

# Listening to the cries for help from within

Allowing clients to give voice to their internal parts is the key to helping them heal from childhood trauma, says **Gill Frost**

**I**n the Western world we are longing for a single self, but in truth, 'we are "associated multiples" - if we're lucky and had a parent who loved us.' Valerie Sinason's words often come back to me loud and clear, even though it's several years since I attended one of her training days. She is an expert in the field of dissociative identity disorder (DID), which used to be called multiple personality disorder. This particular seminar was entitled 'One Voice or Many'?

Sinason's thoughts about multiples' resonate with those of Carl Jung (who introduced us to the concept of archetypes<sup>2</sup>) and Richard Schwartz (who founded the model of Internal Family Systems<sup>3</sup>). Whether we like it or not, we are all made up of different parts, and this can make life difficult. How often do we find ourselves in two conflicting minds or experience an internal lack of harmony?

It can be particularly unsettling when we discover that we don't really like some parts of ourselves. I, for one, can feel very uncomfortable when the selfish or judgmental aspects of me become activated. I'm so much happier when I'm operating from my generous or fun-loving personas. Although it's easier said than done, the ultimate challenge for us all is

to try to get to know, understand and respect the various facets of ourselves, including those we find less attractive. If we can do this, we will reap the benefits of becoming more integrated - or 'multigrated', as Sinason calls it.

As well as parts of ourselves that display certain traits, we also have younger parts living inside us who frequently play significant roles in our daily lives. This is because it is the little ones within us who contain deeply held emotions, even when we're not conscious of this. Consider for a moment the times we find ourselves in states of distress, fear or rage. So often this is due to our internal young ones being triggered in the here and now by painful memories from the past.

It is my belief that all of us have experienced some degree of childhood trauma, even when

we've grown up in a safe, loving environment. This may be because a family member, or someone important, has treated us unkindly or thoughtlessly or hasn't met our essential needs. Consequently, we will have experienced pain, fear or neglect.

It's essential that we spend time getting to know our own internal selves, in order to be authentic and effective practitioners. It's also important that we pay attention to significant internal parts of our clients, especially the frightened, hurt and angry young ones. They will have been holding onto these distressing emotions since the traumas occurred, way back in childhood. This is largely because little ones usually find it too frightening to express such feelings, especially to the very people who are letting them down or doing bad things to them.

Sadly, this means that children who are abused in the home become 'unseen and unheard'.<sup>4</sup> As a result of this, these traumatised parts need us, as therapists, to be particularly sensitive listeners, if they are to trust us enough to open up. However, when we are able to listen effectively, we are in a better position to hear the cries for help that come from within. We also discover a deeper sense ►

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of relating and more healing outcomes from our therapeutic work.

For some clients, their internal parts can be hidden within and when they appear, they 'take over' the client, to the extent that a different persona comes into view. This is what happens with DID. It is a complex defence mechanism that develops when children experience terrifying abuse - often including that of a sexual nature - from parents or those who are care-givers. When infants can't trust the people who are supposed to love them and look after them, it becomes impossible to form secure attachments. In order to survive, these young ones need to cut themselves off from the trauma by means of dissociation. In later years these traumatised parts, who hold the dreadful memories and emotions attached to them, come out of hiding and make themselves known. They are seeking help and healing.

#### Working with DID

Over the years I have been privileged to work with two clients who presented with DID. In both cases I've worked extensively and intimately with their younger parts, or 'alters', as they are often called. The first time I met a younger part, I felt shock, compounded by the fact that I knew very little about DID. Even though I had a master's degree in psychodynamic counselling and had been an accredited therapist for decades, I had never received any mainstream training in dissociative disorders, and neither had any of my colleagues. Instead, I had to actively search for information.

In addition to some helpful specialist books, I was very grateful for a number of excellent workshops and seminars that I accessed through independent training companies. I would have been lost without the teaching and input from individuals such as Sinason, Suzette Boon and Carolyn Spring.

**'By "coming out" and meeting me, these diverse little ones have made clinical theory come to life'**

Equally shocking is the fact that medics appear to receive no training in this area either. Consequently, none of the doctors, psychiatrists, psychiatric nurses or clinical psychologists who saw my first client, Vivian, in various surgeries and psychiatric hospitals, were able to diagnose DID.

Because of this lack of training in dissociative disorders within the therapeutic and medical worlds, DID is frequently undiagnosed or misdiagnosed, often as schizophrenia. As a result, there could be huge numbers of people in the UK with DID who are left to suffer with distressing symptoms of overwhelming trauma. These patients have high levels of suicide and other self-harming behaviour, and often require expensive treatments, including hospitalisation,<sup>5</sup> as Vivian did.

Surely it's time we addressed this dreadful situation? In a world where sexual abuse is more prevalent in families than we hardly dare to admit, it isn't surprising that DID is not rare.<sup>6</sup> In fact, according to research, which does vary considerably, between 250,000 and two million people have DID in the UK.<sup>7</sup> These figures imply that there could be more people with DID than schizophrenia in Britain. The way in which medics and therapists are trained needs to be reviewed, with dissociative disorders included on more curricula. Only then will we be able to offer those with DID what they deserve.

#### Learning from little ones

It is difficult to find words to express how much my two DID clients and their alters have taught me. I am indebted to them for showing me, in such a dynamic way, how vital, clever, loveable and fascinating internal parts of us are, when we really get to know them. By 'coming out' and meeting me face to face, these diverse little ones have made clinical theory come to life - literally. It's one thing reading about archetypes or internal parts, but quite another to actually meet them and enjoy developing a relationship with them.

If you were to meet Little Vivvi, I'm sure she would enthral you. She's a bubbly, chatty six-year-old, who is warm and engaging, with a great sense of humour. However, behind her smiley face and lively demeanour, she has sometimes been totally overwhelmed with distress and terror. This is because of the shocking abuse she was made to endure by

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members of her family. It was an unbelievable relief for her when at last she was able to express these intense emotions through words, tears, actions, gestures and drawings.

Izzy, who is part of the same internal family, is two years older than her 'sister', Little Vivvi. She is mature beyond her eight years, being thoughtful and wise, preferring to listen rather than talk. Because of this, Izzy has responded to similar trauma and abuse in a different, more silent way. Often, she has appeared frozen with fear or taken over by panic attacks. In reality, Izzy and Little Vivvi live within Vivian, a middle-aged client of mine. They are very dynamic younger parts of her. Along with other aspects of Vivian, they have been shaped and deeply traumatised by extreme childhood abuse.

Until Vivian reached her 50s, she had no conscious awareness of her younger parts and hardly any memories of the abuse they had suffered. She had been in therapy with me for several years before Little Vivvi started 'coming out'. Her first appearance was when Vivian was a residential patient, for a year, in a psychiatric clinic. When I heard about Little Vivvi, I was deeply concerned. How could I really help Vivian in our future work together once she returned home and resumed therapy with me?

#### Energy psychotherapy

I realised that talking therapy alone would not be enough and researched the idea of working 'energetically' with Vivian, in order to relieve the deeply embedded - and embodied<sup>8</sup> - traumas that Little Vivvi had been holding onto for so many years. I was interested in different modalities, such as Emotional Freedom Techniques (EFT), which is often referred to as 'tapping', but eventually I chose to train in an energy psychotherapy called Advanced Integrative Therapy (AIT).<sup>9</sup>

AIT is designed to be integrated with talking therapy, and works by clearing blocked trauma

from the body, mind and spirit. It is based on the premise that fears, anxieties, depression, phobias, unhelpful or unhealthy behaviours and negative beliefs originate from earlier trauma or difficult life events. It is also believed that traumatic memories leave a charge in our energy and nervous systems and become triggered by experiences in the present. AIT aims to reduce and remove these charges.

Trying to describe how AIT works is a challenge. I'm aware that the procedure may be difficult to visualise or comprehend, and you might think it sounds the weirdest treatment you have ever read about. If so, you are not alone. Indeed, Vivian thought it was very strange and had to suspend disbelief about AIT at first. But when she started reaping the rewards, she had to admit that it really did work.

The first vital step for the therapist is to help the client discover and discuss the traumas or difficulties that underpin the presenting problems. Then it is necessary to formulate simple core phrases that encapsulate these issues. After this, the client is encouraged to focus on these phrases, as they place their fingers or hands on different energy centres of the body. The centres used in AIT treatment are based on the chakras associated with yogic tradition. Although it is a powerful therapy it is a gentle way for clients to remember traumas without feeling the overwhelming emotions attached to them.

#### Young parts and AIT

Although AIT really helped me prepare for Vivian's return from hospital, I was shaken up when Little Vivvi first came out in the therapy room. The switch from adult to child was unexpected and sudden. Vivian no longer looked or sounded like a middle-aged woman. She had been taken over by someone very young, who had the voice and mannerisms of a six-year-old. It was as if Little Vivvi couldn't hold onto her terror any longer. She needed to talk about the dreadful things that had happened to her and how scared she felt about them. She desperately needed someone to hear her story and know about her distress, as well as believe and accept her for who she really was.

From the outset of my work with Little Vivvi, I was extremely relieved and grateful for my recent training in AIT. It soon proved

to be an effective godsend. Unlike some of my adult clients, Little Vivvi didn't seem to think this energy treatment, which she named 'wooshing', was weird. Nor did she want to know how or why it worked. She approached the therapy with a refreshing innocence and acceptance.

When Izzy appeared, three years later, she too accepted and appreciated the amazing benefits offered by AIT, or 'calming therapy' as she called it. In fact, energy work became the enigmatic ingredient that enabled Little Vivvi and Izzy to experience freedom from the suffering that had dominated their lives. I was so moved and amazed by what happened between us all in the therapy room that I wrote a book about our experiences, *The Girls Within*,<sup>10</sup> which is published this month.

Recent research seems to show that I'm not the only one who has witnessed positive results from using energy-based therapies. Indeed, there is a growing body of evidence that indicates the effectiveness of combining certain cognitive and energy techniques.<sup>11</sup>

#### Reflections

As I look back over my 35-year career as a counsellor and psychotherapist, I am saddened to think of the clients I was unable to really help because of the cues I missed or misunderstood. There were undoubtedly younger parts of my clients who were trying to communicate with me, but I couldn't respond. I wasn't ready or able to understand them.

However, if we could all start listening to the cries for help that come from within ourselves and our clients, we could begin to turn the tide of ignorance and neglect and, in doing so, make a positive difference to our collective mental health. By taking notice of internal young ones, we can enable them to demonstrate the amazing power they have to bring about healing. ■

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About the author

**Gill Frost's** 35-year counselling career has included working with couples at Relate, students at Warwick and Coventry universities and in private practice with individuals with problems relating to childhood trauma and abuse. She was also a tutor and lecturer in psychodynamic counselling at Birmingham University. Now retired, her book, *The Girls Within: a true story of triumph over trauma and abuse*, is published by Phoenix Publishing House. [www.gillfrost.co.uk](http://www.gillfrost.co.uk)