

# Therapist's Page

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## Parenting the Dissociative Child

Over the last ten years my practice has been devoted to the evaluation and treatment of children with severe dissociative disorders. These children come from every social class, race, and family circumstance. Some have been adopted or placed in foster families after years of cruel and sadistic treatment from their original families. Some are living with original families and were abused by babysitters, "friends" of the family or extended family members. Others have congenital birth defects or illnesses and have required repeated and painful medical procedures to ensure their survival. Some have experienced stressful life circumstances of a milder nature, including personal losses, parental conflicts, or disappointments in school. Others have observed interpersonal violence in their neighborhoods or homes. Whatever the source for the particular child, I have found that it is always important to work with the families to help them provide the child hope and optimism, loving protection, and the structure of increasingly challenging expectations within the framework of empathy and understanding. All of this may be easier said than done, but I have found that the vast majority of families that I work with are quick to understand on an intuitive level what the children most need, and are able to provide the kind of environments that can be healing. My research shows that the consistent availability of at least one parent during the course of treatment is the best predictor of a successful outcome for a dissociative child (Silberg & Waters, 1998).

The first thing parents want to know is how much they should interact or develop relationships with the different alters, or the separate aspects of the

self. During the early parts of treatment, I find that it is very important that the parent make some kind of connection with those parts of the child that they have not known about before. However, this can be done very subtly. I ask the parents, for example, when hugging the child, to gently whisper in the child's ear "Remember, I am hugging all of you." It is important that the child perceive that the parent truly accepts the child in his/her entirety. Sometimes I ask the parents to write letters to the child that express appreciation for the whole self. For example, a parent might write "I love how well you protect yourself when you are mad, I love the part of you that can be so cuddly, I love how independent you can be..." In this way the parent can make a connection with all of the fragmented parts and can reframe all of them in positive ways. With children who are adopted, I find that sometimes there are parts of the child that do not feel they have been adopted. In these cases sometimes we will have an adoption ceremony in the therapy in which a doll might be used to represent part of the self, and I have the parents affirm her/his love to this part of the child as well.

Adoption rituals can only go so far, however. It is important that the parent behavior also reflect in day-to-day interactions that the "whole self" is loved. Sometimes parents make inadvertent comments that are shaming to the child such as "Where's that good little boy I know is there?" which can invalidate the child's feelings and again encourage dissociation. One child I work with taught me the metaphor of the "blood pressure cuff" which I often now use with families of dissociative children. This child was afraid of blood pressure cuffs, and we finally traced this fear to a stay in an emergency room, where the child was terrified and the nurse was putting on a blood pressure cuff that was

automatic. The more the child resisted in fear, the tighter the cuff became. This became a metaphor for the child of all experiences in which her genuine attempts to escape from fearful intrusions or to express her real feelings were met with worse intrusion. It became clear that the child perceived her mother as "blood pressure cuff" on certain occasions particularly when she was angry about something her mother had done, and she got punished for expressing her anger. I teach parents to notice when they are being "blood pressure cuffs" and let children have an opportunity to express their real feelings, even rage, safely without punishment or consequence. Parents need to learn to make the important distinction between a feeling and a behavior, and allow free expression of the feelings that are often very intense with dissociative children, particularly in the early stages of their treatment. The parents' ability to validate the children's feelings without being defensive or punishing is the biggest key to success in helping dissociative children heal. For example the child might shout in anger, "I hate you when you do that." This is time for the parent to quietly listen to what is upsetting the child, not to correct the child.

I do not encourage parents to have direct relationships with different parts of the self or to call them by other names. Instead they can refer to them by descriptors—that part of you that gets so angry, or that part of you that likes a lot of attention and acts so young. This is more normalizing to the child. I never encourage the parents to purchase separate items for the different aspects of the child as this can breed competitiveness among the parts and produce more fragmentation and dissociation.

Parents need to learn to help the child access the appropriate states at

the appropriate times. Sometimes families have developed code words that help serve as reminders to the child to have a more mature state present during homework time, for example. The simple phrase "It's time to get it together" can serve this function well (Waters, 19998). Bed time is the best time for younger parts of the self to emerge as it is common for children to regress at bedtime and want cuddling and story telling. Normal children will often regress at bedtime. I tell the child that whatever part of the self presents, they must learn to experience their life with their whole self at all times. This is easier for dissociative children than adults, and they do readily learn to dissolve the barriers with gentle encouragement and practice in therapy.

Some parents feel concerned about setting limits on children for destructive behavior or aggression when the children seem to have really forgotten what they did. Parents should not fall into this trap. Dissociative children need firm limits and even though they may feel sometimes that they are punished for something they did not do, this serves as a learning experience which will ultimately lead to the co-consciousness or full memory that they need. The child can be instructed to discuss the unfairness with their therapist who might provide the environment that will allow the child to remember the behavior that is not acknowledged. However, I do not encourage punishing children for expressing anger, for using curse words, or even for throwing things, if it is done safely with soft objects. Frank destruction of other's property or hurting other people should receive a consequence.

Some adolescents that I treat have

not told their parents about their dissociative fragmentation and prefer to keep it private. If I judge this to be safe for the child and family, I often go along with this, and explain to parents in a general way that the teenager has difficulty with mood control, and that I will be helping the teen learn to manage this more effectively. This seems to work alright and discourages the playing of the "sick role" which can severely prolong the treatment of some teens.

It is important for parents to respect the child's pace in dealing with the traumatic memories of their past. Some children do not want to get deeply into this, and it is not the parents' place to push or force the child to explore things they are not ready to. On the other hand, sometimes, particularly at bedtime, children may want to talk about a fresh memory they just recalled, and it is good if parents can provide an empathic ear at that time. Some children like the opportunity to write things down at bedtime in a journal. There is no right pace or amount of traumatic work that any child should do. The therapist and parent should respect the child's choice here. Clearly if the child is experiencing repeated flashbacks and is flooded with a painful memory, it is an important time to intervene therapeutically to stop that process. I have found that at those times, when more traumatic material emerges, there is always some current stress in the child's life that has stimulated it and maintained it and this is important to investigate and understand completely.

It is easy for the dissociative disorder or the child's past to become a distraction from the real job of childhood, which is to learn, to grow, and to play in a safe and loving

environment. The parent should protect any and all opportunities that the child has to accomplish these goals, and see that the child's unfortunate life experiences do not lead to an overemphasis on what is "wrong" rather than what is "right." I encourage my patients to get involved in hobbies—sports, music, horsebackriding or other extracurricular activities. Parents need to provide the kind of expectations that will encourage growth, keeping in mind that special accommodations will need to be made for the intensity of feelings that the child will display. When scared, the child may get very panicky, but they can learn to modulate this. When angry, the child may feel rage that has been stored up for a long time, but if accepted, this rage will lessen over time. At times, the child may be overwhelmed with sadness, but in time children can learn techniques for restoring themselves to a more even mood. It is important that the parent not overly personalize when the child is expressing intense emotions but see this as the child's adaptive emotional system getting turned on to work properly and welcome this as signs of growth and correction.

Dissociative children in treatment should be getting better. If things are getting worse, it is important to look at whether the family is resistant to the kind of changes that are important for the child's growth, or whether the child is trying to communicate that he/she is still not safe. Family therapy may be needed.

If the child continues to do worse rather than better during treatment, get another opinion. Childhood is too precious. All children deserve a time when they can grow and enjoy the simple pleasures of life.

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