Living in a Cooperative Self System

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Part One
Understanding Self System Splitting
Types of Self Systems

The DSM psychiatric diagnosis is D.I.D. or Dissociative Identity Disorder. I object to the term “disorder” as I believe it is stigmatizing, so I refer to dissociative disabilities and multiple self or dissociative systems. The typical characteristic of concern to many survivors and their companions is the issue of split-off or multiple experience, which is the topic of today’s workshop. The problems that are a result of chronic dissociation are what I refer to as dissociative disabilities, but this does not deny recognition of the talents and survival capacities that are a result of the dissociative abilities of individuals and self systems.

The terms I’ve coined to describe typical systems are based on experience, observation, and in-depth conversations with a large number of people with dissociative disabilities. Many of these conversations specifically addressed the issue how of traditional diagnostic categories fit and fail to fit the experience of the individual self system.

The most helpful thing for a person with a dissociative self system to remember is that they should define their own experience through observation, rather than attempting to “fit into” a diagnostic description. The act of observing and attempting to describe and organize one’s view of the system reveals the specific impediments to integration, and also suggests strategies to accomplish it.
Multiple Self Systems

- "Classic" multiplicity
  - Discrete identities
  - Usually has dominant host identity
  - Historical context in primary identities
  - Characterized by amnesia barriers

"CLASSIC" MULTIPLE:

A classic multiple is one who fits DSM-IIIR\(^1\) diagnostic criteria. Essentially, it is a multiple with long-standing vertical splits; distinct separation, affective (responsive feelings) range and individual histories within the Self. Classic multiplicity is actually less common than other types of dissociative self systems, especially situation splitting and the temporary sense of multiplicity that comes with the event of intrusive encapsulated trauma states. Although a classic multiple system is one where the life experience has been shared by alternating identities, they frequently also have previously inactive suppressed alters who surface for integration during recovery.

This type of multiple system tends to be functionally stable outside the window of post-traumatic episodes. (That is, when the person is not exposed to trauma triggers.) The self-system difficulties, apart from issues that are directly related to trauma, tend to be the more rigid amnesia barriers that are typical in highly organized multiple systems, and the greater investment in time, diverse experience, extended gender identity, and relationships held by different primary alter selves.

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\(^1\) I realize this DSM is outdated, but it is the last manual that includes Multiple Personality definition, rather than the more modern Dissociative Identity Disorder diagnosis. This limited diagnosis suits my discussion in this section.
SUPPRESSED OR “SLEEPING” MULTIPLE:

During the process of growing, people who are multiple as children sometimes seal off or “kill” alter after alter, since the splitting is part of a traumatic history. Alter selves often have developed coping skills that lead them into patterns of revictimization, which leads the self system to continue to attempt a form of singleton reorganization. There is sometimes the unconscious decision that “that self didn’t work,” so the overall self keeps trying.

Another factor is that of significant life changes that precipitate a decision to suppress all parts of the self but one. These life changes are particularly those that provide some restorative experience or a protected environment, or those that motivate supreme efforts of control, such as the birth of a child. In this case the dominant alter may have no conscious memory that gives them awareness that they ever were multiple.

This strategy is time-limited, depending on the continuing stresses that the person is subjected to. A sleeping multiple might be able to suppress alters for a number of years, paying the price in somatic symptoms and in behaviors that serve to keep the traumata somewhat controlled. This dominant, or “host” alter, may enter therapy with sufficient conscious history at that point that they are not actively multiple, nor do they fit DSM diagnostic criteria. As they begin to work on self, their alters begin to awaken. This pattern should not be confused with iatrogenic splitting, which is a result of traumatic bonding and compliance with an expectation of increased attention from the caregiver.
Multiple Self Systems

Polyfragmented multiplicity
- Large number of superficial identities
- Shifting host identity
- Limited historical experience in most or all identities
- Combination of long and short-term memory amnesia

POLYFRAGMENTED MULTIPLE SYSTEMS

Polyfragmented multiple systems seem to be very daunting in the early stages of recovery. The experience can be chaotic for a host who is seeking therapy, and the number of alter selves can seem to be overwhelming. When there are such large numbers of alters it is important to concentrate on the underlying issues of trauma, rather than attempting to work in depth with individual alters. Polyfragmented multiples cope with trauma through rapidly shifting in situational groups, so therapeutic interventions should be directed toward working in groups of selves. It is helpful to identify the functional organization of the system, mapping the natural groupings of alter selves and working to facilitate co-consciousness at a group level. Simple ADL group task assignments are also recommended as a rehab practice.

Video-taping can be especially helpful in bringing a more cohesive group awareness, although it may at first seem to stimulate the rapid switching that is typical of this type of multiple system. The facilitator and/or host can aid this process by remaining calm and accepting in the face of the rapid shifting, and addressing the group as a potentially more coherent co-conscious self state. When the self system reviews the video tape it should gradually help to develop continuity of consciousness.

Commonly, in the case of polyfragmented self systems, the most mature alter selves are adolescents, because the high number of alters precludes sufficient experience in any one alter to develop adult maturity.

While initially this type of system may seem more difficult to work with, it is often true that integration and fusion is more rapid as the primary trauma issues are resolved because the individual investment in outside world experience, which naturally reinforces the separations in alter selves, is relatively superficial in contrast to classic multiple systems.
### Types of Self Systems

- **Situational Splitting**
  - Shifting personality organization
  - Host identity changes in response to situation
  - Historical context is of “single” identity without coherent memory
  - Amnesia is usually partial

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**SITUATIONAL SPLITTING**

Many survivors of severe childhood abuse split off the trauma memories without splitting into separate identities. They often develop response patterns that organize around the state dependent learning dictated by this traumatic splitting off from the stream of normal consciousness and memory. Long-term abuse, especially familial abuse which is denied within the household, can exacerbate a tendency to dissociate behavior patterns that feel distinctly individual and seem to lack a sense of continuity of personality, without there being a discrete, separate identity. For example, a person with situational splitting might have a very distinct “work self,” “sexual self,” “defender” or “child” where there is still a sense of being a single identity, although from one situational split to another the person feels a sense of alienation and, perhaps, disavowal.

People with situational splitting often utilize nicknames that fit the adopted personality traits. The important differentiating characteristic is of a relatively coherent stream of consciousness from one state to the next.
**Types of Self Systems**

- Intrusive Encapsulated Trauma
  - Single dominant identity
  - Temporary intrusion of past identity states
  - Historical context intact with amnesia or partial amnesia for trauma

**INTRUSIVE ENCAPSULATED TRAUMA**

Many trauma survivors experience a transitional multiplicity during recovery. This happens when they have encapsulated trauma or traumas in their developmental history — sometimes known as “horizontal splits”. In the process of recovery these encapsulated traumas open up (are brought to consciousness and made available to memory) to be worked on. These encapsulated traumas tend to embody a past developmental stage that is either consistent with the time of the trauma, or is the regressive reaction that formed around an initial trauma. Sometimes the trauma has been so severe that significant developmental potential has become arrested in the split off part of self — therefore never having contributed to the maturity of the individual. If this is the case, these split off parts of self are not able to fully integrate or fuse with the self when the trauma itself is integrated, because there is growing that needs to be done. If these splits are significantly separated from the stream of adult consciousness, the person might become multiple during the recovery process.
Amnesia Patterns

When a child splits in response to the pressure of mutually exclusive demands, the subconscious, externally defined sense of contradictory self resides in the split. This causes information that passes through this subconscious barrier to become distorted by this information. For example, if a child has been forced to split to become both weak and tough, the weak self will perceive the tougher self through their resemblance and introjection of the perpetrator, since it was the persecution of the perpetrator that both caused the split and modeled the survival behavior. The tough self will, likewise, perceive the weaker self through the viewpoint of the supposed faults that justified the abuse to the perpetrator. Neither viewpoint is accurate, since the behavior pattern and demeanor was a product of the survival necessity and both patterns were forced on the child from the outside.

The distortion of information can “blind” one or another alter self to significant details of the other self’s experience, or cause a profound misinterpretation of events, which causes the distortion to function as a partial amnesia as to the experience of the overall self system.
How splitting functions and changes during recovery:

This simple graph represents a typical type of vertical splitting found in dissociative self systems. It is the type of splitting seen in what would be diagnosed as a classic M.P.D. or D.I.D. in adulthood. When a person with this type of dissociative system presents themselves for therapy, the self system has usually been able to organize primary alters or alter systems to handle the activities of daily living. The vertical lines represent the amnesia barriers between alters or alter systems. These barriers might be permeable, in the case of one-way and partial amnesias. The horizontal line between the past and the present represents the amnesia barrier that usually forms when the victim leaves the ongoing trauma environment. The relative safety that this movement provides helps the self system to become more organized in the defensive splitting.

The broader areas of separation in the past section indicate the more fluid, changeable, permeable experience of ongoing trauma, which makes it more difficult for the child to organize into coherent separate selves. Even within the trauma environment, the actual traumatic events tend to be encapsulated and isolated from ongoing consciousness. The developing selves respond to traumatic stress in a more spontaneous, “experimental” division than does the adult system who, in the relative stability provided outside the original scene, have the opportunity to develop reactive patterns that prove to be most expedient over time.
In suppressed or “sleeping” multiplicity, the self who presents for therapy has had a recent history of continuous identity. Since the person had a childhood multiplicity, however, the barrier between the present and the past is permeable since the more rigid defense system is not present to keep the past more fully suppressed. Active alters systems serve to isolate instances of trauma memory from the host in current-day multiples, prior to recovery. This means that trauma memory tends to intrude as flashbacks and temporary remembrance of isolated events (which may be quickly suppressed). In the event of a current traumatic event of sufficient stress, the suppressed multiple will likely experience a dissociative fugue, where an alter self may take over consciousness in response to the current threat.

Once therapeutic trust has been established, or in the event of a current crisis, the former multiple system usually surfaces quite abruptly with significant confusion for all involved.
Horizontal Splitting (DDNOS)

This type of split system is most common in trauma survivors. The identity has not elaborated into distinctive splits. This pattern of consciousness is usually presented for therapy as the acute phase of Post-Traumatic Stress Disorder. If the adult has been unable to develop organized behavior to keep the traumatic anxiety sufficiently controlled, he or she might be given the diagnosis of Borderline Personality Disorder.

People with horizontal splitting almost always experience intrusive encapsulated trauma experiences, and those who have been able to organize their defenses, often do so by utilizing situational splitting.

Polyfragmented multiple systems and survivors who are still living in the original trauma scene often fit into this pattern, as well, since the present self is often an amorphous, rapid switching and/or blending of alternative “experimental” identities.
Self State Organization

*All selves are vital and important to the whole self!*

**Compensatory System**

The compensatory system is driven as a “cover” and distraction for the victim system. It is the workhorse of the system, and is a vital function of the survival process, especially as it helps to keep the self alive and provides an opportunity for circumstances that allow escape from the original perpetrator.

The compensatory system often unknowingly displaces fatigue and symptoms that result from hyperactivity onto the victim system. This system often views itself as the grudging caretakers of the victim system, and the vigilant watchdogs of the defense system, which they may be unaware of, viewing their retrospective knowledge of defense system activities as lapses in their own behavior caused by drugs or trauma-reactive fugues. There is often one-way amnesia between the defense system and the compensatory system, with defense alters able to observe and manipulate compensatory alters, but with compensatory alters largely unaware of the defense system alters as operative identities.

**Victim System**

The victim system often views the compensatory system as being persecutory, both because of the domination of time and energy that compensatory activities tend to require,
and as a response to the attitude of dismissal, condescension, intolerance and impatience that is often felt toward them via the compensatory system. These attitudes were learned from the perpetrator, and adopted by the compensatory system as part of their survival necessity of distracting from the abuse and pleasing the abuser.

The sense of persecution the victim system perceives can lead to the sabotaging of the activities of the compensatory system. Additionally, the pain, grief and general depletion of the victim system lends to the dissociation of the compensatory system. The stress felt as a result of these tendencies frequently leads to substance abuse (exogenous depressants or stimulants) or other behaviors that release endogenous substances, which are needed by the compensatory system to “keep going,” and by the victim system to suppress the symptoms. Stimulants and depressant both serve to increase dissociation, compensatory hyperactivity and system collapse, which is managed by the victim system. Thus a vicious cycle of self-abusive behaviors and attitudes is reinforced, keeping the self unconsciously bound to the original abuse gestalt.

**Defense System**

The defense system attempts to both protect and suppress the victim system. The typical attitude is defensive anger directed primarily at the self, and secondarily toward perceived threats from the outside to either abuse or attend to the victim system. The defense system is usually aware of the compensatory system, but has an attitude of condescending distancing, typically viewing them as “drones” or as necessary but personally irrelevant. (Another attitude learned from the perpetrator as a survival necessity.)

Because the trauma-induced anger is managed by this system, these alters often resort to substance abuse to undermine the efforts of the compensatory system to keep them controlled, since hostility is counterproductive to compensatory needs and behaviors. Because of the energy that anger can galvanize, these alters are often less effected by alcohol or other drugs that suppress others in the self system. This can lead to a problem of angry acting-out under the influence of exogenous substances.

The defense system also tends both to attempt to control (suppress) and yet act at the subconscious dictates of the cult system, in the case of ritualistic abuse.
Cult System

Cult systems\(^2\) are an additional complication in the case of a history of ritualistic abuse. Cult system alters are rarely consciously active outside the direct control of the outside abuser or abuse system. They influence the defense and victim system through program messages and images, tending to cause self-damaging panic in the victim system and self-destructive anger in the defense system. The beliefs promulgated by the cult system suggest and provoke acting out behavior to the defense system, who often believe they are counteracting the greater threat posed by the cult system.

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\(^2\) For a more complete discussion, see the Appendix for a reprint of my article *Understanding Cult Alters*. 
Developmental Issues

This diagram indicates the systems where developmental splits tend to be found. The presenting adult is usually divided between the compensatory, victim and defensive selves. Any one of these alters or alter systems might be the “one” who enters recovery, depending on the precipitating motivation. If therapy is mandated, rather than sought, the presenting alter is usually from the defense or victim system. If therapy is sought, it is often an alter from the compensatory system who is closest to, or effected most by the victim system, or who has been frightened by the defense system. It is significant to try to determine where the presenting alter fits in the system in order to help evaluate whether or not this alter is the dominant host and to begin to redefine the system on a more egalitarian model. Outside others can complicate and disrupt the functioning of the system by incorrectly assuming that the presenting alter is the dominant “host.” This often creates rebellion, suicidality and acting out in the rest of the system.

The adolescents in the system are usually found in the victim, defense and cult-identified groupings. Very often the period of biological sexual maturity “fixes” the development of the growing child at the adolescent developmental level, especially in the realm of sexuality. The way the self system handles anger, since it is developed within traumatic modeling, is often also fixed at the adolescent level, meaning it is more volatile and less effective than the more controlled, indirect or devious methods of the adult. Typically, cult conditioning keeps the alters split off to manage and function in this subculture, at the child and adolescent developmental levels.
Child alters are more directly connected to past trauma, so they are found in the victim and cult-identified systems. During therapy child alters rapidly join forces with the compensatory system, and are often the first alter selves to experience a broader, integrated experience of self, moving them “ahead” of the adult on the path to healing. When the system works together to rescue the child, the child then leads the way to the new, healthy life.

The infant or infants in the system are “inside” or “submerged” in the victim system. The core self emerges from the infant, transforming the self-concept of the child, usually in response to the child self(ves) learning to allow, accept and care for the infant. This is because it is the child who has sealed off the core self as too great a threat for survival. Usually the child does this by creatively abandoning, rejecting or “killing” the “baby” he or she can no longer risk connecting with. When the child reconnects with the core self infant, the whole system dramatically shifts from the path of survival to the path of healing.
Typical Problems

The most common problems related to the compensatory system are those that derive from the intensity of the survival motivated attempts to compensate for a history of victimization. This commonly leads to overwork, chronic ‘care taking’ of others at the expense of the self system, attempts to keep the self-system rigidly controlled, and sometimes a strong subconscious attachment to the notion of being the “real” or more legitimate identity. The physical toll this takes on the body is often displaced onto the already depleted victim system, and it adds to the frustration, anger and desire to self-abuse typical of the defense system. One manifestation of this is when a defense system alter indulges in substance abuse to undermine and/or suppress the over-controlling of compensatory alters.

While compensatory alters are the ones who most often seek therapy, and who often take the brunt of responsibility for the tasks of recovery, they also have learned their coping skills within the trauma environment with the modeling of abusers. They also have attempted to compensate for this by studying the cultural attitudes and conventions, which unfortunately replicate, to some degree, the attitudes of the perpetrator toward weakness and suffering, or alternatively enable victimization through an overemphasis on sympathetic lack of expectation. For this reason compensatory alters often unconsciously adopt judgmental attitudes toward others in the system, or else they add to their burden of care taking/overwork by trying to do too much for other alters, or instead of allowing other alters to help, engage and grow.
Typical Problems in relation to organizational splits

Victim-identified system
- Depleted energy, exhaustion
- Chronic pain, identity attached to pain
- Expectation of abuse
- Tendency to interpret disagreement or misunderstanding as persecution
- Tendency to replicate abuse relationships by passively initiating unwanted, unhealthy relationships and/or sexual activity.
- Protective of perpetrator

The victim system is the part of the self that is driving the other systems. This is where the pain of the trauma is concentrated. While the needs of the victim system generate the activity of the others, it is, at the same time, an energy drain due to the pain, negative expectation and patterns of revictimization perpetuated in this part of the self. Although these needs drive the system, the others initially add to the burden of this system because, rather than supporting and sharing in the pain of victimization, they have developed patterns of suppressing, ignoring, judging and adding to the pain and depletion.

The key to moving the victim system toward a shared experience is for other alters to take on some of the burden of pain, while encouraging the victim system to engage in new activities. Everyone in the system also needs to begin to shift from enabling-type care-taking and ignoring pain, which maintains and sustains the pain, to comforting and expressing pain in order to relieve it and move it out of the system.
The defense system is frequently hampered by the limiting judgments from both the self system and outside others. This judgment is borne of the tendency to view hostile alters as simply internalized perpetrators, rather than recognizing the protective motivation that was the original source of the split. While defense alters have learned their superficial attitude and behavior from the perpetrator, they usually have a strong subconscious attachment to the original protective motivation, which can usually be easily accessed when they are given credit for their attempts to protect and defend the self. This makes these alters available for introduction to alternative models of defense and strength. While this transition is taking place, the whole self needs to strategize together and negotiate firm, protective boundaries in order to remain safe from self-damage and panic-fueled acting out threats or violence toward others, especially support people. The defense system has close subconscious ties to the victim system, so help is often perceived as a threat.

Once the defense alters have been shifted toward working more effectively for the system and learning to channel their anger more productively, they begin to become strong enough to confront the reality of the victim child inside. At this time there will often be a rapid shift, where some of the defense alters “collapse” into the child victim they were. It is helpful to aid these alters to work as mutually supportive pairs comprised of the child and adult or adolescent self. This will help their issues and their talents to move more rapidly toward integration.
It is important to understand that the portion of developmental potential that a sophisticated perpetrator group seeks to isolate and co-opt for their own use is the magical, imaginative, visionary, eidetic and concrete thinker. These cult alters are of three general types:

1) Perpetrator introjects ("Hostile alters")
2) “Converts”
3) Atavistic alters

The child who is continually put into double-bind, threatening tests, with capricious rules that are totally dependent on the whim of a malicious perpetrator, will introject the perpetrator(s) in order to be able to intuitively anticipate a defensive strategy for survival. Thus, the child will have alters who “are” the perpetrator (frequently with the perpetrator’s name) who continue to act as internal hostile presences in the system. (It is not difficult to recognize a child who is playacting at being an adult, but if that child’s body has since grown into an adult survivor, these alters are often mistaken for adults, provoking potentially disastrous therapeutic interventions.)

The second type of “cult alters” are the alters who have split off the pleasurable sensations of experiences in which pleasurable and abhorrent feelings are enmeshed (orgasm and terror, for example), and those who have learned occult rationalizations (dogma). They have been forced to “volunteer” to join and agree with the survival option of believing the cult is right in their beliefs. These feelings and rationalizations may be held by single alters, or by twins or clusters. Frequently, cult alters are what many of us call “floaters”: they have a
very malleable, fluid sense of identity, age, attitude, etc. They meet needs of the moment, are able to freely access different age levels and alters (usually from the fragmented “victim” system explained below), and consider this to be appropriate and “superior.” They are frequently charming and intelligent. They exist for pleasure and/or to please; they see themselves as being “above” the mundane struggles of reality and see no reason to not utilize other alters for unpleasant details, since they have adopted the attitudes of the cult and see those alters as their perpetrators do. Their perceptions are dominated by subjective experience and they may have little grasp of reality, while believing such things to be the irrelevant concerns of inferior people. Although they are bright and imaginative, they have only experienced very limited and controlled situations and, therefore, have never had the opportunity to develop maturity.

The third type is the atavistic alter. These are the “demons,” animals, “possessions” etc. that are split off during rituals. Children are continually forced, through their victimization, to suppress rage and primal need feelings. These feelings are then evoked and sanctioned in ritual enactments that the child has been taught to interpret according to cult doctrine. As these feelings emerge, along with interpretive images (Cerberus, Lucifer, The Serpent, Lillith, etc.), they frequently become separate alters as the child is unable to own or understand the feelings appropriately within their life circumstances.
### Typical Problems in relation to developmental splits

<table>
<thead>
<tr>
<th>Group</th>
<th>Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>Dominate time, Perpetuate learned “parental” attitudes</td>
</tr>
<tr>
<td>Adolescents</td>
<td>Rebelliousness, Sexuality</td>
</tr>
<tr>
<td>Children</td>
<td>Difficulty understanding demands on adult system, Premature sexualization, Tendency to interpret adult needs through past experience with perpetrators</td>
</tr>
<tr>
<td>Infants</td>
<td>Lack of language, Core neediness</td>
</tr>
</tbody>
</table>
Principles of Cooperation

The self system needs to develop a consensus view that the system was developed for survival, and the new means of survival is through healing. Most disruptions are the result of alters who are acting out of the skills they developed to survive when in the trauma situation. Once a person has escaped the active threat of an ongoing trauma scene, these skills are become counterproductive in the new, potentially supportive, environment.

It is usually not as effective if an outside other tries to force a singleton perspective on the self system, as it is for the system to develop a “stream of cooperation” in handling daily activities and responsibilities. The cooperative model tends to bring alters to a compatible skill level which, along with increasing co-consciousness, evolves into integration and at least some fusions. The tendency of some therapies to encourage the alter who presents for therapy to consider his or herself the primary host, who is supposed to integrate splits by simply accepting and then acting for alternates, is a strategy which may produce a temporary “fusion” meant to please others, but one which usually fails to be sustainable. This is because the split off parts of self have been suppressed rather than integrated into an overall functioning consciousness.
Tools of Communication

Mapping, communication books, journals or message boards, audio and video taping, and conversation practice are the primary tools for initiating and developing closer communication. This is aided, hopefully, by “family system” therapy sessions, where alters are encouraged to learn respectful listening and negotiation skills. It is helpful to learn a technique called “active listening.” The principle techniques of active listening involve the use of “I” statements, and reflective responses that summarize your understanding through rephrasing.

Task sharing and trading are essential in order to

- alleviate the chronic stresses of alters and groups,
- to build mutual understanding and respect,
- to broaden experience beyond the limitations of functional splitting
- move alter systems toward integration
Part Two

Practical Guidelines for Communication & Negotiation
Understanding Conflict

Through the integration of differing perspectives, interests, belief systems and values, conflict and conflict resolution play important roles in growth and healing. Conflict arises when one or more selves view the current system as not working. At least one party is sufficiently dissatisfied with the status quo that they are willing to own the conflict and speak up with the hope of being able to influence the situation to arrive at an improved condition.

Conflict may be viewed as a process we put ourselves through to achieve a new condition and self definition.

Through conflict we have opportunities to be creatively self-defining. If nothing else, conflict allows us to do things differently in the future. Through the resolution of conflict, we can, if we choose, evolve and redefine ourselves, our relationships, our community, our society and our world.

Effectively dealing with conflict requires the expression and management of each group’s varying perspectives, interests, belief systems and values. It is important to meet the different alters exactly where they are. Hear from them fully before trying to lead them anywhere. You can not effectively move toward resolution until everyone experiences themselves to be heard on “their perspective,” “what they want,” and “why.”
Common Ground:
Overlapping Interests & Interdependence

- It is helpful to identify the common ground that alters who are in conflict share, including:
  - overlapping interests
  - interdependence
  - points of agreement

**Overlapping interests** – alters share the body and often share in relationships, sometimes having common friends and colleagues. They also have interest in resolving their conflict in an expeditious and economic way;

**Interdependence** – no single alter has the ability to unilaterally impose a resolution on another without paying a very substantial price for doing so; and

**Points of agreement** – even when there are many disputed issues, there may still be a number of points of agreement or possible agreement. An outside facilitator can help alters to identify what they may be easily able to agree on as a foundation for additional discussions.
Types of Conflict:

By evaluating a conflict we can begin to determine the causes and design resolution strategies that will have a higher probability of success.

**Relationship Conflicts**

Relationship Conflicts occur because of the presence of strong negative emotions, misperceptions, poor communication or miscommunication, or repeating negative behavior. Relationship problems often fuel disputes and lead to an unnecessary escalating spiral of destructive behavior. Self-system relationships often reflect abuse scene relationships.

**Data Conflicts (Conflicts of Information and Ideas)**

Data Conflicts occur when people lack information necessary to make wise decisions, are misinformed, disagree on which information is relevant, interpret information differently, or have competing assessment procedures. In the self system, data conflicts are sustained by poor communication between the selves in conflict. Most often the differences are caused by alters who are conditioned to believe the viewpoint of the perpetrator, and alters who have perceptual distortions due to the subjective and limited nature of their sensory input.

**Interest Conflicts**

Interest Conflicts are caused by competition over perceived incompatible needs. Conflicts of interest result when one or more of the selves believe that in order to satisfy his or her needs, the needs and interests of an the others must be sacrificed. Interest-based conflicts may occur over:

- **substantive issues** (such as money, physical resources, time, etc.);
- **procedural issues** (the way the dispute is to be resolved); and
- **psychological issues** (perceptions of trust, fairness, desire for participation, respect, etc.).
For an interest-based dispute to be resolved, alter selves must be assisted to define and express their individual interests so that all of these interests may be jointly addressed.

**Structural Conflicts**

Structural Conflicts are caused by forces that are external to the self system. Limited finances, physical limitations, geographic constraints (distance from therapy and support, or proximity to triggering stimuli, such as living near the scene of primary trauma), time (too little or too much). Structural conflict can add to other internal conflicts so that they assume a sense of crisis. It can be helpful to communicate inside about the external forces that are adding to stress and complicating the course of healing. Structural conflicts will often have structural solutions, and sometimes they demand that the self-system put other needs “on hold” until a solution can be found. When everyone appreciates that a conflict has an external source, they can hopefully work together to jointly address the imposed difficulties.

**Value Conflicts**

Value Conflicts are caused by perceived or actual incompatible belief systems. Values are beliefs that people use to give meaning to their lives. Values explain what is “good” or “bad,” “right” or “wrong,” “just” or “unjust.” Value disputes arise only when selves attempt to force one set of values on others or lay claim to exclusive value systems that do not allow for divergent beliefs. It can be helpful to support each alter’s expression of their values and beliefs for acknowledgment by the other party. As the self begins to work together on common goals, the false values that were imposed by the abuse system become more evident to the alter selves who were previously invested in them.
Methods of Dealing with Conflict

Denial or Withdrawal: With this approach, a self attempts to get rid of conflict by denying that it exists. The conflict does not go away. It grows to the point that it becomes unmanageable.

Suppression or Smoothing Over: “We run a happy ship here.” “Nice people don’t fight.” A person using suppression plays down differences and does not recognize the positive aspects of handling the conflict openly.

Power or Dominance: Power may be vested in one’s authority or position in the system. Power may also take the form of a majority or a persuasive minority. Power strategies result in winners and losers. The losers do not support a final decision in the same way the winners do, and may work to undermine the winners.

Compromise or Negotiation: Compromise (“you give a little, I’ll give a little, and we’ll meet each other half-way”) is not as effective, in the long run, as negotiation (“you gain here in exchange for my gain there.”) When alter selves rely upon compromise, both sides tend to assume initial inflated positions, since they are aware that they are going to have to “give a little” and want to buffer the loss. The compromise solution may be watered down or weakened to the point where it will not be effective. There may be little real commitment by any of the parties. Still, there are times when compromise makes sense, such as when a mutually beneficial negotiation can’t be found, or when a speedy decision needs to be made.
Cooperative self-systems are based on communication, mediation & negotiation skills

- Communication
  - Family systems therapy
  - Active listening and “I” statements
- Mediation
  - Acting as a facilitator to resolve conflict
- Negotiation
  - Identifying common needs and goals as a tool for mutually beneficial agreements

Typical format of “I” statement:

- When you __________,
  I think __________,
  and I feel ______________.
  My request is that you ______________.

When you use this formula for communication, you are owning your feelings. You are not making the other person responsible for your feelings. You are just telling them what you do inside when they do what they do. Then you are naming a request. They have the right to honor it or not, but at least they now know what you want and why you want it.

When stated this way, your request will not create defensiveness in the listener. It is easier to listen to because there is no blame attached to the communication. Therefore, there is nothing to defend against. That way the listener can put all of their attention on whether or not they want to meet your request.
Active Listening Techniques:

<table>
<thead>
<tr>
<th>TYPE OF STATEMENT</th>
<th>PURPOSE</th>
<th>TO ACHIEVE PURPOSE</th>
<th>EXAMPLES</th>
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| **A. ENCOURAGING** | 1. To convey interest.  
2. To keep the person talking. | Don’t agree or disagree. Use noncommittal words with positive tone of voice. | 1. “I see ...”  
2. “Uh-huh ...”  
3. “That’s interesting...” |
| **B. RESTATING** | 1. To show that you are listening and understand.  
2. To let the person know your grasp the facts | Restate the other’s basic ideas, emphasizing he facts | 1. “If I understand, your idea is ...”  
2. “In other words, this is your decision ...” |
| **C. REFLECTING** | 1. To show that you are listening and understand.  
2. To let others know you understand their feelings. | Restate the other’s basic feelings. | 1. “You feel that ...”  
2. “You were pretty disturbed by this ...” |
| **D. SUMMARIZING** | 1. To pull important ideas, facts, etc. together.  
2. To establish a basis for further discussion.  
3. To review progress. | Restate, reflect, and summarize major ideas and feelings. | 1. “These seem to be the key ideas you have expressed ...”  
2. “If I understand you, you feel this way about the situation.” |

“Listening is a magnetic and strange thing, a creative force. The friends who listen to us are the ones we move toward. When we are listened to, it creates us, makes us unfold and expand.”

--Karl Menninger

Other phrases that facilitate active listening:

“Appreciating that you ________, I wonder whether _________?”

“Respecting that you feel that way, I am curious as to whether you also _________?”

“Understanding how strongly you feel about this issue, is it also true that ________?”

In each case, you instantly build rapport by entering the other person’s world and acknowledging his or her state of being and communications (rather than ignoring them with words like “but” or “however”). You create a bonding frame of agreement and open the door to redirecting the consideration without resistance.
Integration & collaboration are the best approach to mediation

- The primary assumptions of the integrative approach are the following:
  - Some common interests exist between selves;
  - Negotiation is benefited by a full discussion of each participant's perspective and interests;
  - We live in an integrated and complex world and our problems can be best resolved through application of our best intelligence and creativity.

Integration and Collaboration

The integrative, collaborative or problem-solving approach to negotiation has been described as “enlightened self-interest,” rather than the “egocentric variety.” This approach consists of joint problem-solving, where gains are not necessarily viewed as at the expense of the other party.
**Focus on Interests:** To find out interests, you may ask questions like: “What is motivating you here?” “What are you trying to satisfy” or “What would you like to accomplish?” You may also ask: “If you had what you are asking for (your position), what would that get you - what interests would that satisfy?”

In the self system there are multiple, shared, compatible, and conflicting interests. Identifying shared and compatible interests as “common ground” or “points of agreement” is helpful in establishing a foundation for additional negotiation discussions. Focusing on interests tends to direct the selves toward present and future, and away from the difficulties of the past. *The past may help us to identify problems needing solution, but, other than that, it is usually suggests poor solutions for the future.*

**Invent Options for Mutual Gain:** The typical way of doing this is called brainstorming. In brainstorming, you can generate many possible solutions before deciding which ones best fulfill your joint interests. Creativity, imagination, and being open to unconventional solutions (especially those suggested by previously less-empowered alters) are the attitudes to employ in brainstorming.

**Select from Among Options by Using Objective Criteria:** It is often helpful for self systems to “reality check” with non-survivors as to the feasibility of a proposed solution. It can also be helpful to evaluate using the “worst possible” and “best possible” outcome expectations to anticipate ways to maximize the potential for success.
What if Alters Won’t Negotiate?

To get an alter to shift to a cooperative orientation, it is critical that they first experience themselves as fully heard in terms of content, intensity and emotion. Obstructing alters may need to be temporarily left out of system work, or be won over by being given a new opportunity to meet their needs in a way that is compatible to the well-being of the self system, but is also clearly meant as an inducement to that alter to cooperate.

If you remember that all selves, even the obstructive ones, are abuse survivors, wanting to improve their situations, you may be able to assist them to recognize that even the most difficult interests, like revenge and anger, can be understood in terms of positive intentions, such as a desire for acknowledgment and respect. So reframed, the effort can at negotiation and cooperation becomes a joint search for mutually acceptable solutions to the parties identified positive intentions.
Communication Exercise

- One partner acts as facilitator, the other as communicator
- Facilitator identifies alters and statement
- Communicator makes statement
- Attempt to switch
- Facilitator identifies alter, asks what alter heard
- Facilitator asks for response

Communication Exercise

One partner acts as **facilitator** the other as ** communicator**

Facilitator asks, “Who am I talking to? Who would you like to say something to? What would you like to say?”

Select an alter you’ve had misunderstandings with

Make a simple statement to that alter.

Attempt to switch

Track the switching pattern (video or audio taping can be very helpful)

Facilitator asks, “Who am I talking to? Did you hear what [other alter] said? What did you hear?”

The facilitator should then use active listening skills to restate and summarize major ideas and feelings, and ask if the restatement is correct.

If there is a significant distortion in the communication, the facilitator should state what he or she heard. “What I heard was _____. You might want to consider this as a possibility. Do you have any thoughts about this?”

Next, ask that alter if they have something they would like to say back to the first alter. Repeat the process.
Questions that Facilitate Communication

To develop improved self-system communication, alters who are committed to therapy should review these for ideas about how to proceed. They are also good questions for third-party support people to learn as tools for building mutual support.

**Opening Questions** help to get things started. They allow you to enter the participant’s reality with minimum risk.

- “How can I help you?”
- “What are the major issues?”
- “What concerns do you have?”

**Information Gathering Questions** seek to obtain facts or opinions. These questions begin with “Who,” “What,” “Where,” “When,” “Why” or “How.”

- “Who are you worried about?”
- “What is your concern?”
- “When does this happen?”
- “Where will you live if you leave?”
- “Why are you angry?”
- “How will you get away if the others are in the same body?”

**Clarifying or Specifying Questions** help to make abstract and general ideas more specific:

- “What do you mean by ‘everything’?”
- “How do you define ‘fair’?”
Justifying Questions elicit reasons and interests behind positions:

- “Why do you think ___?”
- “What is the basis for your request?”

Hypothetical Questions introduce new ideas, possibilities or options into a discussion:

- “Suppose that you tried this option, what do you think would happen?”
- “Pretend you could have it any way you want. How would that be?”
- “If s/he were to give you more time, how would you use it?”

Leading Questions suggest an idea within the question:

- “Given the nature of the problem, is it possible that the two of you might ____?”
- “Is what I am hearing you say that ____?”

Stimulating Questions encourage new ideas:

- “Are there other ways to solve this problem?”
- “If you were to describe two acceptable options, what would they be?”
- “Does anyone else in the system have a suggestion?”

Participation Questions encourage expression of ideas and needs:

- “What do you think about that, [named alter]?” or, “What does your inner child think?”
- “[named alter], you’ve been kind of quiet. What are your thoughts?”

Focusing Questions bring participants back to consider the core issues:

- “Where do we go from here?”
- “This was a good talk. What do you think it means in terms of our decision-making?”
- “Getting back to our task of ___ what are your current thoughts regarding ___?”

Alternative Questions compare two or more alternatives:

- “Between these two options, which do you consider to be more attractive?”
- “In thinking about all the possibilities, in what direction do you find yourself inclined to move?”

Closure Questions encourage the making of a decision:

- “Have we spent enough time on this issue?”
- “Do you want to think some more about this and decide next week?”
- “Should we talk to our therapist about this?”
- “What can we do so we remember our thoughts about this?”
UNDERSTANDING CULT ALTERTS

Editor’s Note: This article contains some details of rituals and programming. Although I have selected examples of “lesser” rituals for illustration purposes, this material might be triggering to survivors.

“Fear is the main source of superstition, and one of the main sources of cruelty. To conquer fear is the beginning of wisdom, in the pursuit of truth as in the endeavor after a worthy manner of life.”

Bertrand Russell, Unpopular Essays

“Every kingdom divided against itself is brought to desolation; and every city or house divided against itself shall not stand”

Matthew 12:25

For those of us who were raised with destructive cult theology, it is inevitable that we will eventually have to confront and reclaim those parts of ourselves who were split off from our original truth: the truth that each child deserves to be a loved, welcomed and nurtured expression of Creation; that no child would wish or enjoy pain or evil. Many of us have been forced, through the systematic conditioning of perpetrators who sought to be our “Masters,” to capitulate, in parts of ourselves, to the Lie that there is no reality to the concept of a loving creator/Creator/Creation, that we ourselves are evil and that, furthermore, evil is good/enjoyable. Although it is true that there are variations in the way individuals experience and elaborate the dissociative trance states which allow them to accept and act on truths which diametrically oppose human nature, survivors commonly develop multiple self-states, some of whom can be identified as “cult alters.”

Fear, distrust, internal division and superstition are the legacies of cult conditioning. They are the forces which are meant to conquer our spirit and usurp our will. If we do not, in the course of our abuse, capitulate in toto to the cult’s tyranny by assuming the mantle of belief, these forces continue to act subconsciously to keep us psychologically enslaved to the cult system and serve, as well, to protect that system. As long as we are divided against ourselves, in fear of parts of ourselves, and protect ourselves from that fear with misunderstanding, blame and loathing, we continue to be vulnerable to our perpetrators, whether or not they even bother to summon our services. If the outside others who are capable of showing us the way out of our psychological slavery fall prey to the cult thrill of fear and superstition, we have little hope of release, personal freedom and healing.

In order to demystify, somewhat, this “thrall of fear and loathing,” I would like to share what I have come to understand about the course of cult conditioning as it applies to children who are victimized from birth or early childhood.

PRIMARY SPLITTING

The first stage of splitting which is deliberately induced in order to usurp control over the will of an individual consists of three basic strategies:

1) Enhancing discrete states awareness

2) Blurring the boundaries between fantasy and reality, subjective and objective reality, dreams and actuality.

3) Introduction of a shift in ontological allegiance away from creator/Creator (nurturing parent-child bond and the inherent sense of meaning and belonging) to the cult and a “destructive deity.”

Abuse and, especially, torture is used to enhance the discrete states of infantile consciousness both in states of concurrent as well as sequential awareness. The developing infant tends to shift the focus of conscious attention between different loci of stimulation, gradually learning to integrate causal relationships of sensations, needs, responses and meanings, etc. During a state of trauma, the integration of experience is overwhelming and, in fact, life-threatening. Concurrent awareness is, therefore, dissociated into separate states of knowing. In my experience, for example, an incident of trauma was initially broken up into “she who sees (vision associated to fear),” “she who feels (body associated to pain)” and “she who knows (emotion associated to grief and rage).” A simple example of a relatively minor trauma which I remembered through these discrete states was that of becoming hungry as an infant, while I was lying in a crib in a dark room, crying, and subsequently becoming terrified by my mother’s response. The vision of my angry and frightened mother, who often refused to feed me, became a giant, terrifying monster who loomed out of the dark and caused me to hold my breath, tense my body and dissociate from my hunger because it brought the “monster.” I was unable to tolerate the knowledge that the “monster” was the same face I recognized as the one who would, at times, pick me up and feed me, and other more threatening, more needed or more desired interactions.

Each of these discrete pieces of awareness came back to me as separate bits .. so that, as an adult, the room would suddenly become giant, dark and filled with frightening sounds that were incomprehensible to me (I didn’t understand language, but associated the sound of my mother’s threatening voice to terror), and I would see a giant spider appear (an image which became substituted for my mother’s face through associations I was able to gradually decipher; the original image was from a birth memory, and this association was deliberately strengthened through later ritual indoctrinations). At separate times, I would regress into an infant, who was so hungry I was in pain, and I would tense my body and be unable to make a sound. At other times still, I would see my mother’s face loom at me and feel rage or grief which made no sense to me, since I had no memories which would account for the feelings.

3 For an explanation of discrete states awareness as it applies to child development and the etiology of dissociative disorders, I refer the reader to Diagnosis and Treatment of Multiple Personality Disorder, Frank Putnam, M.D. © 1989; pp. 50-54. The Guilford Press, New York.

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As an infant, the conscious integration of these discrete states of awareness would have provided me with the knowledge that the person upon whom I depended for my survival was one who, at the same time, threatened my existence. In states of more extreme trauma, in which I was actually aggressively abused, rather than passively threatened, these basic states of dissociated awareness became further split into pieces. For example, the pain might be split up into the chest being crushed, the throat being stretched and strangled, the bowels being displaced, the skin being torn, etc. Likewise for the emotions: fear of the sight, fear of the smell, fear of the taste .. or grief for the loss, grief for the hopelessness .. each aspect of each experience might be divided and re-divided.

These instances of the splitting up of concurrent states of experience into separate and discrete states of awareness form the foundation of dissociative vulnerability. They disrupt the infant’s natural developmental tendency to gradually integrate the discrete states of conscious awareness to match the unconscious, instinctive unified sense of self.

This enhanced vulnerability to dissociation is further extended to sequential awareness by the introduction of contradictions in quotidian reality. Small children live in the present moment, with passive knowledge of their experience, so that they are reminded, or “triggered” by stimuli to remember and associate what they have learned in the past to what is happening in the present. If they live with caretakers who deny or negate the relevance of associated knowledge, either deliberately, because they seek to confuse and control the child, or because they themselves are split and are, therefore, unaware of the accuracy of the child’s associations, the child must gradually organize sequential experience into parallel realities.

For example, if they are told, each time they remember an event which is, moreover, one that is a regular occurrence, that it didn’t happen, the child must develop a “world” in which the event doesn’t happen (so that they can avoid the conflict evoked with their association and disclosure) and a “world” in which the event is repeated, where they learn from and take advantage of their experience of that event.

In a family in which criminal abuse is practiced, the concept and practice of occult reality as a parallel world provides the protection, sanction and opportunity for that criminal abuse. When I refer to occult reality, I take into account all of the definitions of the word “occult,” as it applies to the world view of a small child in contrast to the world view of an adult:

1) Of, pertaining to, dealing with, or knowledgeable in supernatural influences, agencies, or phenomena. 2) Beyond the realm of human comprehension; mysterious, inscrutable. 3) Available only to the initiate; not divulged; secret 4) Hidden from view; concealed. 1

The foundation for introduction of the concept of occult reality is established while implementing the second strategy in this primary stage of splitting by deliberately blurring the boundaries between fantasy and reality, subjective and objective reality, dreams and actuality. The child is questioned and instructed in such a way that they can neither trust their perceptions nor differentiate between what they imagine and what is beyond their control, or what they dream and what actually happened. For example, when a child is awakened and instructed in cult doctrine, they are later told that they dreamt the experience and/or they were visited by “spirits,” “demons,” “wizards,” “God” or whatever interpretation suits the perpetrators, or that what they remember never happened or happened in a “different, secret or special (supernatural, divine)” world.

Likewise, if the child, in response to a split caretaker, refers to the behavior of another alter of that caretaker, the child is told that they “cannot tell the difference between fantasy and reality.”

The final strategy in primary splitting is accomplished through the introductory phase of ritual conditioning, in which the perpetrators begin the shift in the child’s ontological allegiance (the basis for their sense of ontological security) from the biological/familial bond and the instinctual sense of meaning and belonging (spiritual awareness, or that of being a “child of God” “child of Creation” or “child of the Universe”, etc.) to the theology of the cult. The first rituals that the child is subjected to are designed to create the illusion of volitional spiritual separation (the child’s abandonment of God/ meaning/belonging) and to introduce the concept of a destructive deity as the new Master (Satan, Jehovah, Isis, etc.) to whom the child belongs and to whom they will eventually bow, worship and subject their will to, and then ultimately become like (all powerful, above and beyond moral and physical constraints).

In these rituals the child is tricked into believing that, given a choice, they have chosen to abandon love, good, family, God, etc. Because of their lack of experience, as well as their pre-conditioned dissociation, the child is unable to see that they are being given no choices, or that the choices are controlled in such a way that whatever they choose it will “prove” the cult’s dictum. The adults’ knowledge of instinctive survival responses are used to elicit, control and interpret the child’s experience of the ritual so that occult dogma is enmeshed with those survival responses.

I will use an introductory ritual I experienced as an example (the specific details of these rituals may vary between sects, but there are often many similarities). I was taken from my bed at night and told that I was going to the doctor. When I arrived at the site of the ritual, I was dressed in a white gown and given an injection by a white-coated doctor. A woman, gowned in white, leaned over and whispered in my ear that, “no matter what happens, just hold still and you’ll be all right.” The “doctor” left and another woman, also dressed in white and wearing a vine wreath on her head, came and I was carried into a darkened room and placed on a red cloth, surrounded by burning candles. The two women removed my gown and stood on either side of my head. A tall man in a black, hooded robe came and stood at my side. The peak of his hood extended over his face, which was in shadow. A voice asked if I was being “freely offered” and the women spoke an affirmative responsive phrase .. I only remember the “freely offered” words, which I associated to my fearful desire to know where my mother was. To me the words “freely offered” provoked me to remember and wonder about my mother, although I wasn’t able to make sense of the connection or the meaning of the phrase at the time. I just wanted to know why they were asking those ladies about me.

Next I was told that if I had perfect faith and was an innocent and true child of God that I would have no fear, that perfect faith would sustain me, but that if I had fear then I must recognize fear as my true master, and the Master of Fear as my God and Creator. (These words prompted memories of a number of lessons I had learned both in the Sunday school I attended and from the “teacher of the secret doctrines” who would interpret those lessons to me when he visited my father and me at night.) The robed man was then handed a very large black snake, which he placed on my body. It was bigger than I was, and I was terrified (I didn’t have perfect faith and was not a true and innocent “child of God”) and, as well, I did what I was told by one of the women who had “offered” me. I did not move (I was totally unable to move). This convinced me that I had abandoned God. That I had joined them of my own free will, since I did what they said, and I believed that no one forced me to be afraid, yet “fear was my Master.”

This ritual also involved group welcoming (being passed naked from person to person and being rubbed against their nude bodies), and oral rape by the leader (I was to learn on this and many other occasions, to recognize the penis as the symbolic “earthly representative” of the Master of Fear, The Serpent, etc.)

Introductory rituals such as this, in combination with daily exposure to mistreatment, denial and distorted explanations results in a child who is fearful, needy, vulnerable to dissociation, doubtful of their own perceptions, and prone to think of themselves as “bad.” This child will be more susceptible to outside cues to signal the type of behavior and attitudes they should display in order to remain “safe.” They can selectively screen out input, while unconsciously shifting information that is necessary to remain functional in the present moment. The sense of self remains fluid and dependent upon outside cueing.

SECONDARY SPLITTING

Secondary splitting takes advantage of subsequent developmental stages of the child in order for the cult to co-opt the “magical mind” of the child, to further elaborate discrete states awareness by tailoring alters to suit the needs of the cult, and to begin to delineate the conceptual basis of parallel worlds and occult reality.

This next stage is crucial, and most generational survivors are subjected to increased frequency and intensity of conditioning during the ages from four through five or six. The child has reached a stage where he or she can understand more complex reasoning, is developing a rudimentary moral framework, is able to utilize the “absorptive mind” to imprint a great deal of information, is prone to concrete and pre-operational thinking, and yet has full access to the “magical mind”: the ability to vividly visualize and enact subjective reality. All of these capabilities, when co-opted and honed by cult abusers, are tools to create an individual who will be able to maintain separate, contradictory personae with a sense of parallel realities with opposing “rules.” The cult needs to isolate and arrest the development of the “magical mind” of the child to convince it of a world in which an “occult elite” is privy to the rules and techniques of mastery and control of society and, quite often, extra-terrestrial and/or paranormal experience.

Cults use drugs, hypnosis, staged and real rituals, torture, “magical memorization” and catechism, rhymes, mantras, songs, toys, stories, staged accidents, and myriad other tactics at this stage. The child is often ill-treated and labeled as “bad” by primary caretakers, while welcomed by cult members who “like bad children/like being bad.” Members who may act as a cult “mommy” or “daddy” or “master” or “mistress” aid the child’s spontaneous elaboration of split self states by asking for other alters by common characteristics .. such as “Where’s the Brave Boy?” or “Let me talk to the Secret Keeper.” Alters are tailored by using hypnotic induction and asking for a self by describing what is wanted. These alters are frequently given cult names, with symbolic meanings which suit the purposes for which they are intended and for which they will be evoked and trained.

After involving the child in a forbidden and secret activity, the child will be asked to recount the incident, then be shown a series of related staged scenes or illusions, along with hypnotically suggested trance scenes and then questioned as to the contradictions in each scene until he or she is completely unable to remember what was experienced and what was staged. Each time the child answers a question about the remembered activity, he might be mildly shocked or punished, and then a reminder of a related scene or a demonstration is given that belies the answer. When asked about this new scene, the new response of the child will prompt a demonstration or reminder of the original scene, where the previously incorrect answer is correct; and so on. If the child is switching or being prompted to switch, the fear and confusion is added to by the different alters disowning and turning on the other as the one who

5 I base this statement on my own experience and that of many of the survivors I’ve spoken with over the last 3 years.  
6 “Magical memorization” takes advantage of eidetic memory and suggestibility. The child is told that books of occult liturgy and doctrine are “magic;” that you can only remember what they say when they are open. Once they are closed, you cannot remember them. The child is meant to rote memorize. This is followed by catechistic questioning in which the information is cued to trigger words, much as a rote, responsive reading. It is not necessary for the child to understand this material, except in rudimentary form; passive knowledge of this kind forms the basis of years of training, which will contribute to the illusion of the child’s gradually more sophisticated understanding as coming from a “divine” source.

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The performance demands, fears and magical aura that are thus engendered, in addition to the shock and trauma of intensified ritual dramas, serve to separate the child into functional systems of alters: victim system, compensatory system, defense system, and cult system. The child who exists in prosaic reality becomes so far removed from the child who is privy to cult activities that they are rarely aware of each other’s existence, and if there is a breech in the amnestic barrier, the information is automatically interpreted as dream or lie, etc.

It is important to understand that the portion of developmental potential that the cult seeks to isolate and co-opt for their own use is the magical, imaginative, visionary, eidetic and concrete thinker. These cult alters are of three general types:

1) Perpetrator introjects (“Hostile alters”)
2) “Converts”
3) Atavistic alters

The child who is continually put into double-bind, threatening tests, with capricious rules that are totally dependent on the whim of a malicious perpetrator, will introject the perpetrator(s) in order to be able to intuitively anticipate a defensive strategy for survival. Thus, the child will have alters who “are” the perpetrator (frequently with the perpetrator’s name) who continue to act as internal hostile presences in the system. (It is not difficult to recognize a child who is playacting at being an adult, but if that child’s body has since grown into an adult survivor, these alters are often mistaken for adults, provoking potentially disastrous therapeutic interventions.)

The second type of “cult alters” are the alters who have split off the pleasurable sensations of experiences in which pleasurable and abhorrent feelings are enmeshed (orgasm and terror, for example), and those who have learned occult rationalizations (dogma). They have been forced to “volunteer” to join and agree with the survival option of believing the cult is right in their beliefs. These feelings and rationalizations may be held by single alters, or by twins or clusters. Frequently, cult alters are what many of us call “floaters”: they have a very malleable, fluid sense of identity, age, attitude, etc. They meet needs of the moment, are able to freely access different age levels and alters (usually from the fragmented “victim” system explained below), and consider this to be appropriate and “superior.” They are frequently charming and intelligent. They exist for pleasure and/or to please; they see themselves as being “above” the mundane struggles of reality and see no reason to not utilize other alters for unpleasant details, since they have adopted the attitudes of the cult and see those alters as their perpetrators do. Their perceptions are dominated by subjective experience and they may have little grasp of reality, while believing such things to be the irrelevant concerns of inferior people. Although they are bright and imaginative, they have only experienced very limited and controlled situations and, therefore, have never had the opportunity to develop maturity.

The third type is the atavistic alter. These are the “demons,” animals, “possessions” etc. that are split off during rituals. Children are continually forced, through their victimization, to suppress rage and primal need feelings. These feelings are then evoked and sanctioned in ritual enactments that the child has been taught to interpret according to cult doctrine. As these feelings emerge, along with interpretive images (Cerberus, Lucifer, The Serpent, Lilith, etc.), they frequently become separate alters as the child is unable to own or understand the feelings appropriately within their life circumstances.

**TERTIARY SPLITTING: FRAGMENTATION**

By the time the child reaches the tertiary stage of splitting s/he has become conditioned and vulnerable to splitting in response to trauma; it is an automatic defense. Although some children do shatter into highly fragmented, relatively undifferentiated systems, there more frequently comes a point at which the wholehearted capitulation of one or more alters to the cult serves to consolidate and organize the systems of alters in such a way that they are able to function through switching and task-specific response and isolation. The cult is able to evoke a willing cult alter without torture (trance-state is cued to triggers, with specific triggers associated to cult alters) who will go along with whatever is required.

What is required, however, will often involve unpleasant or painful activities. The victim alter system is used, at the subconscious behest of the cult alters (“that is what they’re for, it’s what they like”). In very traumatic circumstances the vulnerable victim systems, in dissociative trance, begin to go into a state of spontaneous splitting. In order to get through what needs to be done, a very young developmental stage is accessed (discrete states awareness) in which the child remains as much as possible in the present moment, only passing on sufficient passive knowledge to anticipate a defensive strategy for survival. Thus, the child will have alters who “are” the perpetrator(s) in order to be able to intuitively anticipate a defensive strategy for survival. If any one alter stays long enough to begin to understand what is happening, it is too traumatic, so a “new” self is produced to carry on to the next moment.

It is frequently very disturbing to multiples to discover this “layering” of systems but, once the development and functionality of the phenomenon is understood, it is much easier to accept and work with the overall self system. Fragment clusters can fuse quite rapidly and, with the friendship and guidance of alters who are at a compatible developmental level, they can begin to consolidate a sense of identity and relationship to the overall self.

It is essential to understand the superficial mask of power that cult alters present. It is understandable for the self system to be fearful of alters who seem to be hostile, indifferent, magical, threatening, powerful, and hedonistically corrupt. The experiences which formed the system of alters are sufficiently confusing and threatening that it is inevitable for members of the self-system who are actively seeking healing to be initially rejecting and fearful of “cult” alters. However, it is equally important for care providers to understand that cult alters, no matter how powerful, adult, threatening or dangerous they appear, are children playacting at a desperate game of survival. They are invariably the most vulnerable members of the self system. Their entire history has been a series of limited, controlled experiences, distorted by trance and supported by rationalizations they were originally forced to adopt in response to life or death trauma.

Workshop Website — http://www.stardancer.ctshosting.com/
This is not to say that cult alters are not dangerous; they can be life-threatening to the host. A cult alter is as dangerous as, say, an enraged and terrorized child would be if left unattended in a house with matches, gasoline-soaked rags, bottles of vodka and sedatives, while the parents cowered under the bed with their eyes closed and their ears plugged.

If a cult alter is being activated, either by external or internal triggers, the selves-system needs to be protected as much as possible while they concentrate on developing co-consciousness and the ability to work together in cooperative alliance. We were able to get through this period alive with the aid of a support system of friends and family who acted as “babysitters,” and with some time in intensive residential care. Hospitalization in a dissociative disorders unit might be necessary.

Cult alters may be activated by direct cult contacts or by internal triggers that are stimulated through the associative work of therapy. If they are responding to internally activated triggers, they will normally act through co-presence with other alters in the system: they influence the weak and vulnerable “victim” alters to act on internal self-destructive messages, or by driving them off with threatening sexual feelings so that the cult alter can surface and seek cult contact through known perpetrators or through the “sexual subculture.” Given understanding of these dynamics, the rest of the self system can problem solve to plan constructive responsive options to these internal triggers.

External triggers can be guarded against as much as possible by terminating all contact with perpetrators; by having a friend “triage” mail; by screening telephone calls and/or changing the survivor’s telephone number; by learning to respond to triggers by working a “reprogramming sheet” (rather than going into an emotional tailspin of learned helplessness culminating in surrender of conscious control to cult alters); and by learning to call for help from members of a support team.

It will take the understanding and cooperative alliance of the non-cult alter system to provide the safety and support necessary to work with these alters. They should not be contacted using hypnosis until the self-system understands the reality underlying the feelings and the ideas that belie that reality. (It will be confusing, at first, to be co-conscious with these alters, since the co-conscious experience will tend to support the illusion of the lies. The therapist will need to continue to remind the other alters of the truth.) The only way to control these alters without resorting to punishing tactics which will support the lies they’ve been taught to believe about the “uninitiated,” is with the full cooperation of the rest of the self system. A co-conscious, negotiated system can work together to thwart the subterfuge of cult alters. Cult alters were formed as a last-resort defense and are, therefore, dependent upon cues and triggers to initiate action. They are controlled by and dependent upon the cult. They are only able to act independently within the self system by causing people to hand over power to them by instilling fear. If the system is not tricked into handing over power, cult alters are the least powerful members of the system!

When the selves-system is able to work co-consciously, they can allow the cult alters to surface (this can be done by allowing themselves to feel the forbidden feelings they have been suppressing) for direct intervention and dialogue. Indirect work will rarely permeate the cult distortions through which these alters interpret reality. It is a mistake to approach cult alters as adults, to expect them to be able to assume adult responsibility, to engage in circular arguments, or to treat them the way they expect to be treated by the “uninitiated” (e.g., restraints, exorcism, rejection, judgment or patronizing attitudes). It is important to respect that they have had to believe that they know the superior, occult “secrets of reality” in order to tolerate having been involved in experiences that are the opposite of what any child is born to desire and enjoy.

The only approach that will work with these alters is to gently but firmly point them in the direction of the truths they had to abandon, and the feelings they had to deny, in order for the whole self to survive. As they realize that they were, indeed, children .. that up to the moment of capitulation they would have done anything but capitulate .. that they were robbed of meaningful human interaction in trade for a travesty of cult “superiority” and unwitting slavery .. they will become, sometimes within moments, the most fragile, most lost parts of the self. This is the reality that all of the threatening posturing and supernatural delusion is protecting against.

Those who were not directly tortured and deluded by manipulative occult ideology and trickery must not continue to be secondarily seduced by the aura of fear and magic inculcated in survivors of this heinous conditioning, if those survivors are to achieve their right to freedom and enough healing to reclaim a “worthy manner of life.” It is essential for care providers to remain grounded in reality, so that they can provide a bridge of caring and acceptance to what will, at first, be a desperately painful reality for those children who have been posturing as “devils.”

Given understanding, and a model for understanding, each member of the self system of the survivor can work to nurture, support and heal each other. As Jesus went on to say, in the passage I began this article with:

"..if I by Beelzebub cast out devils, by whom do your children cast them out?
therefore they shall be your judges.

But if I cast out devils [meaning lies] by the Spirit of God [which is loving kindness] then the kingdom of God is come unto you.”

Matthew 12: 27-28

We are neither meant to be exorcised nor condemned .. we deserve to be saved. <3
After-workshop Safety Sheet:
Tips for Bridging Back to (un)Reality

It is normal to backlash after a workshop.
You are safe. It will pass.

A backlash is an experience of uncomfortable thoughts and feelings. They may be very uncomfortable, but they will pass. You can help yourself to feel better. You are strong. You are a survivor. You are part of a very large community of survivors and their supporters. People who care. People who understand how you feel.

Suggestions for helping yourself relieve backlash:

1. Remind yourself of the here and now. This is [month] of [year]. Remind yourself of how old your body is, and that you have lots of capabilities and knowledge.

2. If you are “hearing” messages that are threatening you, belittling you, or frightening you — talk back. Don’t think of it as talking back to yourself or yourselves, but as talking back to the people who put the messages in your head. You don’t need to think of specific perpetrators or even be able to remember specific perpetrators. You can just talk to the unfairness that people sometimes put hurtful messages into people’s minds, including yours.

3. Do things that help you connect to your body. Rub your arms and legs. Stamp your feet. Move your mind slowly from the tip of your toes to the top of your head, noticing every place your body touches the world around you and where you body touches itself. Now move your mind from the top of your head to the tip of your toes. Remember to breathe. Visualize your tension flowing out with your breath. Take some breaths and blow out the air with a little force behind it. Walk around. Alternately tense and relax your muscles.

4. Be sure you have fluids and nutrition on board. Stress uses energy and you need to be refueled. It is best to avoid caffeine and alcohol. Herb tea is a great substitute if you want something other than water. Concentrate on each step of the tea making. Imagine that you are honoring each step of the process. Before you drink the tea, hold the warm cup in your hands and breathe in the fragrance. Remember that the earth provides us with a multitude of kindnesses and comforts.

5. Check in with yourself or selves. If you are multiple, ask after other selves specifically. Nurture each other. Share the burden. Take turns experiencing the “topmost” consciousness. If you are not multiple, check in with your inner child. Affirm that you have one, even if that doesn’t seem real or “safe” — ask yourself, “If a child had been through a stressful new experience that was both exciting and a little scary, what would the child need to feel safe and reassured?” Then do your best to provide it for yourself.

6. Do a reality check about or with your loved ones. Remember, they really are not less safe just because you have gotten some validation for your circumstances. If you do not have loved ones at this time, remind yourself of the community of survivors you are a part of, especially that many survivors have safely disclosed and healed.

7. If you experience muscle cramps when you have PTSD, soak in a warm bath or soak your feet in a pan of warm water. It can be additionally soothing to add a cup of baking soda to your bath, or a pot of strong-brewed fragrant herbal tea or bath beads. Massage yourself or share a massage with someone you trust. It’s fine to leave all your clothes on, if you prefer.
8. Express your feelings through drawing, writing or talking.
9. If you have a pet, a child or a stuffed toy friend, connect with them. See them and hold them.
10. If you have a surge of anxiety you can alleviate some of the biochemical stress through exercise. Gauge your exercise to your usual state of fitness. If you are currently fragile or disabled, concentrate on isometric exercises or your usual physical therapy. If possible, take a walk in a safe area. If you are physically fit, it can help to do some strenuous exercise, followed by a shower. Feel the water flowing over your body.
11. Prayer, meditation or self-guided visualizations can be life-savers. If your mind keeps wandering or blanking out, gently begin at the beginning and move yourself into the prayer or visualization. Each time you start you should be able to get a little further. Be self-forgiving and self-accepting. If you have trouble, remember that the practice helps you learn to calm yourself and associate to your own thoughts and motives.
12. Realize that you've been “here” before and that it will pass. Visualize moving yourself into the space (the sense of being) where it is past.
13. If you are experiencing persistent suicidal thoughts and feelings, call for help!
14. Remember the words to inspiring songs you might know. It can help to sing them and remember the feeling you had in the group, if you felt connected and recognized. If you had difficulty during group participation, give yourself gentleness and understanding for how hurt and vulnerable you are.

Calming Visualization

Ever since I was a small child, I used the Twenty-Third Psalm as a meditative visualization. I pictured every step of the prayer, making the concepts of safety and belonging as real to myself as I could, beginning at the beginning every time I got “lost.” You might use something similar for yourself. I've included an example, but remember that it is just a suggestion for helping you to feel better — if it makes you feel worse, it is just not right for you. Remember, you are not bad or evil.

Love is my shepherd — I can call on my loving to care for myself.
Love leads me to beauty and comfort. It shows me the generous Earth that is my planet.
I can visualize green pastures, still waters, sunshine, trees and flowers. Their beauty can restore my soul.
I am following in the path of healing for my sake and for the sake of the children of the world.
Even as I pass through the darkest moments, when I feel most alone, there are others who travel alongside me.
My inner strength is growing and joining with theirs, and we are slowly making changes for the better.
I belong in life. I can survive. Others have healed, and I can too, for my inner self belongs to me alone — I can choose who to share my life with, and I can determine the destination of my soul.
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