and knew it was absolutely true. It changed me."

My mind was in such chaos ... One moment I was sobbing in pain, and the next moment I was filled with this light, filled with this transcendent feeling that stayed with me for 10 days. ... I went from unbearable emotional pain to a feeling of total grace. But then it was like everything in the world kept pulling me back, everything that I'd wanted was pulling at me. ... I don't know how I could have kept that state. ... Then I joined the order to see if I could find that state again.

There were also experiences through which participants felt something permanently changed within them.

After the incest and I had the night terrors, when my three caregivers rejected my evaluation of what happened to me, I know my feelings just went out the door. It's like I buried them some place....I had to bury those feelings because nobody would hear them. So what do you do with them? Some people act out. I didn't. I went the other way....I know that's when I flipped inside. I did something. I figured I was the only one that could take care of me.

After that experience, I know as a child I was different. The spirit, the spunk, the life was gone. My affect was more flat. Something changed for me after that experience. The abuse, I just let it happen. It feels like the fight in me was gone. I don't have as many memories where I had to leave my body and be up in corners, and be places. Something shifted. I just gave into it.

The intense experiences that these women described, had the effect of altering them as children. It flattened them, removing the spirit. Spirituality then, might be seen as having the potential to reinspirit, facilitating a reintegration of body and mind with spirit. This is undoubtedly quite literal in cases of dissociation, when the splits are manifested so at the surface of the individual's life.

### *Near-death Experiences*

Two women had experiences in which they felt they were very near death. It is possible that some of the other women perceived that they were dying as they were being overwhelmed emotionally as a child. However as with most themes presented thus far, this was not a question pursued in the interview.

It has become clear that from a very early age I had states of distress that became just so extended, that as I reexperienced some of these experiences, I would be stuck in them forever and ever and ever is what it felt like. ... I found myself experiencing things like ... being kept alive at the cellular level. ... The computer game Tetris is a picture of it. These pieces are coming down and you have to line them up and put them into place, otherwise you're dead. The game's over. It's like there were little bits of energy that were coming in and somehow I had to integrate them and hold onto them in some way. Otherwise I would die. ... It was like experiencing that life continued somehow as that energy was taken inside in a cellular way and it kept me alive. I had some experiences where I was very near to God. It was all connected to near death. Near God and near death was very, very close. ... There was definitely the sense of the mind dissociating in a way that thought kept going circular, and what it would do would keep me out of experiencing what was in the body. It would be circular, going faster and faster. ... (Stars were) all that was left....That was the part that they weren't able to get ... Part of my process of becoming whole has been trying to connect to those parts of myself in the sky.

The biggest dissociative experience I had, I was six or seven years old. Most of the sexual abuse I had was with a grandmother. She was also very physical with me. One of the

experiences I had, she's abusing me to the extent that I believe I have a near-death experience. What I know is that I had a little cousin living in the same house. I know I go right through the wall above Jane's crib. I go through a black tunnel. It swirls. I leave through the top of my head. I hear a roar in this black tunnel and all of a sudden I swear, there are three white figures standing there. I've since named them. I call them Joy, Snow, and Dove, my white guides. They are there with their hands outreached for me and behind it I see a whiteness and a light. It's hard to explain it in words. It's warm like sunshine, but not the same color, and it's not blinding like headlights. (Was it inviting?) I call it home. At times when life's been very frustrating for me and I don't understand why, I get very angry. Why did I see that as a child and why didn't I get to stay there, and what's been my purpose for being here? I would as soon go back to that place that was very inviting. The best way I can describe it to folks is, you know in the mountains when it's raining and the clouds come down and it's kind of misty and white? That is the best way to describe what I witnessed and saw. I'm not there long. They reach out their hands. They speak to me, but we don't use mouths like here. There's just a love and a serenity on their faces that's hard to describe. But just about that fast, all of a sudden I'm whoosh, going backwards through this tunnel. The next thing I remember, my grandmother is shaking my shoulders saying, "K, wake up, wake up" and I stand up and I look at her very matter-of-factly and say, "I wasn't sleeping, Grandma. I died like Grandpa." She didn't have anything to say to me. ... (Now), in terms of my spiritual focus, I have these three white figures that I've used for my healing and my journey through this, and I've used them many times for my focus in meditation and prayer. ... I use them today in a very positive way. There have been times in fearful experiences when I would bring Joy, Snow, and Dove and they would be on each of the corners of my bed. Through therapy, they've each been parts of me that I've needed to incorporate. ... I've done all kinds of stuff with what was a dissociative experience as a child.

In addition to describing the internal psychic experience of perceived near death, the narratives poignantly illustrate several of the ideas discussed in the literature review concerning both the experience and the impact of NDEs. It would appear as though both women entered a state of boundarylessness, or the forced open state referred to by Benyakar, et al., (1989). Merging with something beyond the self as a part of that boundaryless state is described in both narratives. The perception that being near death was akin to being near God stated in the first narrative, illustrates what Hine (1979) reported about the potential for mystical union. Perhaps this is also what Rilke (as cited in Hale, 1992) referred to as *l'nigkeit*, the immense and eternal inner space that may be experienced when the reality of one's personal death is confronted and the unconscious, archetypal energies are activated. The first piece also describes the "end-state of chaotic nonentity" (Smith & Jones, 1993, p. 93) that is a response to fragmentation. The drive to restore wholeness becomes much easier to understand in light of an experience such as this.

The second narrative could be interpreted several different ways. What is clear is that the child was overwhelmed and through the dissociative process, a boundaryless state, a nonordinary reality was tapped into, just as

Ring and Rosing (1990) speculated. The experience served to inform this woman of the existence of different states of reality which she apparently continued to access. The knowledge of the place she had visited increased her awareness of the potential of her psyche, directly influenced her spiritual development, and helped her move through the recovery process.

### *Perceptions of Nonordinary Reality*

Many experiences that described nonordinary states of reality emerged throughout the interviews. These experiences or perceptions were either discussed in relation to childhood dissociation or in relation to adult experiences resulting from controlled, meditation-type practices or spontaneous experiences resulting from the need for psychic refuge.

I've now had a few experiences of what I call just really spiritual connectedness that hasn't been totally in response to torture. ... I went totally into an altered state. I felt the warmth that went through my body. In the places in my body where I had been going numb, I could feel life coming back into them. ... I've had some other deep meditative experiences where I have been aware of being spiritually-connected. I know what I've really been struggling with is separation from myself, from my body, from the earth, from others, from God, all of those separations that I've found so painful. I've had to experience those feelings of connectedness. ... I really think there was a soul part of me that they never got, that they were never able to touch. That part of me maintained a spiritual connectedness so that there was a sense of hopefulness that there was going to be healing.

I lived in a state that was hot. I would try to tell myself it was cold. I'd start to experience the sense of being cold and wanting to bundle up even though I was still hot. ... It was realizing how much power my mind had and telling myself I could, through the mind, alter my reality.

People have told me that they don't have these experiences where they can just leave their body when they want to. ... I believe I know my body has a spirit, body, soul, and for whatever reason, it's very easy for my spirit to leave my body. I have more control over it. It used to just leave during fearful situations. When I'm in a place of meditation or connecting with the light, my source, my God, on some level I've transcended the spirit part of me. I know I'm sitting here in my physical body, but a part of me feels lifted. ... So it's some kind of dissociated experience, but it's controlled. That's the difference. I can bring myself back here as needed. A part of me doesn't stay up there fragmented, with half of me on the ceiling or in the wall.

The woman in this last narrative speaks to the out-of-control overwhelming of one's being as a precursor to the fragmenting of the self which can result in the forced experience of an ASC. She identifies the parallel between these experiences and her currently sought after altered states reached through meditation or OBEs. Kennedy (1976) somewhat addressed this in his discussion of the importance that attitude plays in the

interpretation of one's personal experiences which can be classified as depersonalized.

Referring back to the discussion on absorption in the literature review, the above experiences demonstrate the outcome of the process of focusing on one part of reality, with awareness of other parts of reality becoming simultaneously diminished. In fact, the entire range of experiences that have been represented in the above sections on dissociation and spirituality illustrate the similarity between experiences that were a result of a need to become absorbed contrasted with the intention of becoming absorbed. They also illustrate experiences resulting from both sensory overload and sensory deprivation.

It would appear that once these women were exposed to other states of consciousness, despite the fact that the first exposure was the consequence of a traumatic ordeal, they then had a proclivity to reenter those states. As children, this reentry was generally in response to continued trauma.

### *Recovery*

I had this little figure in this little pouch wrapped up in butterfly cloth, inside the pouch. It was very symbolic of how the butterfly goes in and then this total transformation happens. Everything that is known is taken away. Everything changes. Reality is totally changed and there is no way of knowing exactly what I'm going to become....When I was reliving so much of the trauma, there was always this symbol that everything that had been known in the past, that was what we accepted as our reality, had changed. We were in a dark place and everything was different.

Most of the women described a quest for something intangible. This process manifested in a variety of ways in each woman's life and was discussed with a wide range of conscious awareness.

One time I belonged to a Fundamentalist church, did this New Agey thing, and did some other religious experience. So try and facilitate all of that in a lifetime at one time....I always embraced church, especially through the 80's. I embraced yoga. I would at least listen to people. I looked at every kind of wacked psychiatry that came my way, that I could consider. I did paranormal things, parapsychology, crystals, Tarot card, you name it.

Perhaps in part because of the elusiveness of the yearning, the drive often resulted in symptomatic behaviors. "The psyche uses complaints to speak in a magnified and misshapen language about its depths" (Hillman, 1975, p. 82). Certainly it is difficult and challenging to work at translating symptoms, compounded in a culture where the treatment objective is generally to extinguish symptoms. "By regarding our symptoms as the

accidents that brought us into therapy rather than as the *via regia* into the soul, we neglect their importance in soul-making” (Hillman, p. 75). Only personal work and the luxury of hindsight appeared to lend the perspective to the participants that substance abuse, promiscuity, self-destructive behaviors including self-mutilation and eating disorders, were all part of the need to gain mastery over their traumatic histories.

Alcohol took the place of making sounds and doing all the other stuff. I used to cut myself. It would put me in a trance....It's like what's too much? You have no idea what's too much when you've been through everything.

The search to find meaning in their painful childhoods and experiences by reconnecting to life in a much more profound way could be seen as a part of that mastery. It is that which quenches the thirst, that fills the emptiness, that delivers spiritual renewal. Spirituality “is an investigation of the psyche too. ... It's just finding the other facets of God, and that's what I'm looking for.”

I really believe in what I now call the evolution of the soul. Some of the crises that you have in life and the obstacles you have before you are either things that you've embraced or they're to teach you a lesson and it helps bring about spiritual renewal and it helps what I term the evolution of the soul.

As discussed in the literature review, whether talking about Maslow's (1969) peak experience or an OBE experienced during trauma, once that state has made itself known, there is no turning back. Nothing is ever the same again.

Several women mentioned that the place they dissociated to during the abuse was so pleasant that they did not want to return.

I think of that closet experience a lot. ... I was actually in my childlike state, tapping into God and that energy source to survive, turning it into an OK place to be. ... I can just kind of dissociate and go into that place, to tap in. (Is it a refuge?) Yeah. That's it. That's the perfect word.

That type of mystical experience may have become so familiar and provided so much comfort that there is an unconscious yearning to return. Seen in this light, it is a state of consciousness that is being sought, creating a need to find a healthy vehicle for getting there. Is it possible that learning to use dissociation through a controlled, intentioned approach, is one way to gain mastery over a process that at one time was a necessary defense? Is that a part of the empowerment process? Could it be that this is

a part of what drives the quest to develop a personal spiritual belief system?

### *The Observing Ego*

I've gone back to reclaim parts of myself, needing the energy, realizing that in my spiritual work in order to have any discipline at all, I need to go back and reclaim that energy. That has forced me to go back into those places and I've been able to do that as the writer. That's the person that can just go back and report, as the observer. It's not detached from the emotion though. It's an incredibly healthy way of going back.

All of the women described the current existence of an observing ego, although that term was not used. It was discussed as being able to take responsibility for one's self and one's actions. Most frequently it was talked about in terms of using current dissociative behaviors as a cue to pay closer attention to the self and the self in relation.

If a trigger happens, I don't dissociate so instantaneously. I can right away start breathing, get grounded, get my feet on the ground, look at something, get present, say "That's old stuff creeping up, I'm fine." ... It took a long time for me to get a time boundary. ... I need a therapist always because I consider that my place, where if I keep it contained in my daily life and if something happens, I put it back in the container and then I go to the therapist and I open it up. I feel like I've got control. I can either go with it or put my feet on the ground and stay present.

I know afterwards, somewhere along the line, that I did it (dissociated). Then I will try to get out of it. I'll use it. Instead of it using me and directing me, I will use it. I'll look to see what happened.

Antithetically, three women discussed not being able to make choices or decisions in the past which they attributed to dissociative behaviors. Certainly, this is one of the predictable outcomes resulting from the lack of an observing ego.

I've made so many decisions based on being numb. When the numbness wears off, then I see the mistake I've made....None of my growth has been by conscious effort because I didn't have that kind of focus.

The dissociation has taken up a lot of time in my life. If I hadn't lived through those experiences and not had the dissociation, maybe I would have been a little more directed in my life and able to make better decisions about how I live. Marijuana was easy. You don't have to make decisions on that...I think dissociation makes it so decisions aren't made. You don't realize that that is making a decision.

### *Work and Dissociation*

Several women felt that dissociation had hindered finding the right work niche by interfering with decision-making. “It monopolized me....It changed me and it set my path. I had no way of figuring out my path.” Juxtaposed to this were the women who felt dissociation influenced the direction of their work in an ultimately positive way. One woman had written a one-woman play and felt the sense of the familiar as she practiced for the performance. “It’s almost made me a writer because I (as a child) would just say words, and the sound of them would take me out of my life.” This is the same woman who became a massage therapist. Interestingly, another participant mentioned the role that receiving body work played in her recovery.

Body work would tap into memory spots and I would just take off, and they would say, “No, now stay in your body. Stay here. You’re safe.” ... Having a good massage therapist that understands that process, to stay connected through the trauma, don’t dissociate. ... That’s a real important part of that work.

### *The Hero’s Journey*

One of the better known myths concerning the hero’s journey is that of the Fisher King whose kingdom became barren when he was wounded in the thigh. The curse laid upon him would cease only if he found the Holy Grail and perceived its essential meaning. When that occurred, the wound would heal and the land become fruitful once again. The Grail “symbolizes the source of healing and spiritual nourishment. So when the connection is made to the life-blood of the Spirit, the wound is healed, the land restored, the Self re-membered” (Metzner, 1980, p. 55).

The three therapists who participated in the study all alluded to their childhood experiences, both the abuse and the dissociation, as the motivating force behind their career choice. This is a prime example of the hero’s journey. The dark forces were encountered, the victory was won, and then as heroines they returned to share themselves and their knowledge with others.

I definitely, in the beginning, had a growing sense of awareness that all of this wasn’t just totally a waste. It seems like so much of my life was lost to living in survivor skills, coping things, that has not always been the most productive for here and now living. I’m 54 years old and what’s been emerging is there is still something, even at this stage of my life, that can come out of this, that can be meaningful, other than just saying I survived a lot of horrible stuff. There is something that is being developed in me that can make a contribution. ... I had a message that every now and then I reflect back on. It’s from an internal spiritual guide. ... I am to know from experience, from having been there. I’m going

to be able to work with people in a way that I haven't been in the past. I'm going to be able to be there in a way that knows from experience, but I won't have to speak my experience. I'll just be able to be there.

I didn't go through all of this for no reason. There's got to be a reason for it....The strength of love is incredible. I really appreciate each person's journey and the courage to even stay on the journey is to me, unbelievable. The other thing I can really respect is those that choose not to go on it and to use whatever they need to numb from it, because you have to be ready for this and you have to have money. If you don't have money, well, the "Fisher King" was a movie that scared me to death. If I didn't have money, that's where I would have been.

The sense of purpose in one's life, the call to give to others what was brought forth from the dark, inner voyage, was not just experienced exclusively by the women who had chosen to become clinicians. Several other women expressed a similar desire and had found a way to use themselves in relation to others.

(From a woman getting a Masters in a helping profession) I know a lot of people who have gone through tragic things end up in the field of psychology....I find it very tragic that many women who didn't ever get the help they needed, end up institutionalized. For me, this is a part of the spiritual concept. You need to be nurtured, so then you can record your journey, talk, and set things right, so then you can pass on. To me, it's important to facilitate other people's journeys.

(From the massage therapist) It's all been useful. Even the molestation has been useful to me in my work, to be able to be with women that have had similar experiences and to know that place. Because I've been through all of this, it's in me. I understand now because of that what gurus are about. They have had a deep spiritual experience. They hold that experience. And whoever comes to them, they're lifted to that experience level. Unfortunately, mine takes them the other way, but that's useful too. If they have been blocking their experience and they are ready to, or want to face that, then I seem to bring them out in people. So when that happens, it seems to heal me in a way because it's found a use. I don't understand why, but it feels useful. There's something uplifting to know that who I am is of ser'vice.

## Treatment Implications

### *Religiosity and Spirituality Among Clinicians*

Based on early studies, it was thought that psychologists and psychiatrists were less "religious" than the general population (Larson, Pattison, Blazer, Omran, & Kaplan, 1986). Investigating the factors involved with psychologist's perceptions of spirituality in psychotherapy, 1400 questionnaires were mailed to psychologists, with 272 surveys being completed and returned (Shafranske & Gorsuch, 1984). They developed a working definition of spirituality which included trust of "a deep sense of belonging, of wholeness, of connectedness, and of openness to the infinite"

(p. 233). It should be clear that all four concepts have been referred to spontaneously and frequently by the eight women who participated in this study. Shafranske suggested that perhaps the reason psychologists had appeared “less religious” in previous research was because a narrow criteria for spirituality was used, and if this was broadened, statistics might look quite different. Their results showed that an “existential” orientation was described by 38% of the psychologists, and 23% subscribed to traditional religious beliefs. A direct correlation existed between the relevance of spirituality in the psychologist’s personal life and the perception of the relevance of the spiritual dimension in psychotherapy. In addition, religious-type interventions were more influenced by the clinician’s personal spiritual belief than the theoretical orientation. The strongest positive relationship between spiritual beliefs and theoretical orientation involved psychologists embracing Jung, and the most negative relationship involved behaviorists. One of the most critical findings suggested there are two possible responses to spirituality in a clinical setting: not relevant, or relevant within the context of the clinician’s own spiritual orientation.

Shafranske and Malony (1990) further explored psychologists religious/spiritual orientations and whether or not the spiritual dimension was incorporated into psychotherapy. A questionnaire was sent to 1000 psychologists and 409 questionnaires were completed and returned. An “alternative spiritual path” was embraced by 51% of the psychologists and 18% participated in organized religion. Although 74% believed that religious/spiritual issues are within the scope of psychology, 67% felt that in general, psychologists do not have enough knowledge or skill to appropriately deal with a client’s spiritual development because it is not included in psychological training.

#### *Therapist Influence on Spirituality as Perceived by Study Participants*

Several studies have shown that a correlation exists between lack of religious beliefs and “overutilizers” of mental health professionals. It was therefore thought that many individuals utilized religious practices rather than seeking treatment (Larson et al., 1986). It would seem that this could be interpreted in a variety of ways. Most obviously, if a personal spiritual belief system was embraced that was non-traditional, those clients may have been falsely categorized as being without religious beliefs. If an individual’s beliefs do not fall within the parameters of organized religion, the options for support through that type of organization are limited and

support might be sought elsewhere. It is possible that people struggling with certain types of emotional problems tend to develop their own beliefs that are not mainstream, precisely because of the need to search the self more analytically. Antithetically, it is also possible that a person who has had the desire to search outside of traditional religion would also have the proclivity to pursue a search for the self through psychotherapy.

None of the women felt their particular spiritual beliefs had been directly influenced by their therapists. One woman felt her spirituality had been a part of therapy in that her dissociative experiences and the imagery had been believed. And yet her spiritual beliefs had never been talked about in therapy because “it didn’t seem relevant” and “it didn’t come up.” This was true of several other women. Others talked about their beliefs when it was “appropriate” and one felt encouraged to do so because the therapist wasn’t judgmental. One therapist was credited by a woman, the participant with the most traditional Christian beliefs, as somehow conveying that one’s spiritual development was an important piece of the recovery process.

It is so easy for social work to convey the impression that the client’s needs can be or will be met exclusively in the physical and psycho-social dimensions, that is through physical health, psychological health or “normality”, and achievement of those socio-economic goals endorsed by a particular society. Yet of course we all appreciate that not everyone can enjoy “perfect health,” be psychologically “normal,” or achieve the socio-economic ideals espoused by society. Do we not then contribute to the encapsulation of individuals at either of these two dimensions, often giving them a sense of inferiority or failure, when we could steer them towards the spiritual dimension where all have equal potential to achieve wholeness and find fulfillment? ... Let our practice, therefore, acknowledge people for what they potentially are, and not only for what we assess them to be (Cox, 1985, p. 10).

### *Internal Self Helpers*

The etiology of the Internal Self Helper (ISH) concept was traced by Comstock (1991) and Richards (1990). In summary of their reviews: As early as Freud, it was known that even the most disturbed individuals possess an internal “detached spectator” observing transactions. Milton Erickson pioneered the use of this observer as an inner resource during hypnotherapy. Also working with hypnotic subjects, E. R. Hilgard discovered that this observing ego can be split off and accessed. He referred to this dissociated part as the “hidden observer” even though he, unlike Erickson, believed that the hidden observer resided in the conscious mind, not the unconscious. R. B. Allison discovered that the hidden observer, which he named the ISH, exists in many multiple personalities.

Adams (1989) conducted a study in which she explored the attitudes and beliefs about ISHs held by 40 clinicians including psychiatrists, psychologists, and social workers. All had been the primary therapist for at least one multiple, but the average number was much higher. The ISH was considered more like a co-therapist by 64% of the clinicians, with advice frequently being sought by 53%. Descriptions of ISHs tended to be about the unifying, organizing, and centering functions they provided for the multiple. Several therapists suggested a more metaphysical presentation such as, an “‘invincible part of the human spirit’ ... ‘a personality fragment used for communication with the Higher Self, one’s own spirit or soul’ ... ‘aspects of the spirit of God’” (p. 142). Allison was aware of the spiritual dimension that many ISHs seemed to speak from and he categorized the spiritual qualities based on three types of self-definitions: “I am God; I am not God-I can make mistakes, but I seldom do; and I am the creation of God, a teacher on the path of the WAY, leading to real inner truth” (as cited in Damgaard, 1987, p. 27).

Comstock (1991) points out that inner guidance is an element of every religion. She was interested in the fact that essentially only one author had written about the spiritual experiences of “dissociative patients”, and to this it should be added that the article she cited was specifically written in relation to the experiences associated with the ISH in DID. This was due, she believed, to the discomfort of clinician’s in addressing issues of a spiritual nature. Her emphasis is on the fact that while the ISH will not cure the client, the skills and resources of the ISH can be called upon and utilized to help in the healing process.

Considering whether a connection exists between the hidden observer, the ISH, and the detached observer in meditation, Richards (1990) points out that the goal of meditation is to increase conscious awareness while dissociation decreases awareness. However it is necessary to consider both the process and the insight from the experience. Richards suggests that it is may be possible for the insights gained during dissociation to facilitate transpersonal development.

One additional difference that concerns the process connected to the experience of meditation and dissociation is that meditation involves moving the waking state into an expanded state of consciousness, and dissociation is about taking an altered state and developing consciousness of that state. The processes are mirrors of one another. They are both dependent on being facilitated by an intrapsychic function. What this would appear to indicate is that the human psyche has a capacity to be

trained, to move fluidly between different states of consciousness, and that all of these states are within the reach of every individual. Obviously, the difference is that meditation is a conscious choice and dissociation is a defense that is unconscious. The common denominator to making both types of experiences both expanded and conscious, is the development of that intrapsychic function which observes and reports. Whether that function is called the observing ego, hidden observer, detached observer, or the ISH when more autonomous, is immaterial to the client needing assistance with the management of altered states. Herein lies the challenge for the clinician.

The multiple stumbles across the powers of consciousness by accident of heritage. What if we were to explore the arenas of consciousness entered by the multiple by volition? It is pursuant upon the student of the mind, the hopeful for the species, and the believers in a Higher Order to seek the ISH within oneself and to push the edges of their consciousness in search of the potential of other selves within (Damgaard, 1987, p. 28).

### *The Dark Night of the Self*

Synonymous with the hero's journey, is the "dark night of the self", what Hale (1992) calls "the descent of the ego into its own dark matrix, the source of consciousness, identity, and awareness - the existential and transpersonal unconscious" (p. 65). Hale emphasizes that it is from this realm that the innate energies of healing are released. Perhaps this is because of the potential for values and ideas to be transformed as they respond to the "deeper existential energies rooted in the archetypal core of the personality" (p. 66), rather than responding to a conditioned, social response. But it requires that the inner turmoil cease so that a new state is able to emerge.

Ultimately, this is the task of therapy. Whatever can be utilized to incorporate that which has been unearthed and exposed through one's experience, should be accessed. The attraction by some of the participants to the arts, mysticism, and meditation practices may have to do with a need to find ways to "structure, integrate, and be enriched by the dark night of the self" (Hale, 1992, p. 84). Surely it is our responsibility as clinicians to embrace the diverse spiritual language that our clients choose to use and to facilitate the search that lies beneath. It could certainly be in their best interest if clinicians had an awareness of the fact that a similarity exists between dissociation and other more controlled processes that access ASCs, and that this domain can offer healing and a deeper meaning to one's life. At this point in time, awareness is the furthest any of us can

travel, because the understanding of the processes are still a mystery, “which is both the precondition and the consequence of revelation” (Hillman, 1975, p.142). Some things simply are.

### *Conclusion*

Osiris, when released from the wood coffer, is recaptured, cut into pieces and scattered. Later he is re-assembled with primary help of the feminine principle; he is integrated, his structures and functions synchronized. This is the process of “remembering” the Self (Osiris). Self-remembering is the central process or technique in Gurdjieffs teaching; self-recollection was a basic concept in mystical Christianteachings. We collect ourselves, our scattered selves; we re-member our connection to the prime source Self (Metzner, 1980, p. 54).

Despite the pain of sexual abuse and the resulting dissociative experiences, despite the years of struggling to gain mastery over a process outside of their control, despite the protracted struggle with the dark night of the self, all of the women who participated in this study developed a strong spiritual belief system with only one of the women maintaining a traditional, Christian concept of God. Six of the women felt there was a connection between their spiritual beliefs and their dissociative experiences. The other two women were uncertain.

Any time that existential ideas are discussed, reliance on unempirical evidence is increased and exponentially refutable. The further one goes from what is measurable, the greater the opportunity for others to invalidate the experience or concept. Centuries of religious dialogue is a testimonial to this fact. There are inherent difficulties in attempting to develop a theory based on the existential experience and subjective reporting of individuals. Additionally, problems exist when attempting to track an existential process which may have been evolving for decades, with many of those years outside the awareness of the individual.

Nevertheless, this study supports the hypothesis that dissociative states experienced during childhood sexual abuse influence the adult woman survivor’s spiritual development. There are many potential variables that emerged as repeated and unsolicited themes, any of which would be worthy of further research.

Cultures throughout the world have used techniques that are dissociative in nature to contact the spirit world, and in fact, during ritual possession “this capability is explicitly encouraged, structured, and controlled by society as part of the cure” (Mulhern, 1991, p. 780). The culture of Western psychology tends to view dissociative phenomena as an

indication that something needs fixing. While dissociation is generally acquired as a defense and appropriately seen by the clinician as being potentially problematic to the individual prior to treatment, treatment etiology has been based on a narrow definition of reality. It is difficult to encourage, validate, or even appreciate the scope of dissociative experiences because of the Western view that the waking state is optimal, with all nonordinary states of reality seen as suboptimal at best and pathological at worst. In many established cultures, these states are sought after and cherished. Those able to gain mastery over them are the most highly revered members of the community.

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Appendix A  
Interview Guide

1. What do you remember about specific dissociative experiences from your childhood?
2. When did they occur?
3. Were you aware of them as a child, or only as you reflected back on the experiences as an adult?
4. How did you make sense out of them?
5. Did that change when you entered treatment? How?
6. Do you still have experiences of a dissociative nature?
- 7.A. (If no) Did you make a conscious effort to end the experiences?
  - a. (If yes) What made you decide to do that?
  - b. (If no) Do you have any idea what made them stop?
- 7.B. (If yes) Is that by choice?
  - a. (If yes) In what ways do you use the experiences now?
  - b. (If no) Would you describe the experiences as problematic?
8. Did your family have a religious orientation?
  - a. (If yes) How did this effect your religious beliefs as a child?
  - b. (If no) Did you develop your own beliefs?
9. Did you believe in “God”?
10. How did you conceptualize “God”?
11. How has that changed over the years?
12. Do you consider your self religious? spiritual?
13. How do you define spirituality? spiritual development?
14. Does it have meaning in your life?
15. How long were you in therapy? all with the same therapist?
16. Do you feel either your therapist or your therapy process influenced your spiritual development? How?