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**Envisioning and Embodying
Empowerment in Dissociative Identity
Disorder: A Case Illustrating the Two-
Part Film Technique**

Sarah Y Krakauer, PsyD

Frontiers in the Psychotherapy of Trauma & Dissociation

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ARTICLE

ENVISIONING AND EMBODYING EMPOWERMENT IN DISSOCIATIVE IDENTITY DISORDER: A CASE ILLUSTRATING THE TWO-PART FILM TECHNIQUE

Sarah Y. Krakauer, PsyD
Williamsburg, VA

This paper describes and illustrates the Two-Part Film technique (TPF; Krakauer, 2006), an intervention characteristic of the Collective Heart model (CH; Krakauer, 2001), a phase-oriented approach to treating dissociative disorders highlighting the client's access to inner guidance. A clinical case is presented to illustrate the central role of the TPF in transcendence of shame in the treatment of a young woman with polyfragmented Dissociative Identity Disorder (DID) reporting extensive incest and ritual abuse in childhood and adolescence. Assumptions are presented regarding the perpetuation of distorted posttraumatic beliefs and self-defeating behaviors—a common source of gridlock in the treatment of DID—and claims are articulated regarding the role of the TPF in helping the client obtain accurate information about her inherent value and her power to heal and thrive. The TPF procedure is described, with special attention to amplification and attenuation of affect and sensation, followed by a detailed case presentation featuring verbatim descriptions of the client's experiences. Finally, the author's rationale for developing the CH model and the TPF technique are elaborated, evaluations of the efficacy of the technique by the client and therapist (author) are presented, significant features of the TPF illustrated by the clinical case

Author Contact Information: Sarah Y. Krakauer, PsyD; 1769 Jamestown Road, Suite 110; Williamsburg, VA 23185; 757-220-4943; sarahkrakauer@gmail.com.

are highlighted, cautions regarding utilization of the model and technique are noted, and further development and empirical assessment of the approach are discussed.

KEYWORDS *Dissociative Identity Disorder, trauma, incest, ritual abuse, polyfragmented, posttraumatic distortions, shame, gridlock, inner guidance, inner wisdom, Collective Heart, two-part film technique, affect tolerance, empowerment, authority*

INTRODUCTION

According to the Collective Heart (CH) model (Krakauer, 2001) for treating dissociative disorders, the key element of healing is the retrieval of personal authority. Modification of the client's distorted, posttraumatic belief that she lacks value and power precedes exploration of traumatic memories and front-loads the therapy process with self-efficacy and hope. This paper presents an understanding of power based on the availability of inner guidance and features one CH technique, the Two-Part Film (TPF) technique (Krakauer, 2001, 2006), for bringing this unconscious guidance into conscious awareness, tailored to the needs of each member of the client's internal system. The treatment approach is illustrated by a detailed case presentation depicting the process by which a polyfragmented dissociative survivor of childhood sexual abuse discovers her inherent value and begins to heal her burdened self-states. ("Polyfragmentation" refers to those Dissociative Identity Disorder (DID) clients who "have many, many parts—perhaps close to a hundred or more parts" [Howell, 2011, p. 57]).

The trauma survivor's knowledge that she was harmed and continues to suffer the pernicious effects of that harm serves to reinforce her belief in the power of the abusive and/or grossly negligent adult(s) responsible for her victimization. Learning that it is not the traumatic events themselves but rather the entrenched beliefs that naturally resulted from these events that cause her continued suffering—that the trauma served, in effect, as a *source of misinformation* about who she is—and discovering that she has access to accurate information about herself that radically alters the client's view of herself, others, and the future.

In reviewing the diverse formulations of inner guidance appearing in the psychological and psychiatric literature, Comstock (1991) and Frederick (2013) concur that the therapeutic benefits of incorporating an inner guidance concept are demonstrable, although empirical support is lacking. Comstock (1991) noted variability among the constructs with regard to whether the source of inner guidance is viewed as conscious or unconscious, spiritual or non-spiritual, and emotionally detached or engaged. Frederick (2013) distinguished "internal self helpers" (ISHs; first identified by Allison,

1974) from “archetypal center core phenomena.” While ISHs are understood as dissociated parts of the personality that verbally convey specific information, advice, and task-oriented assignments in a conflict-free and emotionless manner, the archetypal center core is viewed as a manifestation of the unconscious mind or inner resource state, perceived multi-modally with visual, kinesthetic, and affective as well as verbal and cognitive elements. Frederick (2013) asserted that the archetypal center core promotes profound change in therapy “by supplying internally some of the most desirable elements of the therapeutic alliance: constancy, secure attachment, containment, transitional experiences, nurturing, deep wisdom, increased courage, and . . . opening internal doors to new life adventures and explorations” (p. 50). Frederick listed as examples of archetypal center core energies Fraser & Curtis’ (1984) “center subpersonality,” Watkins and Watkins’ (1997) “center core,” Schwartz’s (1995) “Self,” McNeal and Frederick’s (1993) “inner strength,” Frederick and McNeal’s (1999) “inner wisdom,” and Krakauer’s (2001, 2006) “inner wisdom,” among others.

Frederick (2013) reported mounting clinical support for the assertion that the extensive use of this resource is “notably helpful with both self-care and stabilization. Patients . . . taught to access inner wisdom or inner strength . . . and who incorporate these resources into their lives, are more likely to have enhanced self-efficacy and mastery” (p. 44), “reduced dependency, and progress with developmental repair” (p. 50). Frederick (2013) also listed internal neutralization of shame and promotion of “integration and healthy conscious-unconscious complementarity” (p. 46) as advantages of utilizing the archetypal center core. She emphasized that the patient’s interaction with the archetypal center core is experientially compelling and may produce notable alleviation of symptoms even in a single brief encounter. Frederick (2010) observed: “When therapists reinforce the use of Center Core phenomena as an integral part of treatment with the consistency and faithfulness of Krakauer (2006), we add a powerful co-therapist to the treatment team, one who is there 24 hours a day” (p. 3).

THE COLLECTIVE HEART MODEL

The CH model (Krakauer, 2001) is a three-phase approach to treating dissociative disorders consistent with the current standards of care (International Society for the Study of Trauma & Dissociation, 2011). It features techniques the client uses to access her inner wisdom (IW), which has been renamed by various clients “my collective heart” (Krakauer, 2001), “the inner strength,” “the archives,” and “my wise mother” (Krakauer, 2014). I describe the IW as part of the unconscious mind that has not been damaged by trauma and other deleterious life experiences, a source of accurate information about

the client and how she will someday function as a harmonious whole. By introducing techniques designed to access IW early in therapy to assist handling of daily challenges, the model foregrounds retrieval of inner authority, in effect treating it as a *facilitator* of intrasystemic cooperation and trauma processing, rather than primarily an *outcome* of therapeutic progress.

THE TWO-PART FILM TECHNIQUE

The Two-Part Film technique (TPF) is an experiential technique for dissociative clients wishing to utilize unconscious guidance to modify cognitive distortions, posttraumatic perceptions and beliefs, maladaptive behaviors, and resulting emotional distress. I introduced (Krakauer, 2001) and subsequently elaborated (Krakauer, 2006) the technique as it evolved over time. The latter publication not only provided detailed instructions for implementation, but explicitly acknowledged the hypnotherapeutic underpinnings of the TPF (originally described as a “meditative” technique [Krakauer, 2001]), comparing and contrasting the TPF with similar techniques appearing in the hypnotic literature, notably Fraser’s (1991, 1993, 2003) Dissociative Table Technique. Because titration of affect is crucial to the efficacy of any technique in the treatment of traumatized clients, I (Krakauer, 2006) also considered my approach to titration in the context of contributions appearing in the hypnotic literature by scholars and clinicians offering innovative techniques to help patients tolerate painful material, providing them with adequate visual/emotional distance and other ways of decreasing intensity to avoid overwhelm (Fine, 1994; Fraser, 1993; Kluft, 1992, 1993; Phillips & Frederick, 1995; Putnam, 1989; Spiegel & Spiegel, 1978).

PROCEDURE

Before introducing the TPF to the client, I describe the IW as a unified aspect of the client’s unconscious mind transcending and supporting the fragmented personality system. I explain that the IW understands what the client has already experienced in life and currently struggles with, what resources are available and how they can be utilized presently, and what will bring about the growth and healing he seeks so that he will live someday as a harmonious whole. The client is not encouraged to accept this formulation, but rather to maintain healthy skepticism as he explores what is helpful. It should be assumed that some self-states are understandably skeptical even if others respond enthusiastically, and the former should be welcomed as protective.

Prior to introducing the TPF, the client is offered opportunities to view a single positive internal film in a visualized theater while in an autohyp-

notic state, such as a happy memory from long ago not yet consciously recalled (Dolan, 1991), or the “Vision of Hope for Healing” (Krakauer, 2001) which depicts—in images already accessible to the client—the experience that will be possible later in the therapeutic process. Using a visualized handheld remote control with a dial for sensations and emotions, the client initially views the film with the somatic and affective elements “dialed down” in order to preview the film content. The client then replays the film, experimenting with amplification of the sensations and emotions accompanying the film to produce an embodied experience. This practice is consistent with Steele, Boon, and Van der Hart’s (2016) suggestion that therapists encourage patients “to notice more often what is happening in their bodies and to experience more pleasurable and comforting physical sensations and accompanying positive affect” (p. 486), with the continuous dial empowering the client to discover his “window of tolerance” (Ogden, Minton, & Pain, 2006).

Because this is intended as training in autohypnosis rather than a heterohypnotic intervention, the following procedure is explained to the client before consent for the intervention is sought. After entering an autohypnotic trance state (training is offered to clients requiring assistance; see Krakauer [2001, pp. 94–97] for an example of verbatim suggestions) the client can view internally, in sequence, a set of related films projected sequentially onto a visualized screen by the IW. The first depicts some aspect of a familiar problem in the client’s current life that he is ready to explore, and the second depicts the same situation or dynamic but offers an alternative perspective or behavioral response that he is ready to consider. Note that the therapist does not predict the content of either film, beyond suggesting that a particular dilemma the client has presented in therapy might serve as the basis for the TPF, and the content of both films reflects the client’s emotional readiness. Should more than one member of the internal system choose to view the TPF, each finds his or her own remote control, as self-states vary with regard to affective tolerance and each must maintain safety by controlling activation. (My latest elaboration of the internal film technique involves offering each self-state a “tech check” before viewing an internal film for the first time: Each self-state, in turn, presses the “play” button on his personal remote control to produce the test pattern on the screen and then the “stop” button to terminate it, thereby verifying his ability to start and stop the film at will.) The client views the first film twice—once without, and once with, somatic and affective amplification—before moving on to the second film. Viewing the film with somatic and affective amplification may provide the client with insights regarding which parts of his system become triggered and in what ways, and how this impacts other parts of the system and ultimately leads to maladaptive responses. The client then views the second film without, and then with, somatic and affective amplification. Additional

viewings are at the client's discretion. On the basis of these two embodied experiences—film 1 and film 2—he can determine the deeper purposes underlying his customary strategies and compare means of fulfilling them, thereby making an informed choice to maintain his current perspectives and behaviors or to explore a novel option. For example, he can compare a habitual experience producing helpless rage with the novel response producing greater internal and/or interpersonal well-being, and recognize his power to alter the outcome by utilizing the new perspective or behavior depicted in film 2. It can be helpful for the inner system to discuss their various responses to the TPF before emerging from the autohypnotic state.

DISTINCTIVE FEATURES

While incorporating many valuable features of film and screen techniques described in the hypnotic literature (see review in Krakauer, 2006), there are several features that distinguish the TPF from previously published techniques. The first is attribution of film content to the IW of the client's unconscious mind, which conveys it to the conscious mind via the visualized screen and remote control. The second is the minimally-directive role of the therapist, with explicit deference to the IW with regard to what the client is "ready to consider." The third is present and future orientation, with focus on concrete ways in which cognitions and behaviors can be altered in the here and now. Scenes depicted in the TPF are generally not from the traumatic past, and the goal is improved daily functioning with associated self-confidence, rather than resolution of trauma. (A rare exception is included in the case that follows, in which care is taken to ensure that the client not relive the trauma.) Finally, unlike most titration techniques previously appearing in the hypnotic literature, the TPF relies primarily on amplification of desired affective and somatic experiences rather than reduction of aversive stimulation.

Implicit in this emphasis on amplification is the significance of affect tolerance. We can help trauma survivors "overcome their phobias of inner trauma-derived feelings, thoughts, wishes, fantasies, needs, sensations, and memories" (Van der Hart, Nijenhuis, & Steele; 2006, p. 282) by suggesting they seek out the TPF they are ready to see, with novel response elements they are ready to consider, and with each member of the internal system maintaining control of affective and somatic stimulation. They not only heal their phobic avoidance of emotion, but also learn to utilize and value affect as an essential gift from their IW to help them meaningfully compare options, determining for themselves the most satisfying ways to meet their deeper needs and purposes. They access increased "emotional information" by amplifying the sensations and emotions accompanying the films.

Clinical Applications

In previous publications I have discussed utilization of the TPF in addressing a variety of distorted posttraumatic perceptions and maladaptive behaviors, illustrating how it empowers dissociative clients to experience the unintended consequences of their habitual responses, and the potential emotional and relational impact of alternative perspectives and an expanded behavioral repertoire. For example, I (Krakauer, 2001) described the use of the TPF by a client burdened by social demands due to lack of assertiveness (pp. 177–179), a client whose only response to intimate partner boundary violation had been violent rage (pp. 179–181), and a client grappling with his tendency to use intimidation with others, a strategy based on that of his abusive father (p. 167). Subsequently, I described the use of the TPF by a client with chronic anhedonia and feelings of emptiness who had been feigning social interest, further exacerbating her feelings of hollowness, artificiality, and alienation (Krakauer, 2006).

This article offers the first lengthy case illustration of the application of the TPF to transcendence of the posttraumatic belief that the client's value can be experienced only through desirability to others. Such beliefs are common in survivors of childhood sexual abuse, which is, in turn, a common etiological factor in DID (Brand et al., 2016; Dalenberg et al., 2012). The focus here is on the client's belief that her self-worth is based on "success" as an idealized object for sexual exploitation. Transcendence of this belief is particularly challenging for young parts and those invested in protecting the client from the harm that would have resulted from challenging that belief earlier in life, when she relied on her abusers for survival.

CASE ILLUSTRATION

"Jen" provided written informed consent for the publication of her case material. Her name and that of her husband have been changed, as has other non-essential information. Therapeutic developments are rendered faithfully and are presented almost exclusively through direct quotation, transcribed from videotaped sessions. Although "parts" is generally used to describe the members of the internal system in the introduction and discussion sections of this paper, "alters" appears in the case presentation as it is the term the client had begun using in her previous therapy. While she sometimes spoke of her young alters as "children," she clearly knew they were child alters and was merely using a familiar shorthand.

Jen presented for therapy while in her late 20s. An intelligent married Caucasian with a high school education, part-time student and mother of three, Jen alleged a history of severe, chronic abuse including incest and ritual abuse in childhood and adolescence. Having received previous treatment, she presented with a diagnosis of DID, describing a system with

about 75 to 100 alters. She reported that approximately 40% of her alters were “cult-related.” She described a subset of these as “the shadows,” who behaved abusively toward the other cult-related alters to ensure their continued cooperation with cult-derived imperatives, although Jen reported having distanced from the cult at age 16. I met with Jen for 50-minute outpatient psychotherapy sessions once a week for 13 months before she left the area due to her husband’s employment. Upon termination, she had attained the goals of the first phase of treatment—including stabilization, effective internal communication and cooperation, improved self-care, and increased affect tolerance and impulse control—as well as some integration and sense of identity more typical of later phases of treatment. The focus of this case presentation is on the use and impact of the TPF, and no attempt is made to provide a comprehensive treatment summary.

During Jen’s third session she reported having spent the weekend in jail on assault charges. She described the precipitants as follows. Triggered by an argument with her husband “Tom” in a shopping mall, an angry self-state emerged, saw Tom turning to leave, and warned him not to dare walk away from her. When he continued walking, she went after him and confronted him, he berated her, and she saw herself striking him. The police were summoned by mall security, and she was arrested.

I described the TPF technique and suggested that she and the angry alter—with whom she shared some co-consciousness—view a film about what had happened at the mall, turning up their dials during the second viewing to determine how the alter’s behavior was an attempt at empowerment, and the extent to which it was successful. I suggested that the second film would start out the same way but would convey an alternative means of empowerment for her to consider. Jen and her alter could then amplify the sensations and emotions in the second film in order to assess its relative effectiveness as a means to self-empowerment.

While watching the set of films, she could see how she risked disempowerment by demanding that her husband remain with her: “I allowed myself to be put into a situation where he could manipulate me and try to take control” by berating her. In the second film she saw that when she allowed him to walk away she “took control of [her] own future. It felt empowering and it also prevented the angry part from needing to defend the child [alter],” who had been deeply wounded by Tom’s deprecating behavior. While she saw the approach depicted in the second film as “a good problem-solving approach,” she realized that something was missing: the sense of release the angry alter experienced by defending the child alter from emotional attack. Acknowledging that release is also part of empowerment, I suggested a second TPF depicting first a familiar and then an unfamiliar way to achieve the sense of release she was seeking. The embodied experience facilitated her realization: “Because I didn’t have to fight to

defend the child [alter], that gave me energy to nurture the child." The quality of celebration at the prospect of freedom to make a new choice created the sense of release she was looking for.

The experience provided Jen and her alter with an expanded understanding of the alter's essential protectiveness. This alter then encouraged other alters to avail themselves of the guidance offered by the IW. Within two weeks, this alter assumed a nurturing role within the system. In an internal conference exploring steps the system could take to improve quality of life, the previously angry alter suggested "setting aside some time for ourselves every day" and getting adequate sleep, explaining: "When I don't get enough sleep there's a feeling of worthlessness. I want to give up."

Five months after starting therapy, Jen spoke about what had been most useful in therapy to date:

I can actually stop and think: Is my response going to be one that will empower me or not? I haven't felt the urge to hit since I was in jail. My angry part can ask: "What will be the best response? Will this make it better for the system or worse?" Another thing that's helpful is the idea that the situation is temporary. About 75% of the system gets it now. So when I'm in an uncomfortable or painful situation, like when I had a migraine yesterday, the child alters still need to be reminded. I remind myself five or six times a day.

By using the dial to amplify the somatic and affective aspects of various responses, she had made an important observation: "I've become more conscious of how much energy I'm using. Being angry really does do damage to the body."

The following week Jen reported wanting to get over the feeling of hating who she is, feeling dirty and used, wishing she could be anyone but herself. She reported that "the shadows" had been watching to see if the therapy would interfere with them and were considering joining in the therapy process. Talking through to the shadows, I described them as being stuck with thankless jobs, hard jobs that they felt they had to perform—and then they get blamed rather than appreciated for working so hard. I asked Jen what they were afraid would happen if they took on a new role and did not do their old job. She knew: They were afraid the cult would come after them.

In the following session, having done some autohypnotic work at home, Jen announced:

We've got the fear of the cult coming after us under control. The shadows have become more interested in therapy. Last week had an impact. They picked up on the "thankless job" thing. They're considering what they'd rather be doing. What amazes me is that most of them are children! It's like someone drops the costume and mask, and they're only four feet tall!

Six and a half months after starting therapy, Jen reported that although the circumstances of her life were no better, she felt she was handling daily

challenges better because she could tell herself that she was important. Then she added: “There’s only one area where it doesn’t work—that’s body image and sex.” She reported that phrases played constantly in her head: “How could you do that? How could you make him mad? Now he’s not going to love you.” She reported “the basis of my self-worth has been the way I look, sexual performance and pleasing a man.” (She later explained that she had received preferential treatment within the cult for being sexually pleasing.) “If a man gets annoyed with me, I instinctively feel absolutely worthless. My biggest fear in the world is to be abandoned, not loved.”

I explained how one’s survival in childhood depends on being valued and cared for by an adult. Her child and adolescent alters shared their fears about what would happen if she was not loved: “I’m going to get hit if I don’t do as I’m told.” “I would be tortured and killed.” Others said they would be starved, raped, and “I’ll have to go in a box and be buried under the ground without clothes on.” I told them how sorry I was to hear about their experiences and fears. I explained that when you are young, people who are bigger, stronger, and have more access to resources have the power to help you or hurt you. People who try to help children show them in this way that they are worthy of love and support as they learn and grow. I told her that through the abuse, she had been kept from the truth about her real value, her inherent power to grow and thrive. I asked if her parts were listening, and she said yes, that they really liked the idea that they had power but had no one to help them see it. I suggested that she go inside, see a TPF in which she saw herself as a child, feeling that she was lacking value, but not in an abusive or traumatic context. I suggested that her IW could symbolically show her, visually—perhaps as in a PET scan, with areas lighting or not lighting up to indicate activity or lack thereof—how she perceived her worth at that time. In film two the IW could show her what she could not perceive at the time about her worth. She reported that the scene (which she began to see before closing her eyes) was one in which, at age seven, she had accidentally broken a ceramic bowl, and her mother “chewed [her] out for it.” She closed her eyes to watch the two films, which she described as follows:

Film 1: I saw myself laying on the floor. I felt so bad I wanted to shrink really small. I wished I could disappear into a crack in the floor. Film 2: I saw myself stand up. I grew taller. I had a light inside me, right here [indicating her stomach area]. It was like I was walking on clouds, and singing like a bird. . . . I grew almost as tall as an adult, but I still looked like a child. From a power perspective—I was like an adult!

Jen was amazed and incredulous. “How did I do that?! When I saw myself do that, there was a connection between then and now. The person I am discovering I am now is the exact same person! Just a different body, a different age.” I affirmed that she *is* the same person, just at a different

developmental stage. She exclaimed: "Is that true?! That goes against everything I know!" I explained that her essence has always been within her, but that she did not have adults in her life who were able to mirror it back to her and encourage her to develop it, so she did not know who she was and how valuable she was. She volunteered that this has implications for how, as a mother, she viewed her own children. She could feel that her child parts were very excited about the possibility that this could be true.

In the following session, I asked Jen if her body image had changed at all. Some of her alters had experienced food deprivation in childhood, and she had been including them in her meals so that they could see that food was regularly available and reported that she was no longer gorging herself. But there had been no change in body image. I suggested she view a TPF with the first film depicting her current body and her current experience of it, and the second showing the same current body, but with a different perception. She consented, later opening her eyes to report:

Everyone showed up. They all wanted to work, to benefit everybody. In the first film, I could see myself walking down a hallway. I said to myself that I felt fat and ugly. I feel like I'm not going to get approval and attention from men. That made me feel unloved. In the new video, it was still me walking down the hallway. I was thinking something different: "This is my body. It's not who I am. It's okay to try to be healthy and attractive, but it's not essential for being loved. And the attention and approval I want is not *really* being loved." In the first video I felt worthless. In the second video I felt that sense of peace. I felt a loving feeling toward myself.

The following week, Jen reported an important development between sessions: the spontaneous integration of three alters whose role had been to care for her young children, who felt that their energies could be better used that way. She also said the cult alters were a little confused because this was the first time they participated, and they did not understand "how our worth would not be based on body image and sexual performance." I spoke of how messages from the outside are absorbed as if they are true, and suggested she watch a film about who she was originally and what messages she took in from the environment. She agreed, and afterwards described the experience:

Everyone participated. We split off in the auditorium, one side was cult, one was non-cult, but there was no animosity. They were all eager. I got up first and thanked them for their willingness to work together. I reminded them that if one of us was hurting, we should take care of each other. The question for the first film was: Who am I? The movie was like one of those health movies they show in school with a pregnant woman who was transparent so you could see the fetus in utero. That was me inside my mother. The narrator was saying originally I was created as a unique, strong, beautiful creature in life who had all of the tools ahead of time to live through the things I would have to live through. I had a *purpose*. One of

the things we were given the tools to do is to love. I saw myself being born. From birth to age 16, I saw the messages from my parents and how they affected me. My mother was on one side and my father was on the other. The first message was from my mother. I was a disappointment to her. The words would go into me and I would grow. Then my father said I made messes and got in his way. Then Mom was upset with me because I would upset my dad. My mom cheated on my dad when I was little, so when I was 4 years old, my dad abused me to punish my mom for her infidelity. The message was "I'm going to hurt your daughter because you hurt me." Each time there was a message, I took it in and grew with it inside me. Another message from my dad was "If you don't do what I tell you to do I won't take care of you." Mom was angry if I did sexual things for Dad, and Mom was angry if I didn't, because he would take it out on her. When I was 16, the voice said that I was a unique strong creature, even though we have all the alters, and then we turned the dials all the way up. And then I told all my alters: "We don't have to stay stuck."

The following week, Jen reported that when her child was sick and had to be picked up early from daycare, she felt "a new feeling: the instinct to want to be with him, not a responsibility." (Note that the three motherly alters had recently integrated.) Jen then spoke of one alter who was in a lot of physical and emotional pain. Jen felt very sad for the alter and wanted to help but did not know if she was ready to work on this. I reminded her about one of the foci of the first stage of therapy: building support and mutual trust within the system, but not delving prematurely into traumatic memories. Recalling that in the previous film she learned that love was an innate tool, I asked if they would like to support this alter with love even though we would not be exploring traumatic memories so early in therapy. She agreed and liked my suggestion that she go inside so that the system could surround the alter and observe how much darkness they could see. I explained that the darkness is a visual manifestation of the alter's pain. I suggested that the system could then coordinate their breathing so that they could exhale the light of their love to her. She did so and then described her experience:

We surrounded her. She always lays on the ground crumpled up in pain. We told her we cared about her even though we aren't ready to hear about her memories. We explained that because we love her, we have this loving energy. As we breathed the light, her body gradually relaxed. Our breathing served as an anesthetic: She went to sleep. We made her a bed, and discussed a plan: We'll take turns. Seven of us will repeat the procedure when she wakes up. . . . My tummy feels less tight now. Everyone participated. The shadows . . . were in front. One had a child's hand. They liked the feeling of sharing the light. . . . I'm noticing more peace in my life. I've always wanted this. Now I stop on a daily basis and ask, "Is that in our best interest?"

In the following session, Jen reported being provoked by her husband. She described a strategy she developed to avoid being so reactive to his controlling behavior. She would remind herself: "He's just talking. He doesn't really have the control over me that he seems to have." However, she was aware that not all of her alters were convinced by this. I suggested these alters watch a TPF about the extent to which her husband has authority over her, with the first film reflecting their current perception, and the second revealing a new perspective that might be more empowering. After viewing the TPF she described her experience:

The audience was primarily children and teenagers [alters], not surprisingly. In the first film, we saw Tom's face and heard different things that he said in the last few weeks, blaming me for things that weren't my fault and criticizing me for changing. He was very manipulative, and when he didn't get his way, he sulked. The response, especially from the younger children, was sadness: They should have been able to do something to keep him happy. If they didn't, they were a bad person and wouldn't be loved. The teenagers felt so bad if their body didn't fit the mold of how he thinks his wife should look. In the second movie, he lay on the bed and sulked, and I just walked out. The words on the film were: It's not my job to keep him happy. The next part, about the body image, was: It's fine that he doesn't like me. About the blaming, I explained to the children [alters]: "If you hear that, come to one of the adults in the system who can help you decide whether you did anything wrong." When we turned up the dials, the children [child parts] felt a sense of relief that the adults [adult parts] will handle this.

Jen reported feeling drained, so I asked if she had ever noticed a light inside that is both calming and energizing. She said no, but that she would like to. I suggested that the IW could guide her to a new place inside for this experience. I suggested that all the parts could join her and they could inhale this calm, energizing light. She volunteered the observation that this practice is the opposite of what they had done the previous week, *exhaling* the light to the part in pain. When she emerged, she reported:

A swirling red and black thing sucked us into a tunnel quickly. On the other side there was a ball of purple and yellow with a bubbling effect. It shot out rays of yellow light and filled our chest cavities. My whole body relaxed. I felt myself breathing better. It took the edge off my headache. And I don't feel sleepy. A voice was saying "*I'm being filled with strength, power, and courage to fulfill our purpose as One.*" It was repeated over and over. The word "One" was capitalized. I saw the words, and I heard them. It was a female voice.

When Jen had been in therapy for about nine months, she reported that she had spontaneously recovered a traumatic memory between sessions—a memory of having been abandoned in the woods in childhood—cold, naked, and hungry. She stated, "I think my father split from his conscience,

and I think my mother is a multiple, motivated by fear.” I suggested a TPF with the first film depicting the scene of her being abandoned in the woods with her child’s perception of her parents as authority figures, but *without reliving the experience*. The second film could reveal the same situation, but with conscious awareness of what she just told me about her parents. I told her that in this way she can link her current power with her helpless child-self. She consented and went inside. She then described what she had experienced:

It was like a lecture with the video as a visual aid. The lecture was by the helper-alter, the one who rallies everyone to work together and explains things from therapy to the alters. She explained to the kids [alters], who were scared, that they wouldn’t be back in the woods, and would be able to learn from the experience. She explained the background to them: that Dad didn’t have a conscience, he liked to hurt people for a feeling of power because he’d been hurt as a child, from his own feeling of helplessness. She explained that that doesn’t make it right. And she explained that Mom was acting out of two fears: fear of me being hurt and fear of losing Dad. The film itself was a quick clip of me being buried in the ground. Dad and other men threatened me, saying I could come out when—there the helper-alter freeze-framed the video. Then she said, “Let’s see what was going on with Dad, the helplessness that we now understand.” So I saw the film again, this time hearing his thoughts, how he felt he couldn’t control my mother, so he felt he had to strike out to be superior. The parts could see that this isn’t real power or control. Just before the second part, before the freeze-frame, the helper pointed out the little glow that’s inside of me and said “*See? That’s the real us. It was there even then!*” So we could see our real power and compare it to Dad’s helplessness.

Note that this experience illustrates how a client will sometimes modify my suggestion to optimize it. In response to her account, I asked whether this helper-alter has a different relationship with the IW than the rest of the system. Jen explained: “She hasn’t always been there. She developed when I decided to break away from my abusive past.” I said I asked because here the helper’s role was similar to the IW’s role in the film about being in utero, being born, and incorporating messages from her parents. She told me that the helper does call on the IW ahead of time, that she had not thought to mention any of this to me. I asked if the helper comes up with ideas for inside work herself. She said no, that she remains open to my suggestions.

Jen then accepted a suggestion I made about another TPF involving her perception about her mom’s authority. Afterwards she reported:

Once again the helper called on the wisdom ahead of time. She said: “Does everyone understand the first video? With my dad? Any questions?” One said “He still hurt us.” She said “Yes, he *did* hurt us. And it’s not okay what he did, but the point is to help us see that he didn’t have any real power.” We all opened up our minds in the theater to see a memory

of a time Mom almost choked us to death. Unlike the memory of being buried, I do have the feelings that go with this memory [i.e., the latter is a continuous memory]. I was 15. Mom said I was disrespectful to my dad. She beat me up and busted my lip. I remember praying to God to let me die. Dad stood there and didn't do anything. Afterwards I looked in the mirror and started crying: "Look what my mother did to my face! How am I going to explain this to my friends?" First we talked about the feeling. Then we did the centering, saw the ball of flame inside of me. There it was! I first saw it when I was looking in the mirror. That showed us that I was still beautiful. Even with the split lip. Because it was *me*. Then we slowed the film down to hear my mother's thought process. She saw that my dad was hurt by my disrespect. She was hurt and angry and decided to take it out on me . . . When all these things were happening and I wanted to die, that ball of flame was fighting to keep us alive. We turned up the dials to feel how it felt to know that, how it felt that the power and the beauty were there. It was almost as if the beatings weren't there, they seemed so trivial. We noticed in the video that [Mom and Dad] didn't have the glow, even though we know that each person has the potential.

I asked Jen whether the ball of flame is connected to the IW, and she said, "They're the same thing, they all come from God." (This was the first—and perhaps only—mention of God in the therapy.) Referring to the abuse, she added, "It didn't dent the spirit at all!" This is very significant: The experience of the beating as "trivial" is not a denial of the physical pain or developmental impact, but an affirmation that the *meaning* of the abuse to the client is the most important aspect. What the client sees inside is her psychological reality.

In a subsequent session, Jen reported that she had noticed that she finds it helpful to say to herself: "You've been through something horrible. Be kind to yourself, be good to yourself." Soon after that she reported that she found herself able to have strong emotions without being overwhelmed as she normally would.

Just over a year after Jen began this therapy (and approximately one month prior to her termination), she reported that some of her alters still felt that male attention was crucial to her self-esteem. I suggested a TPF that would help her compare her habitual approach with a new approach she was ready to try. She agreed, went inside, and then described her experience:

The first thing we did was—we all surrounded the alters who go out to get male attention, and gave them a kind of a group hug, and put our energy in the middle, on them, and reassured them that we weren't doing this because we thought they were bad or because we thought they were wrong, but because we wanted to help them. We were told that it goes back to my dad, the main male figure. He never felt we were good enough for him; he disapproved of us. He always criticized us. We never got his

attention; we were never good enough. The only approval we ever got was through the sexual aspect. That was the only time he talked to us like we were good enough. Either that or when he was giving us out to other men. I think I was about eight. That's the age that keeps popping into my head—that was when I think I began to connect the disapproval, the whole thing of—when I'm not giving him sex, I get disapproval. Giving him sex, I get approval. And I realized, that makes sense, because it's all approval-driven. That was actually a difficult thing for them to say; it's so sad, because I can go back and I can *feel*, I mean, I *remember*, the *pain*. I mean—I could even see where he would insult me and turn his back. It was horrible to me. I felt so—worthless. So we talked about that, and then we decided to ask the IW for a way we could deal with this, and the IW suggested that any time any of these alters felt a need to go out and get this sexual male attention, that first they would come tell us, if we weren't aware of it, and we could surround this alter or alters and give them the group hug they need and give them the energy, and we could all have an open discussion, kind of like a reminder of why *we're already good enough*; we already have our *own approval* because we're all part of the same person. Basically, because we *are*. Because we are who we are. And *this is who we are*. Going through this almost like a chanting, a reminder . . . Then we went ahead and did a two-part film to see what this feels like when we do it the normal way, and then how it's gonna feel to do it the other way. In the first film, something I noticed was—we felt how horrible it was, wanting the attention and not having that approval, and how disapproved of we felt when men weren't looking at us; we felt as if there must be something wrong with us. So then we get male attention, then we feel like we've been approved of.

Jen described noticing for the first time that the gratification of her need for approval was interspersed with the pain of feeling disapproval:

Approval/disapproval rushing back and forth, because I would become more demanding, wanting more. I never noticed this before until I saw this film: It felt even worse than before we had the male attention, because in some way it felt that we had failed. Only the initial attention made us feel good, that was it. I had never even thought of that, and I could *feel* it really strongly in the film, how it's *extreme approval*, *extreme disapproval*; it just kept going back and forth, until it just felt miserable; the whole thing felt miserable. And then I started wondering: What's wrong with me? So then we looked at the other film: We were doing the exercise that we had planned to do, feeling how it felt to get the approval from within; and there was a feeling of wholeness and contentedness; and then we saw the man coming into the picture, and it had absolutely no effect, at all, on the approval status! *It felt the same!* We did the exercise, man comes in, it's the *same*. The reaction toward the man was: I don't need this but it's a nice extra if it's something that's worth doing. So I guess instead of it being the main meal, it's an extra side that might be nice. That exercise is so great. It's so

simple, it's always so simple; the best things are so simple: We make a circle, put the ones who want approval in the center, surround them, give them our energy so that they can glow, and feel their light; and then it's kind of an open discussion about our worth and where it comes from. There's such a solidity in that. It's something that I never, ever, knew existed. It's amazing.

I responded: "Isn't it great to know that no one can take that away from you?" Jen replied: "No one can change that—unless *you* let them!"

DISCUSSION

This discussion addresses the rationale for the CH approach and the TPF technique, evaluation of the efficacy of the TPF as demonstrated in the case presented, and cautions regarding application of the TPF technique.

History and Rationale: Development of the Collective Heart Model

As I trained in the diagnosis and treatment of dissociative disorders, I was awestruck by the power of the unconscious mind. I began using meditative or autohypnotic methods for calming the mind and body and focusing attention on unconscious wisdom. I explored ways to empower clients to find answers to their questions and gain confidence that they could elicit inner guidance reliably and relatively independently.

Consistent with the findings presented by Comstock (1991) and Frederick (2013) in their reviews of the literature addressing inner guidance resources, I have found that dissociative survivors of childhood trauma benefit from instruction that unconscious guidance is available to support their growth and healing. Furthermore, I have found that these clients can reliably utilize specific techniques to access this guidance, and can meaningfully assess the value and impact of the guidance received. Although this claim has not been assessed empirically, anecdotal support has been provided (Krakauer, 2001, 2006, 2009, 2014). The case presented here lends additional support by demonstrating the efficacy of the CH model in treating a polyfragmented DID client alleging extensive incest and ritual abuse, with notable therapeutic gains attained within a 13-month therapy. The complexity of this case is significant because the cases comprising the initial series of 12 clients (Krakauer, 2001) tended to be less complex than those encountered by most therapists treating dissociative disorders (Kluft, 2002; Krakauer, 2001).

History and Rationale: Internal Films and the Two-Part Film Technique

I was trained that a hypnotized patient could view an internal film of a traumatic incident, utilizing a dial on a visualized remote control to decrease

affective and somatic activation to render tolerable conscious awareness of the traumatic event, in effect isolating the “K” in the BASK model (Behavior, Affect, Sensation, and Knowledge; Braun, 1988). I reasoned that a technique for titration of affect during abreaction could be adapted to promote the goals of the first phase of therapy. By suggesting the patient view films of desired and reassuring states and developments—past, present, and future—amplifying rather than decreasing experiential activation, I found the internal film modality to be a powerful tool greatly enhancing treatment efficacy. Specifically, the TPF facilitates awareness of inner guidance and fosters agility with increasing and decreasing affective/somatic activation to optimize control, which, in turn, supports transcendence of phobic avoidance of emotion, encourages internal cooperation, promotes self-soothing and regulation, furthers adaptive functioning, engenders hope, supports agency, and maintains forward momentum in therapy.

I created the TPF variation to help clients resolve the current life dilemmas they present in session. Despite the fact that “inner wisdom” may sound elusive or esoteric, by eliciting it regularly via TPFs in a down-to-earth manner, addressing and resolving challenges incrementally as they surface on a day-to-day basis, clients progress quickly. I have found the TPF to be an effective and versatile technique, arguably the single most powerful tool in the CH toolbox for addressing gridlocks.

Because this case dates to 2000–2001, it does not fully and explicitly address some dynamics—notably attachment and shame—currently emphasized in the treatment of trauma survivors. But while shame was not labeled as such, the transcendence of shame—and its role in the reclaiming of inner authority—is arguably the predominant theme of this case presentation. Although the case is not recent, it nonetheless demonstrates the value of the TPF and its role in the healing process. In addition, it centralizes somatic awareness which has subsequently been emphasized in the trauma treatment literature (e.g., Levine, 1997; Ogden et al., 2006; Ogden & Fisher, 2015; Waters, 2016).

Evaluation of Efficacy

First, Do No Harm

There have been no complaints, either formal or informal, in response to this modality. There have been no decompensations or other adverse developments reported or observed. With the exception of one DID client with whom I was unable to form a therapeutic alliance and who terminated therapy within a couple of months, I have used the CH model and the TPF successfully with the dozens of dissociative clients I’ve treated during the past 25 years.

The Role of the TPF in the Case of Jen: Client's Assessment

Verbatim case material presented in this article reflects Jen's subjective assessment of treatment efficacy. She states explicitly that in reflecting on therapeutic gains, she credits the guidance obtained during the TPF. For example, she describes how she learned from the rapid alternation of male approval and disapproval that her own pursuit of male approval perpetuated and intensified the experience of worthlessness and failure. She not only credits the TPF for the content—the insight about her habitual pattern—but also credits the process of experiential amplification as essential to her therapeutic growth. Specifically, she makes clear that her choice to utilize the strategy reflected in the second film is based on the vivid experiential contrast between the “miserable” and demeaning experience produced by her habitual pattern and the “feeling of wholeness and contentedness” conveyed by the second film, viewed as an embodied experience. In the second film she saw herself “doing the exercise that we had planned to do, feeling how it felt to get the approval from within,” and was able to establish an affective linkage between that practice and feelings of well-being associated with inner harmony and freedom from reliance on the interest and approval of others. She explicitly describes the practice that yields a feeling of inner solidity: “We make a circle, surround [the parts who want approval], give them our energy so that they can glow, and feel their light, and then it's kind of an open discussion about our worth and where it comes from.” Similarly, she describes the new feeling of inner peace, and credits the practice of comparing the embodied films experiences with regard to what serves her deeper purposes: “I'm noticing more peace in my life. I've always wanted this. Now I stop on a daily basis and ask, ‘Is that in our best interest?’ ”

The Role of the TPF in the Case of Jen: Therapist's Assessment

This case reflects the broad applicability of the TPF to a variety of clinical challenges. In effect, Jen uses the modality to find answers to such diverse questions as the following: (1) How do I currently seek power, how effective is my approach, and what potentially useful alternative am I ready to consider? (2) What would I experience if I implemented an alternative? (3) How do my habits maintain shame and other aspects of poor self-regard? (4) How can I know who I really am, since my parents were not able to reflect my worthiness of care and my power to grow and thrive? (5) How can I connect who I really am with the young parts of myself who still see themselves through the lens of debasing life experiences? (6) How can I respond to my husband differently even if his behavior does not change? (7) How can I respond to parts who have impulses I do not wish to indulge, while being welcoming and loving to all parts of me?

In evaluating the efficacy of the TPF in Jen's treatment, several features are worth noting. First, angry and coercive parts are motivated to examine their habitual roles with striking rapidity, and quickly recognize the gratifications of inner communication and collaboration. For example, the angry, physically aggressive self-state was motivated by the TPF experience to cooperate within the first few weeks of therapy, which, in turn, energized the therapy considerably. Within two weeks of the initial TPF, this part had assumed a nurturing role within the system, highlighting the importance of self-care for the rest of the system, and reminding the others that inadequate sleep leads to feelings of worthlessness and resignation. A second example is the impact of the TPF experience on "the shadows." After only about five months of therapy, they were spontaneously motivated to examine their "thankless" role of policing other alters and chose to participate in therapeutic efforts to heal the system.

Incidentally, another DID client shed light on the process by which the TPF promotes change in fiercely protective parts—who are often experienced as highly resistant and threatening. This client observed that viewing the two behavioral responses with affective and somatic activation permitted her enraged part to see that her habitual—apparently ego-syntonic—violent response "doesn't make her happy. It keeps her in a miserable rut, where she doesn't think there are any other choices" (Krakauer, 2001, p. 180).

A second notable feature in Jen's case is the success of the TPF in promoting depth work while minimizing the risk of triggering the client outside the window of tolerance. Jen appears to have internalized a self-protective approach to growth work from the ongoing practice of asking her IW for what she is ready to see, consider, and explore, and what is in the best interest of the system as a whole. She actively utilized this. For example, her system brought "loving energy" to a part that had apparently been suffering acutely in isolation—while explicitly avoiding premature disclosure of traumatic memories. Cautious depth work is also illustrated by Jen's response to my suggestion that she use a TPF to explore her traumatic memory of having been buried in the ground without reliving the experience, incorporating her new awareness of her perpetrators' impairment. The "helper-alter" reminded the young parts beforehand that what their father did was "not okay . . . but the point is to help us see that he didn't have any real power," and she initiated a freeze-frame technique to prevent overwhelm. While re-viewing the film with affective and somatic amplification, she made sure the young parts experienced "the little glow that's inside" even in the midst of the abuse, labeling it "*the real us*," and adding "*it was there even then!*"

A third significant feature of this case is the iterative manner in which a variety of TPF experiences (and other internal films) are offered over time as Jen grapples with entrenched shame as a sex object. Even when some of

the older alters began developing internal locus of control and identity with resulting positive self-regard, Jen observed that for other alters her “value” remained wedded to her role as a desirable object for sexual exploitation. Specifically, when the cult alters first participated in viewing a TPF, Jen reported that they did not understand “how our worth would not be based on body image and sexual performance.” Later in therapy, Jen saw in a film how male disapproval triggered in her younger self-states feelings of sadness, inadequacy, self-criticism, and fears of abandonment.

Of course, transcendence of shame is also a function of challenging the perceived authority of significant childhood figures. Inside work heightens Jen’s awareness of the lack of genuine authority behind the parental behaviors that “informed” her sense of self. As she sees how these behaviors were a function of the parents’ own vulnerabilities and fears, they gradually lose their authoritative grasp on her and are supplanted by compelling experiential evidence of her enduring value.

A fourth notable feature is the striking therapeutic progress between sessions reported by Jen. While clients make significant progress between sessions in all productive therapies, it appears likely that the client-centered nature of this approach encourages recognition of the client’s inherent creative power, optimizing initiative outside of session. Examples of Jen’s progress between sessions include the assumption of a new nurturing role for the angry, retaliatory alter within two weeks of her initial TPF; Jen’s practice of asking herself what is in the best interest of the system—a question frequently included in formulating a subject for a TPF; the decision of “the shadows” to join the therapeutic collaboration; and the spontaneous integration of the three motherly parts who realized their energies were best utilized in seamless functioning.

Finally, the TPF appears to have been instrumental in accessing the inner treasure that Şar refers to in his statement that dissociation “serves to ‘safeguard’ the potential of regaining the hidden preserved treasure” (2017, p. 13), an image reflecting the inherent sanctity and value of human life. His phrase—“the hidden preserved treasure”—perfectly captures what Jen experienced in the context of TPFs. She first described it as “a light inside of me” representing her inner value that her parents were unable to experience and mirror. Ultimately, she saw this hidden treasure as a “ball of flame inside of me . . . that showed us that I was still beautiful. Even with the split lip. Because it was *me*.” She reported having seen in the film that while “all these things were happening and I wanted to die, that ball of flame was fighting to keep us alive.”

Perhaps the essence of the “hidden preserved treasure” is the innate capacity for attachment and love, paired with this unconscious fight for survival even when the attachment system—which should work to promote survival—has failed. Jen was given an inspiring narrative of her origins and essential nature:

The narrator was saying originally I was created as a unique, strong, beautiful creature in life who had all of the tools ahead of time to live through the things I would have to live through. I had a *purpose*. One of the things we were given the tools to do is to love.

Similarly, she was provided with a compelling visual, auditory, and somatic message about her fundamental inner unity and her capacity to manifest it in her life. The mobilization of this oneness is described as inextricably linked to her purpose in life: "A voice was saying '*I'm being filled with strength, power, and courage to fulfill our purpose as One.*' It was repeated over and over. The word 'One' was capitalized."

By introducing the client to her inherent unconscious wisdom and to the TPF as an ideal way of accessing and assimilating guidance incrementally—in the context of daily challenges and in the "best interest of all concerned"—we support the client's ability to experience oneness early in therapy. Jen's growing ability to affirm her essential oneness is reflected in her new practice of spending time with her parts to provide "a reminder of why *we're already good enough*, we already have our *own approval* because we're all part of the same person." In this sense, this case demonstrates a pathway to significant integration in Phase 1, despite the severity and chronicity of the trauma history and the complexity of the system. Reclaiming the hidden treasure relatively early in the therapeutic process provides the client with an essential foundation supporting all subsequent work.

Cautions and Future Implementation

Cautions Regarding Utilization of the Collective Heart Model

As discussed elsewhere (Krakauer, 2001), all therapy is suggestive. Without at least an implicit suggestion that the client is worthy of the therapist's care, for example, or capable of experiencing more pleasure and satisfaction in life, it is hard to imagine establishing a therapeutic frame and relationship. The real issue is whether suggestions are made responsibly.

Central to the CH model is the suggestion that inner wisdom is available to the client and can be accessed using specified techniques for guidance, growth and healing. As discussed earlier, approaches based on diverse formulations of inner guidance have been observed to be clinically useful, although empirical investigation has been lacking (Comstock, 1991; Frederick, 2013). Some scholars have expressed misgivings about the notion that dissociative patients can draw on an unconscious resource that is unified and intact, but without censuring the approach. For example, in reviewing Krakauer (2001) Kluft wrote: "This reader is skeptical of the concept, but has less trouble with the technique of using 'it.'" He continued: "In my practice, if such an entity is encountered, I will engage it in the therapy, but if one is not, I will not endeavor to suggest or construct one" (2002, p. 57).

In his review of Krakauer (2001), Somer (2006) acknowledged that despite his initial skepticism about the central assumptions of the model,

I found Krakauer's idea of a universal healthy personality core compelling enough and intuitively acceptable enough to begin applying it myself in my own clinical work. In that sense, I am happy to be able to add some additional preliminary anecdotal evidence: the concept and the treatment model seem to be helpful and relevant in an Israeli clinical setting as well (p. 107).

My assertion is that this approach is suggestive but not misleading or irresponsible as long as it is offered respectfully, with an emphasis on informed consent. Inner guidance is presented as a resource that has been found useful by other clients, and the therapist honors and supports the client's skepticism and concerns. Although Jen was immediately willing to explore what inner guidance might be available, another client's reluctant response presents an opportunity for the therapist to demonstrate respect for any and all parts who may have a wider range of "protective" strategies. The therapeutic value of the guidance is usually apparent to the client and therapist (this case is highly representative in this regard) but should be further explored if it appears questionable (Krakauer, 2001), as discussed in the following section.

Cautions Regarding Utilization of the TPF Technique

Suggestions for implementation of the TPF appearing in the body of this paper reflect a number of relevant cautions. (1) It should be assumed that more than one self-state may want to view the TPF, and each should be directed to find his own remote control and determine that it is functional, practicing by activating and clearing a static "test pattern" before viewing an internal film for the first time. (2) The client is instructed to "dial down" the somatic and affective accompaniments during the initial viewing of the film so she learns that she will maintain control and remain within her window of tolerance. (3) Care is used in wording the request for guidance: The films will reflect what the client is *ready to know* about her current beliefs and behavior, and what alternative perspective and response she is *ready to consider*, in the best interests of the system as a whole. (4) The avoidance of premature exploration of traumatic material is frequently incorporated into the framing of a TPF. For example, if the subject of the first film is how a part's habitual behavior has been "protective," the therapist specifies that the film may show how the part has helped in a "relatively neutral" or "challenging but non-traumatic" context. (5) The therapist is cautioned not to predict content beyond a general suggestion that the first film will depict something about whatever difficulty the client has presented, and in the second film the IW will offer an alternative response or perspective the client is ready to consider. The impact of the film will be far greater if the client knows it was not suggested by the therapist.

An additional caution should be noted as well. On very rare occasions a client has reported that the second part of a TPF depicted an alternative behavior that struck me as unhealthy, but with experiential amplification the behavior was gratifying. In such cases, further exploration is necessary. In my experience, it's helpful to suggest that instead of stopping the second film where it appeared to end, the client can let the film continue, watching and amplifying the aftermath of whatever behavior or interaction was depicted. In this way, a retaliatory behavior that produced a surge of gratification, for example, is seen to set the stage for a far less gratifying aftermath—perhaps a feeling of smallness and meanness or increased internal polarization.

By observing these cautions, the clinician can proceed with confidence, inviting the dissociative client to utilize her autohypnotic ability to access readily available guidance. Readers are encouraged to comment on this approach and to explore applications, modifications, and elaborations; to publish their findings; and to empirically assess the treatment implications of this modality. For the present, this case is offered in support of the claim that dissociative clients benefit from accessing inner guidance via the TPF to transcend internal and interpersonal obstacles to growth, healing, and harmonious functioning, and to facilitate the reclaiming of personal value, power, and authority—the hidden treasure preserved by dissociation.

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