

5

FROM FRAGMENTATION TO HIGHER THINGS

The Ultimate Fragmentation of a Split Brain

Most of us do not think of our minds as being made up of numerous parts, acting independently. However, research has amply demonstrated that human consciousness is a multi-level, multi-part phenomenon. Since the days of Freud and Jung, most of our culture has accepted that much of what happens in our minds is outside of our awareness. Neurological research on lateralization of brain functioning has added greatly to our appreciation of that fact. It illustrates vividly the phenomena of independently acting mind parts.

My favorite story arising from this neurological research is about a young man who, because of severe epilepsy, had the two halves of his brain surgically separated. This resulted in his having two independently functioning halves of the brain that were completely unable to communicate with each other. Unless the boy's eyes were open and looking, the right hand literally did not know what the left hand was doing.

In most people, the right side of the brain has no speech ability and therefore is "silent." To learn more about the silent half of the mind, researchers designed a clever experiment with this young patient. If you are looking straight ahead, the left side of what you see is processed by the right brain, while the right side of what you see is processed by the left brain. Using a tachistoscope, researchers could quickly flash an image with one scene on the right of the screen and a different scene on the left. To further separate the fields of vision, an opaque barrier extended from the boy's forehead forward. The scene was present for only a fraction of a second, so there was not enough time for the subject to move his eyes around it. This would result in the right brain seeing one picture while the left brain saw a different picture.

In one instance, a snow scene flashed to the right brain while a barnyard scene beamed to the left brain. Multiple-choice possibilities were given to the boy, and he matched the possible answers with the scene he saw. In this instance, they asked him to point with his left hand to the correct answer. By specifying the *left* hand, the researchers were addressing the silent *right* brain. Recalling that the right brain had seen only the snow scene, the left hand pointed to the snow shovel as the correct answer. This, of course, was correct from the right brain's perspective.

Then, the researchers asked the boy to verbally explain why he picked the snow shovel. Remember, speech is a left brain function and the left brain had not seen a snow scene, but rather a barnyard scene.

Interestingly, his left-brain did not say, "I don't know," which would have been the truthful answer. Instead his left-brain *insisted* that the reason he picked the snow shovel instead of the chicken from among the possible answers was that, with a snow shovel, he could shovel chicken manure. The researchers tried to challenge his reasoning and explained that this could not possibly be the real reason for his choice. However, the boy stuck tenaciously to his explanation. The brain seemed to have such a compulsion to explain the reality around it (i.e., why the left arm, over which it had no influence, pointed to a snow shovel) that it *invented* a fully self-convincing explanation and believed it, despite evidence to the contrary. Once the boy's left brain created a meaningful explanation for his difficult-to-comprehend reality, dislodging it was nearly impossible.

To further complicate the picture, the right brain, when it heard the left-brain's explanation, objected angrily by slapping the boy's face with the left hand. This perplexed the boy at first, but he decided the explanation of the phenomena was a twitch. It took the researchers some time to calm down his aggravated right brain.

The Subtle Splits in Our Soul

A kind of "split personality" potentially exists in all of us, depending on the degree of communication and goodwill existing between the various factions of our minds. Some of us suffer ongoing battles between the various parts and experience excess emotionality, anxiety, rages, or depressions as a result. A few, like the lady I introduce to you now as Andrea, have splits so old and wide that the different parts become full-fledged sub-personalities.

Most of us are more like Duane, whom you met in the last chapter. Our splits are more subtle and fluid. They influence and limit us in ways of which we are unaware. Very few of us have been fortunate enough to have fully healed the splits that are an inevitable part of living in a fallen world. Whatever our situation, God's grace applies to us all.

Andrea's Psychic House

In our quest to understand our inner lives and the inner life of *Every soul*, it makes sense to take a step inside of Andrea and observe closely what, and who, is there. The ease of entering and being able to move about within the inner world of a person suffering Dissociative Identity Disorder (DID) is fascinating and educational. Fragmentation in this condition is not from a neurological severing of brain parts, as was the case of the boy in the experiment; instead, it is from psychological partitioning as a means of mastering overwhelming emotion.

Heightened permeability of the soul

Every person who becomes severely dissociated was born with a heightened permeability of the psyche (or soul). This permeability is intruded upon frequently by hostile or confused family members or by other people in the child's life. The relatively defenseless soul resorts to the few means he or she may have at such a young age—repression and dissociation. Dissociation in this context is a spontaneous use of naturally occurring hypnosis. During a time of trauma, the frightened young personality enters a state of psychological shock, a form of hypnosis. The soul, in essence, says to itself, "This awful thing can't be happening to me. It must be happening to someone else over there." During the trauma, she may consciously feel like an uninvolved bystander. By putting the painful awareness of the traumatic experience into the unconscious parts of her mind (repression) and by splitting that awareness into multiple parts that are never brought together as a whole (dissociation), the conscious personality (ego) is saved from being flooded with the horror of its memory. As a result, helpless feelings are diminished and hope can endure. Only later does the hidden and fragmented awareness come back to haunt.

Andrea's history was interesting. Unlike many with DID, she did not suffer serial episodes of physical or sexual abuse. The family had troubles, but they were not purposefully abusive or ill intended. In fact, a medical condition was the starting point of her difficulties. Andrea suffered infantile tachycardia. This is a disorder in which very rapid heart rates occur intermittently in children. The rate can be so high as to jeopardize the adequate flow of blood. In the late 1950s, the standard treatment was sedation with phenobarbital.

Phenobarbital is a barbiturate sedative that can be used to induce a hypnotic-like state of mind. It, or its close relatives, are used as a "truth serum" when interviews are done under sedation. Therefore, every time Andrea had an episode of tachycardia, she experienced the anxiety

of her distraught parents. She sensed their fear intensely with her unusually empathic soul, and then she went into a drug-induced trance from the phenobarbital. The trance state, therefore, became a trained response to either her fear or her family's anxiety.

Andrea came to me referred by her psychologist and in a very depressed state, tending toward suicide. This necessitated hospitalization. That was where I began to suspect something more than depression. Here is Andrea's description of that early interaction.

I rarely mentioned my symptoms to anyone. When I did mention them, a "hmm" was the closest I got to a diagnosis. Once I married, though, my husband became more than concerned. One day I shyly asked him if he ever thought I "acted weird." He looked at me blankly, but inside, he was thinking about several disturbing events that he thought were "unlike me." When I finally told him about having gaps in my memory that lasted for minutes to hours, he urged me to find a doctor and tell all.

Two years and several doctors later, I finally voiced my greatest fear. Even then, my husband had to do it for me. He opened Pandora's box by telling my psychiatrist, "She thinks she has multiple personalities." I quivered and whimpered on his shoulder like a child but finally allowed one eye to peek out at Dr. Caldwell. He was not laughing! He couldn't have looked more serious. Part of me cried with relief. The other parts prepared for the long struggle ahead.

Andrea's first alter-personality formed in response to family interaction around the tachycardia episodes. Here are her words describing that original soul fragment.

Angry One (AO)

AO was my first alter. She formed to protect me from my overwhelming fear. She was an angry, impatient little girl who was extremely sensitive to criticism and sharply intelligent. An early display of angry defiance was riding my rocking horse violently. My parents were terrified because I'd had a heart condition and had to be handled delicately. Attempts to slow down or stop AO were met with angry, crying protests. Because my parents were equally afraid that loud crying would give me heart failure, she continued to ride. AO had caught them in their own favorite game of the double bind!

In my family, only bad girls got angry, cried, or made lots of noise. So A.O. took care of such feelings by lashing out quickly and getting it over with. As A.O.'s identity grew stronger, I grew more terrified of not only my anger, but anyone else's too. This provoked A.O., who would bite my lips, leaving mouth ulcers. When especially angry, she would kick my ankles and scratch at my face and arms. Twice, she got a pair of shears and savagely cut off two big handfuls of my waist-length hair.

The older A.O. developed an intense hatred of boys her own age. On at least two occasions, she gave scathing speeches to a group of troublemakers. My best friend witnessed these outbursts of rage and later asked me about them. I could not explain; I was more shocked than she was and only vaguely remembered them.

By adolescence, my reputation as an odd girl was beginning to alienate me socially. I felt the pangs of loneliness deeply. As a result, I became even more defensive about A.O.'s anger, totally denying this emotion and hating it in myself. It was to be many, many years before the two of us could look each other "in the face" and call a truce. Until then, I kept her locked in her attic room as much as possible.

Typically, people with DID go through a denial phase about their illness early on. We can audio record the personalities and play them back to the person, but the main personality may still disbelieve what, to dispassionate observers, appears obvious. They must work through to an intellectual acceptance, and then ultimately to an emotional acceptance of having independent alter-ego states.

This denial was particularly irksome to A.O. By denying A.O.'s existence, Andrea was disavowing her anger, as well. A.O. felt Andrea was derelict of duty by doing this. It then fell to A.O. to manage the negative angry energies and issues.

Because A.O. would act out by scratching Andrea, and I wanted to stop that behavior, I felt it imperative that Andrea discontinue her denial. In a session in the hospital, I worked out a deal with A.O. If she would stop scratching the arms, I would do my best to breach Andrea's denial. I told A.O. she should think about a way that she could utterly and unpredictably surprise Andrea, and then Andrea and I could discuss A.O.'s manifestation and overcome Andrea's denial. I had not predicted that A.O. would be such a one-trick pony.

I shifted back to Andrea and told her about A.O. and that we had set up this agreement to help her prove her independent existence to Andrea. When Andrea felt ready, I told A.O. to proceed. After about a three-second delay, Andrea's hands started viciously attacking her forearms with their fingernails. Andrea did not understand what was happening and certainly was not in control.

Chagrined at A.O.'s choice of surprises, I grabbed Andrea's wrists to protect her and commanded A.O. to stop. It was useless. The self-attack went on and on. Not only was Andrea out of control, so was I! Ultimately, I opened the door and called for the nurses to help me. It took another five minutes of struggling with the nurses before A.O. felt she had made her point sufficiently. Andrea and I had a lot to talk about the next day.

Florence and "The Five"

The winter I turned four years old, we moved for the fourth time to a new city. The next year and a half was among the most dismal in my family history. Mother was sick and hated our house. Dad was over-stressed at work. Their relationship was tense. Mom was constantly complaining about Dad. Dad's moods were unpredictable. My brothers grew silent. It was as if the air were charged with dreadful electricity.

"The black" of my memory gaps happened more often. I spent lots of time playing imaginary games by myself. The one bright spot was Sandra's house. She was willing to join me in my pretending, and her house felt happy and warm. We played contentedly for hours.

Things at home got increasingly confusing. One brother was hyperactive and impulsive, sometimes loving me and sometimes hating me. Dad anticipated going to Vietnam. Mom was having frightening asthma attacks. I seemed to absorb the family stress. Dad got angry so

easily. Rules that did not make sense could not be challenged or questioned, adding tension upon tension.

One awful night that year, I was watching TV with my family. *The Twilight Zone* started. That meant it was bedtime. I knew I had to go up the stairs, into the scary bathroom, and down the dark hallway alone to my bedroom. But suddenly, I was there! I wondered how I got up to my room. I fell asleep. Suddenly an ugly robot was chasing me in a large house. With a scream and crash, I woke up on the floor. I'd had another nightmare, but this one struck a deeper terror in me than I had ever known. I felt the black coming. I lay still, my heart pounding. I had never felt such utter terror and aloneness. I sensed a frightening presence in the hall. I went into the black!

Three pairs of "twins" joined A.O. that night. The first alter, Florence, took turns playing with my neighborhood friend, Sandra. Passive and painfully shy, Florence accepted pain with the expectation that it was a part of life—especially hers. Florence's opposite was Monster—a wild, kicking, biting screamer who protected Florence from being held down.

Murder and Vicious were also opposites of a sort. Murder turned the anger of that night inward. She scratched my forearms with sharp fingernails whenever I pushed that night's memory aside. Vicious turned the anger outward, cursing and swearing and challenging anyone who defied her wrath. I am not a large woman, yet male friends remember me flipping them with one arm.

Lust and Bitch were the other twins. They personified the over-stimulated sexuality that was never overt in my family. Yet something about bodies and shame permeated our family atmosphere.

In my mind, Florence appeared to me as a dirty, pathetic little girl in shredded pajamas with dead flies in her long tangled hair. She lived on the fourth floor of my inner house. She was so full of pain I could scarcely stand to imagine her. Her one comfort was that she had learned to play the piano.

The "Five" personalities born that night remained totally unknown to me except when I woke up at night. Even sleeping in a fully lit room, I would have a dreadful sense of not being alone. It was as if the anger I had "cast out" was trying to push its way back in. When I was older, in high school, I had a strange sense of five angry entities in my room. The number 5 seemed to enter my mind from nowhere. These four lived with Florence on the very Spartan and dirty fourth floor.

Interestingly, we performed a standard psychological test on both Florence and Andrea separately. They were scored by computer and showed vastly different profiles. Andrea's showed her anxiety and depression, but no severe personality problems except a strong dramatic tendency. Florence tested borderline psychotic and much more damaged. We also ran visual evoked potentials at the neurologist's office. Normally, a person should have the same test results from test to test. Florence and Andrea were tested separately and again showed a difference that would not be expected within the same person.

Mary

I turned five years old, and we were moving again. The last night at the old home, my friend Sandra and I ate ice cream cones together. I thought I would see her the next morning when my family planned to leave. The next morning, we left before the sun was up. Sandra's mother waved at us from their living room window, but Sandra was not there. I remember feeling a gnawing ache of disappointment. I dared not cry, so I gulped hard and "accepted" the loss of Sandra like my parents would want me to do.

That was when Mary entered my life. In our new home, I felt especially lonely. All the children in the neighborhood were old enough to go to school. My daddy was gone to Vietnam. Our house was so little! My dresser was in the hall. I started to talk to a girl in the mirror. I wanted to be her so much!

As the years passed and we moved two more times, I kept talking to the blonde girl in the mirror. She was everything I was not. Her hair was not frizzy. She was not a monster. Boys liked her. She was not clumsy and noisy. She was a lady. I always checked with her before school in the morning to make sure I was okay. She smiled warmly and always approved.

For the next twenty years of my life, Mary lived on the third floor of my house and would step out of the mirror and become "me" whenever I wanted to be thought of as lady-like. She was brave and calm and was the first personality to introduce herself to Dr. Caldwell.

Dream-maker

I was terrified of the dark. My parents were sympathetic about my fear to a degree, but they did not really appreciate its extent. I remember trying to tell them, but their minimization and too-quick reassurances discouraged my further discussion. Sometimes, I would hear and see vivid scenes that terrified me as I was trying to fall asleep. I tried to believe I was only dreaming, but in my heart I knew something was wrong. I often had equally vivid nightmares and woke up screaming.

I remember being very determined to find a way to cope and not go insane from the fear. I didn't know much about God, but I prayed every night. Then the anxiety would start, so I would begin to think about an adventure—something nice and happy. I could usually fall asleep and continue the adventure in dream form. I soon developed a library of pleasant dream topics, and I eventually began asking to have good dreams. When I awoke to a miserable reality, a good dream gave me hope to think back on.

Not until I was in treatment did I realize that the answer to my prayers for relief had taken the form of a dream-making personality. My Dream-maker became an important person to me. She saw that I got rest. Later on during treatment, she helped lead me to the truth of my

life. I'm so glad I prayed back then. God heard me, and today I'm not insane.

Jean

Jean was my nurse. Playing nurse was great fun. Through grade school and adolescence, my nurse-self imagined the role and spent hours "gorging" on a medical encyclopedia. Eventually, I chose to go into nursing as a career. My friends and family had trouble imagining me functioning as a nurse because of my marked squeamishness over body issues. "How idiotic!" I thought. After all, I could picture vividly in my mind scenes that were much worse than an emergency room.

When I finally had my chance to do an E.R. rotation, we saw some truly gruesome sights. I amazed even myself by my lack of emotional reactivity. I felt like an automaton. It was as if someone else was going through the experience for me.

Beneath the surface, however, I felt a great deal. The last night of my rotation, I was in the OB-Gyn department when a rape victim came through. We were leading her into a room when I blacked out. I barely remember her gulping sobs, which were followed by a terrible wave of pain, and then I was in the surgery department. I busied myself with some laceration patients for the next three hours. I was so upset that I was actually hiding from the OB-Gyn department and didn't know why. In my bedroom that night, I could not stop crying.

Jean has helped me many other times when the potentially healing medical intrusions on patients' bodies have triggered panic in me from unconscious reservoirs of fear. At times, I question whether I should have been a nurse. It is then I sense Jean and see the yellowed pages of that old encyclopedia. She quiets me, and I know that I'm doing the right thing.

Heather Marie

H.M. observed my routine from within me for many years before she decided to "come out." My earliest awareness of her occurred at age nine or ten. Often in class or church, and always during an obviously quiet and serious moment, I would feel an irresistible urge to laugh out loud. The laughter seemed a method of bringing comic relief to a tedious situation. The urge was so powerful that I would have to cover my mouth and put my head down while my whole body shook as I struggled to keep under control.

As the years passed, H.M. grew more disgusted by my embarrassments, fears, and depressions, and her activity became more pronounced. Occasionally a loud guffaw would be hurled out of my mouth as someone passed me at school. The person would turn and look at me in shock. I returned the gaze. But inside, I could feel a sense of victorious glee. H.M. chose "victims" who were either my good friends, who she wanted to tease, or bullies at school that she scorned with her

laughter. Unlike me, she was not afraid to have a good time or to stand up to people whom she thought of as boring, pompous idiots.

When I was fourteen years old, H.M. stepped into the world for the first time and took full control of the body. She did it to save my life. During the eighth grade, I slipped into the blackest depression I'd ever had. Early one evening, I closed myself in my room and sobbed uncontrollably into my pillow. Florence, who felt she was lowest form of life, had come to the point of wanting to die. She rose, got a hypodermic syringe out of my parents' room, and headed for the refrigerator where my mother kept a vial of adrenaline. She intended to mainline it directly into my arm. That's when H.M. took control with full gusto and firmly replaced the vial. Back in my room, I sat on the bed, confused. The "black" had happened again, but I had stopped crying and felt better.

From then on, H.M. visited the world often. Within a year, I had developed a reputation as a teasing trickster in close circles. At home, my family seemed amused by my cackling and would exclaim, "Andrea!" in surprise. I would stare back, helpless to explain but always accompanied by an odd mental picture of a tall, gangly blonde winking at me as if we shared a special secret. Laughing eased tension. It also ward off cruel bullies and defended against dealing with unfriendly peers. From her room in the second floor, H.M. was determined to laugh out every tear that was stored up inside.

Considerable time has been invested here going over these various types of sub-personalities in Andrea. Its purpose is to give the reader images and a feel for the potential negative impact of the unintegrated lower unconscious. However, I also want you to notice the positive benefits that the troubling personalities offered Andrea. Yes, they were often unbalanced and over-the-top. Yet, the purpose was clearly positive. An adage about the lower unconscious says its contents are 90 percent pure gold. This is part of the treasure hidden under the cherry tree. It needs only to be carefully mined and purified. Hopefully, hearing these true stories will convince you that the adage about gold in the unconscious is true.

Inner Self Helpers

So far, Andrea has introduced us to personalities that grew out of pain and trauma. Using the terminology developed in the previous chapters, you can recognize that each of the above personalities reside in the lower unconscious region.

Dee, however, is different. Dee was with Andrea from the start of her life. She did not form out of trauma. She exists in a realm free of the turmoil of Andrea's outer conflicts. She has a sense of eternal perspective about her, and she knew about all the other personalities in the Shadow region. Her dove's-eye view of Andrea's soul suggests that she heralds from a higher realm of personality than we have explored so far.

Ralph Allison, M.D., coined the term "inner self helper" (ISH) to describe fascinating psychic entities such as Dee. (Allison M.D. 1980, 131f) He found them frequently in his multiple personality patients. ISH's and their wisdom are used extensively to guide treatment, and they have interesting implications for the inner pilgrimage of us all. Pay particular attention, therefore, to Andrea as she describes Dee, her inner self helper.

Dee—The Inner Self Helper

Before I knew anything about inner self helpers, I thought of Dee as a calm, older, female voice that talked to me. Sometimes the voice could be very authoritative, almost commanding. At other times, her bits of advice came in the form of a gentle hint that seemed to pop into my head out of nowhere—sometimes with a touch of humor. I never thought of this voice as scary, weird, crazy, supernatural, or anything strange. In fact, even though I often thought I might have something wrong with me, because of Dee, I knew I had a very sane part. I remember thinking of Dee as “not me,” but I didn’t worry about who she might be. I was just glad to have her.

Dee seemed older than me by only about two years—not like a wise old lady, at all. She was more a concerned and experienced older sister. As I grew older, she grew, too, but always staying a little older than me. Dee always was there during times of stress and fear. Deep sadness could bring her, too. Perhaps when I was crying alone in my room, her voice might say something simple like, “I’m sorry. It’s going to be okay. Remember, they don’t stay angry long.”

In spite of my pain, my thoughts would suddenly be clear and logical. “I’ll get up now and do some homework or clean my room and let some time pass. Then I’ll go back out. It will be better if I go out first instead of my family coming to find me here.” I would feel much better. Now I had a plan of action and a purpose.

This is Dee. She helps me to find a purpose and meaning in experiences, perhaps a lesson or something to remember for the future. She has never been a constant companion, but always seemed to come when I needed a friend or a firm hand just to be with me.

Of course, I heard voices other than Dee’s because of the alters. But Dee’s voice was different. It was not intrusive, silly, or mean. She did not force herself on me. Perhaps I usually listened because she had such a calming effect on me. But if I did not want to listen, she would leave. The others would not. Dee’s voice called and was still and small. The other voices forced. I had no control over their coming or leaving. I didn’t control Dee, either, but she would leave at my request.

Another reason I listened to Dee was that her advice was good! She had lots of common sense, and gave simple advice that reached to the heart of a matter.

“Don’t talk about your brother this morning.”

“Your Dad’s angry so try to lay low tonight.”

“Those kids are drunk. Take the other hall. You’d be a perfect target for them today.”

“If Susie doesn’t understand, then she’s not worth the friendship.”

“You can do better than that if you try.”

“You’d better try to get some rest.”

I didn't get long lectures—usually just one or two sentences. Not infrequently, these truths would hit me like a ton of bricks, as in, “Why didn't I think of that before?”

The other reason I trusted Dee was that she talked about God and Jesus. I was fifteen when I had my conversion experience. I was very excited about the concept of Jesus being in my heart. Dee made the adjustment with me. When I got upset and had no one to comfort me, she would suggest that I imagine Him sitting next to me and holding my hand. Or she would say, “Don't try to pray out some wordy, silly prayer. Just talk to God. He knows what's going on, anyway. Leave all that flowery stuff for church!”

When I was reading the Bible, she'd say something like, “Why not read a short bit from different parts? Keep reading, and don't try to understand everything. Just learn from what you do understand.”

When I was twenty-one, I made a decision. Even though I was likely to face many temptations and pitfalls, I was really going to make a commitment to stop walking the fence between an immoral life and a Christian life. Dee helped with this. I took a walk out on a friend's farm. Dee pointed out that my life was still a wreck because I kept trying to find satisfaction and/or relief in all kinds of empty things and people. “Quit running! Slow down! Spend the next six months watching and listening.” I did, and life got better for a while.

Dee is hard to write about. She is the deepest core of me. She's very important. I could write and write and never do her the justice she deserves. I do not know how an inner self helper exists. All I know is that Dee really does keep me/us together. And she is *hope*. Because, someday, we are going to be together, and she'll be there, too. It's nice to know that I might actually someday get to be as sensible as she is.

What about Your Psychic House?

Admittedly, most readers will not suffer with the multiple personalities of a dissociative disorder. However, Andrea's experience graphically illustrates the fragmentation that can occur as we grow up in a fallen world with imperfect families. It is a safe guess that every one of us has had early-life experiences fraught with significant disappointment or pain. After five years of treatment, all of Andrea's personalities came together as one. She is now whole. Her marriage survived the ordeal of her treatment years and remains happy. She has raised a healthy family, all the while working part-time as a nurse. She is completely like you and me.

What unresolved feelings and leftover issues reside in your unconscious psychic house? How do they influence your ongoing relationships today? How do they color your hopes and fears? And how often do they pop out at unexpected times, causing you to overreact in anger and fear, which results in feeling compelled to behave in some less than mature way? It sounds a lot like Romans 7, doesn't it? Wouldn't it be nice to have a Dee to guide you through life's pitfalls?

Well, the good news of this chapter is that you *do* have a Dee! It is your higher unconscious. It is the region of soul I introduced to you in the last chapter as we reflected upon Duane's calling to rise above the bugs in his program. This higher unconscious can help you and me with our bugs, as well. A deeper understanding of the spiritual mind of the higher unconscious

can help us discern inner wisdom vs. falsehood and chart a better path for our lives—but we must take time to listen.