

**INTRA-TP**  
INSTITUTE FOR THE STUDY OF TRAUMA  
AND PERSONALITY DISORDERS

# Voices and Dissociative Parts. A Trauma informed approach

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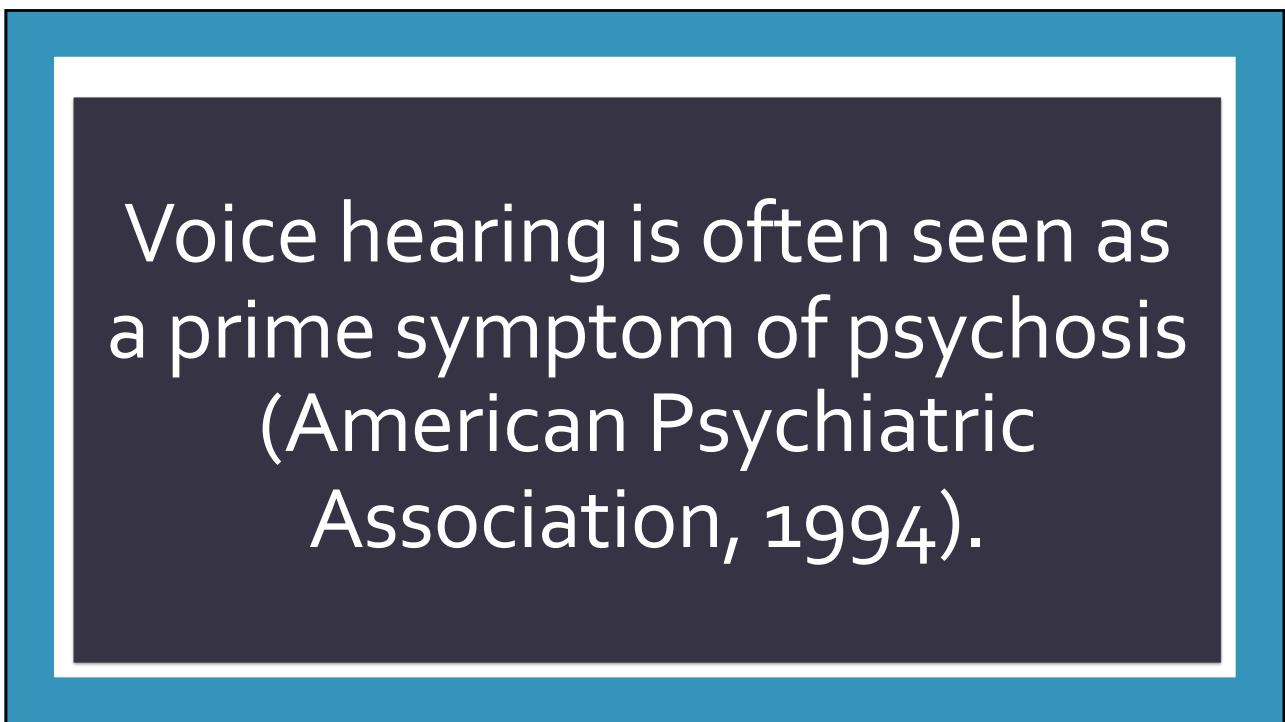
Clinical information is confidential. If  
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The content of this presentation  
cannot be video, or audio recorded.

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The International Hearing Voices Network – Essential Facts

There are three main psychiatric categories of patients that hear voices (Honig et al., 1998):

Schizophrenia (50%)	Affective psychosis (25%)	Dissociative Disorders (80%)
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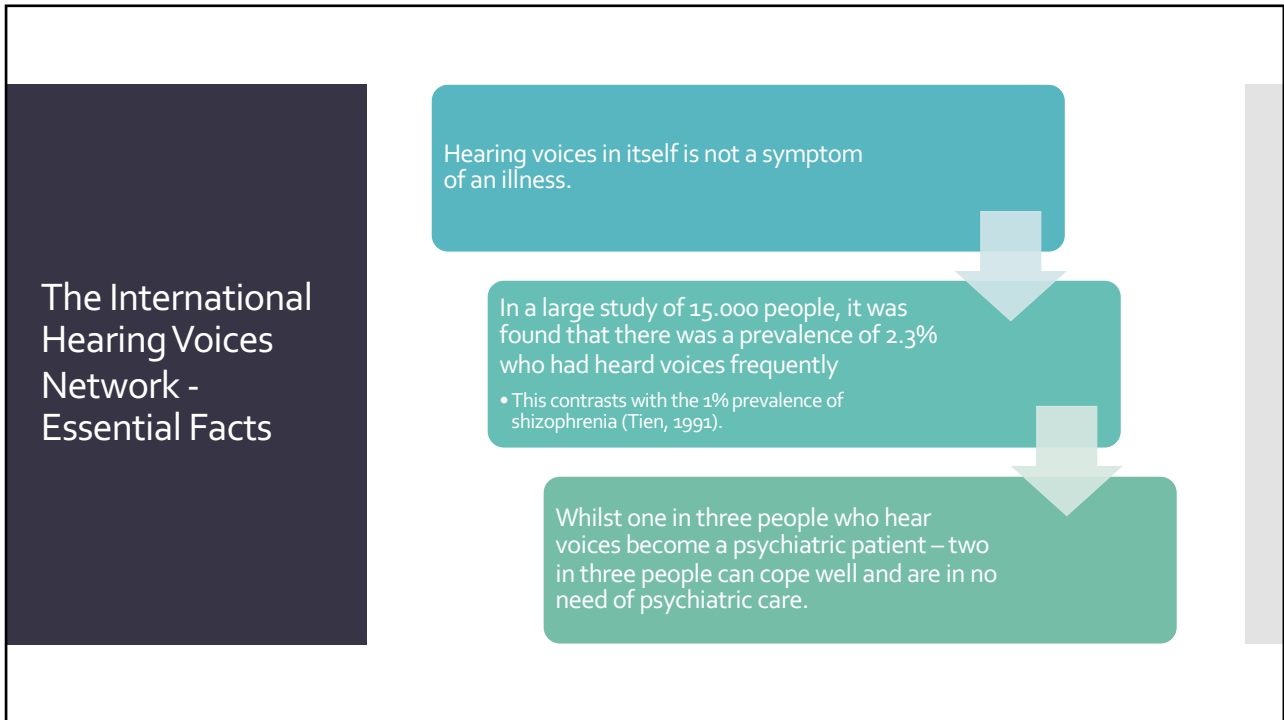
But voices can be heard by people with other diagnosis (and with no diagnosis).

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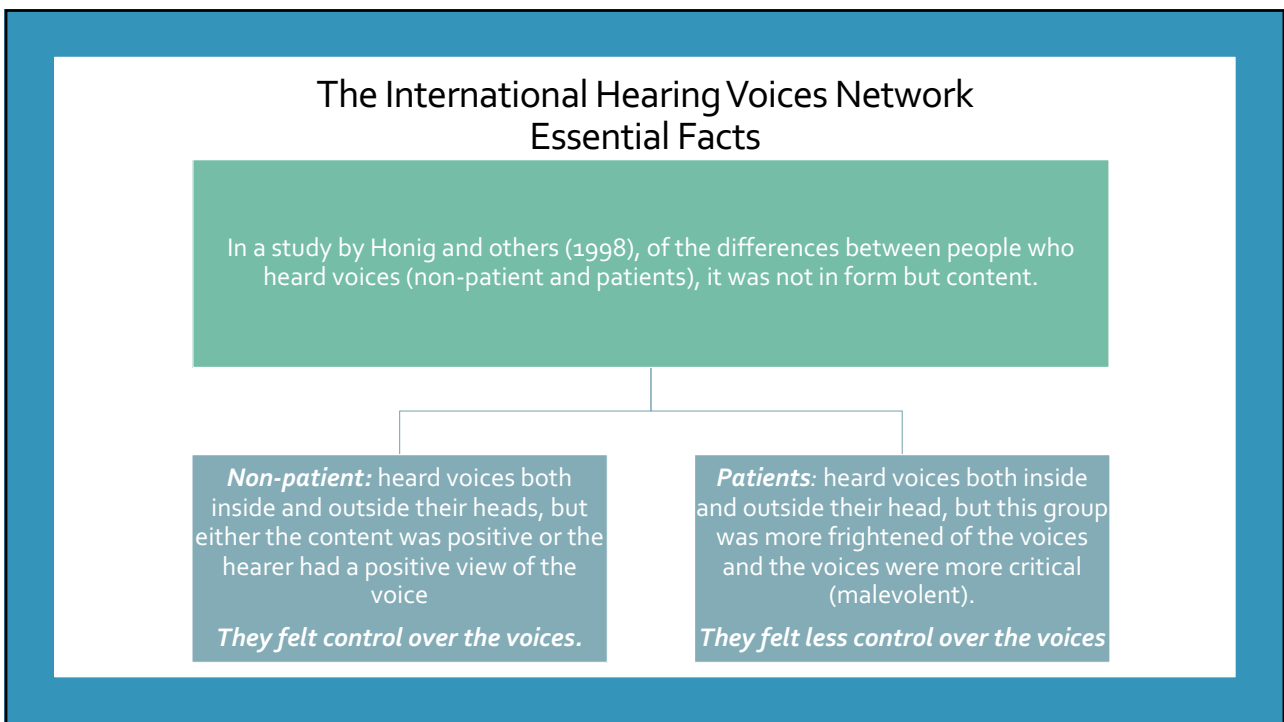
The International Hearing Voices Network - Essential Facts

Studies have found that between 4 y 10% of people across the world hear voices.	Between 70% y 90% of people who hear voices do so following traumatic events.
Voices can be male, female, without gender, child, adult, human and non-human.	People may hear one voice or many. <ul style="list-style-type: none"><li>• Some people report hearing hundreds, although in almost all reported cases, one dominates above the others.</li></ul>
Voices can be experienced in the head, in the ears, outside the head, in some other part of the body, or in the environment.	Voices often reflect important aspects of the hearer's emotional state <ul style="list-style-type: none"><li>• Such as emotions that are often unexpressed by the hearer</li></ul>

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### The International Hearing Voices Network Essential Facts

In research concerning people who hear voices, it was found that 77% of the people diagnosed with schizophrenia, the hearing of voices was related to traumatic experiences (Romme & Escher, 2006).	These traumatic experiences varied from being sexually abused, physically abused, being extremely belittled over long periods from young age, being neglected during long periods as a youngster, being very aggressively treated in the marriage, not being able to accept ones sexual identity etc (Romme & Escher, 2006)	It was also found that only 16% of the whole group of voice hearers could be diagnosed with schizophrenia (Romme & Escher, 2001).
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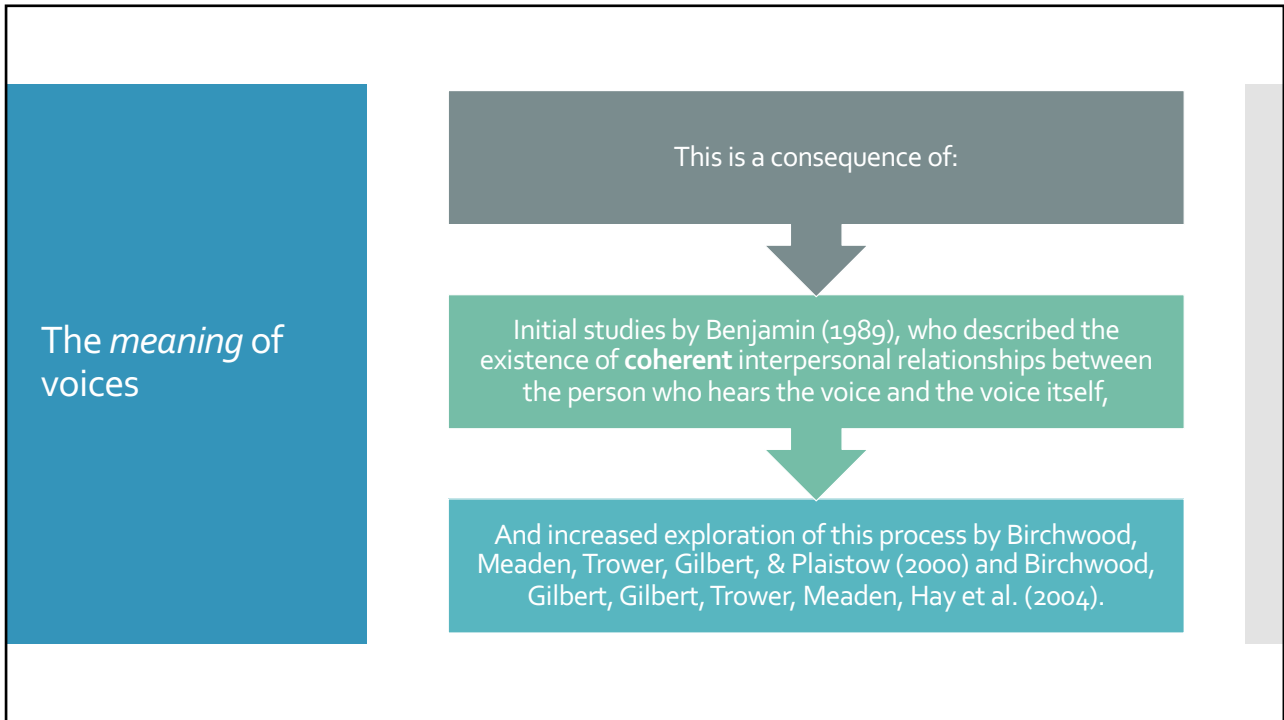
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### The *meaning* of voices

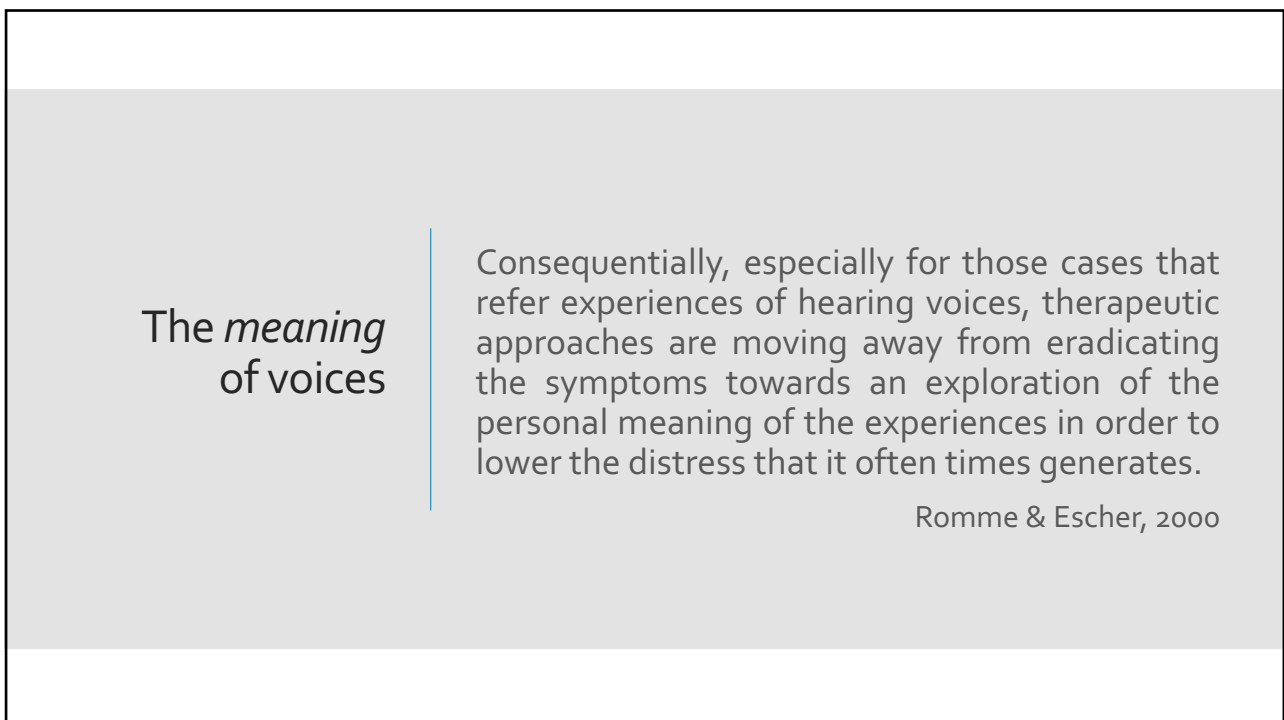
In the last decades, hallucinations have been understood as experiences filled with meaning.

Recently, the relationship between voice hearers and what they hear has become the focus of attention.

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The *meaning* of voices

Consequentially, especially for those cases that refer experiences of hearing voices, therapeutic approaches are moving away from eradicating the symptoms towards an exploration of the personal meaning of the experiences in order to lower the distress that it often times generates.

Romme & Escher, 2000

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The conflicts among dissociative parts regarding memory and other relevant issues –

The extent to which dissociative parts (and their memories) are experienced as “not me.”


The extent of the phobia for inner experiences and dissociative parts; degree of non-realization.


The need for the therapist to work with dissociative parts during trauma work (memory reprocessing with EMDR)


The need to gain cooperation of all parts prior to memory reprocessing and decide which parts should participate and when.


What Makes Treatments Different for Dissociative Disorders?


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- 

The conflicts among dissociative parts regarding memory and other relevant issues – often defended by parts that speak and are hostile.
- 

The extent to which dissociative parts (and their memories) are experienced as "not me." – hostile voices and parts are experienced as foreign and some question the memories the client or other parts have.
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The extent of the phobia for inner experiences and dissociative parts; degree of non-realization – hostile voices are the most feared specially the ones that sound like the perpetrators (and are often confused with them due to lack of differentiation).
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The need for the therapist to work with dissociative parts in memory reprocessing – and reduce the conflict with the guardians of those memories so they can become allies or at least, not get in the way of the work constantly.
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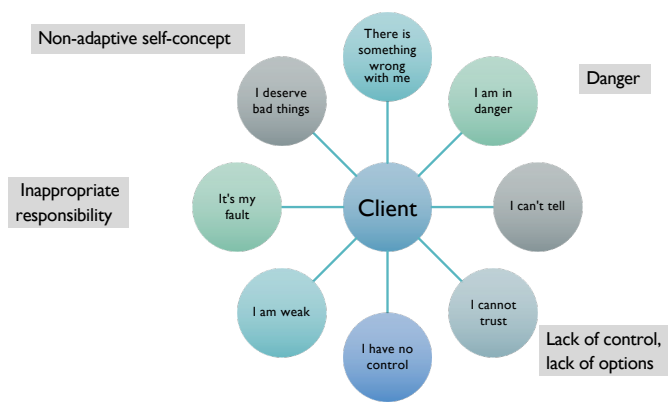
The need to gain cooperation of all parts prior to memory reprocessing and decide which parts should participate and when – protectors can be good at pacing the amount of work that can be done.

## What Makes Treatments Different for Dissociative Disorders?

More specifically in DID if we think of hostile voices and parts

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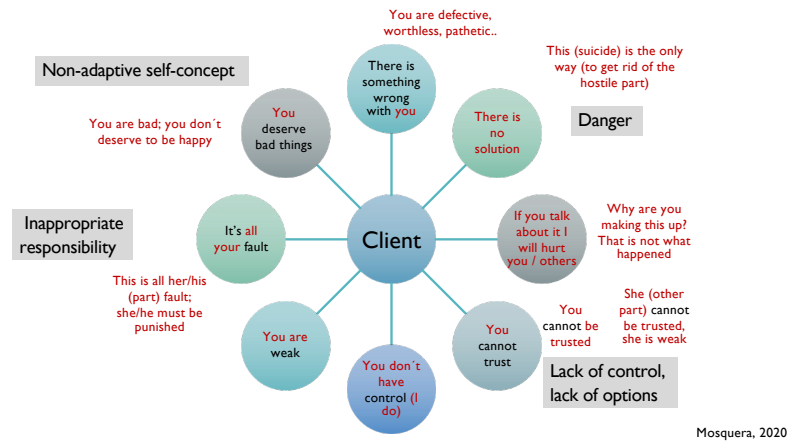
Common interferences in Phase 3 of EMDR – conflict inside – multiple negative cognitions about self, come up  
Useful to understand the different perspective from different parts



Mosquera, 2020

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The previous slide can even be more complex – conflict inside –  
Multiple negative cognitions about self are maintained and fed by hostile parts – what clients hear frequently



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Examples of things our clients often hear – from hostile voices

- I hate you
- You are worthless
- You are pathetic
- You are disgusting
- You deserve that and more
- You should die
- Nobody loves you; they will be better if you are dead
- Just get it over with you preek

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What do we need to understand regarding hostile voices and parts?

Mosquera, 2010

- Working with all parts of the system is important, but the specific work with hostile and aggressive voices and parts is a crucial aspect of the therapeutic process because they generate much discomfort, confusion, and fear in our clients.
- Helping the client to listen to these voices can be specially challenging since they may have invested much time and energy doing exactly the opposite: trying as hard as they could to ignore them.
- As a first step, we must acknowledge how frightening and confusing it must be for them to deal with these parts/voices.
- In the case of voices that frighten the client by giving aggressive and harmful orders (e.g., hurting themselves or others), clients may think that listening to the voices means having to comply with what they are saying.
- Explaining that listening to these parts does not mean having to necessarily act on any of their suggestions or commands may be surprising for the client and may help put them at ease.

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What do we need  
to understand  
regarding hostile  
voices and parts?

The origin of  
hostile parts and  
voices

Mosquera, 2010

- Many hostile or aggressive parts came to be in traumatic and abusive environments and were originated through a simple learning process; they are often just repeating the behaviors they learned from their childhood perpetrators.
- If we think about it, when someone grows up with no way of escaping, the only way in which the client can feel that they have some strength or control is developing a part or parts that seems as strong as the people who hurt them.
- This is why they might mimic the same comments, type of thinking, belief system, tone of voice, and attitudes.

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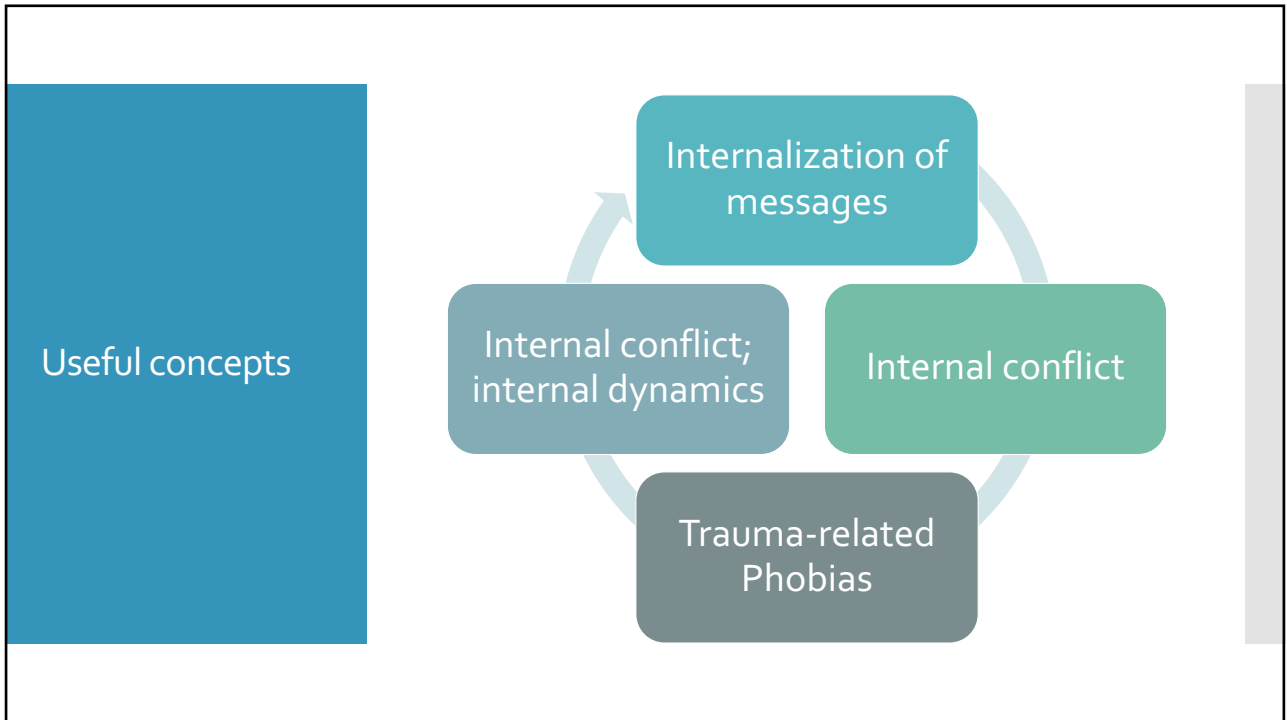
What do we need  
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The origin of hostile  
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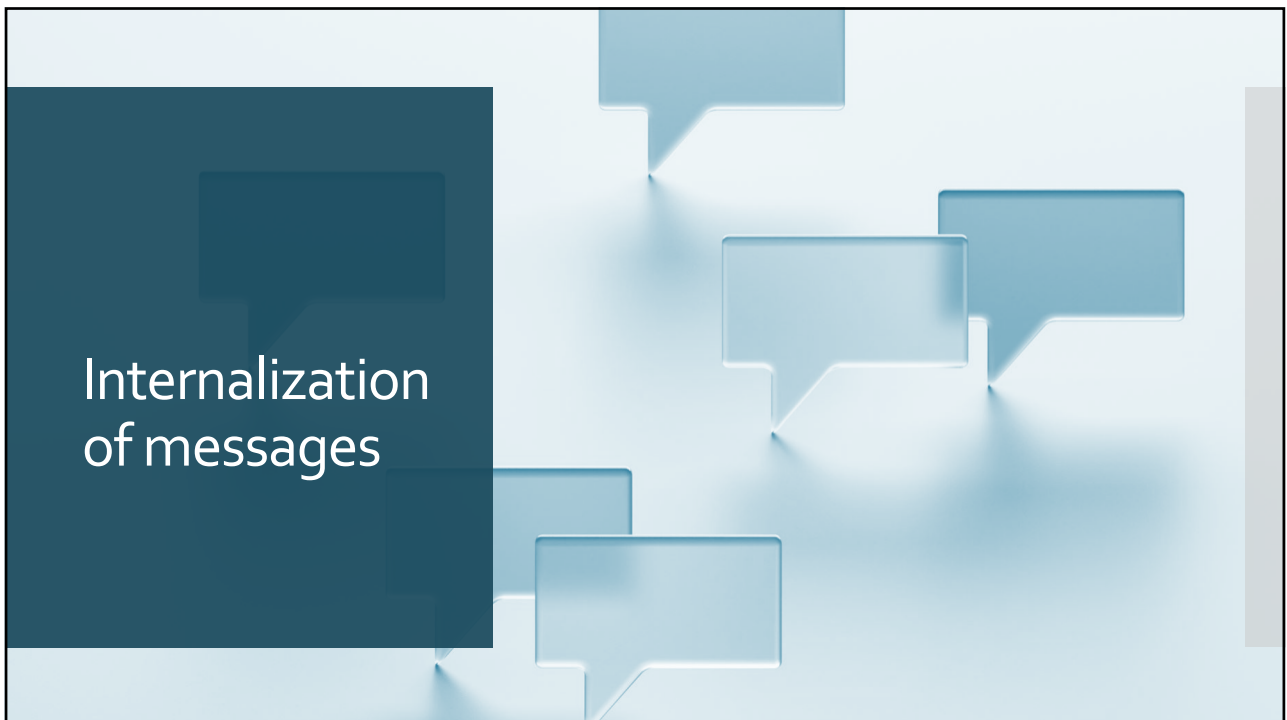
Mosquera, 2010

- The sad truth is that they did not have healthy models to teach them other options. A person that grows up surrounded by verbal, physical, or sexual aggression, negligence, threats, etc., cannot internalize positive behaviors and attitudes towards the self or think of other possibilities since no one is there to model them.
- This is why it is so important to help clients understand the rationale behind these voices, to let them know that anger and threats are often how they learned to feel some control over their environment, and to teach them new ways of looking at the voices and themselves.
- And that new ways *can* be learned.

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The way we talk  
to our children  
becomes their  
inner voice.  
Peggy O'Mara

**INTERNALIZATION OF  
MESSAGES**

A graphic featuring a quote by Peggy O'Mara on a chalkboard background with a colorful geometric border. To the right is a solid olive-green rectangle. Below the quote is a dark grey box with the title 'INTERNALIZATION OF MESSAGES' in white capital letters.

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If the internal experiences  
of the child— particularly  
emotions — are not  
recognized (or are ignored)  
by a caregiver, the child  
will learn to imitate and  
internalize the negative  
attitudes of the adult.

**INTERNALIZATION OF MESSAGES-  
I TREAT MYSELF AS I WAS TREATED**

A photograph of a child's hand being raised in a 'stop' gesture, with a blurred background. To the right is a dark brown text box. Below the photo is a dark grey box with the title 'INTERNALIZATION OF MESSAGES- I TREAT MYSELF AS I WAS TREATED' in white capital letters.

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**INTERNALIZATION OF MESSAGES -  
"I TREAT MYSELF AS I WAS TREATED"**

Many clients learn that "needing" is "bad," "selfish," and not allowed in their attachment relationships. Some parts and voices repeat these messages in "you" statements leaving no space to learn other ways of understanding what happens or the possibility of thinking of choices in the here and now.

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**INTERNALIZATION OF MESSAGES -  
"I TREAT MYSELF AS I WAS TREATED"**

As adults, many keep seeing themselves through the eyes of the people who have hurt them

And they tend to treat themselves how they were treated as children.

When there are hostile voices, they keep seeing the client and/or other parts from this toxic perspective

From this perspective there is only one way to behave so they treat client and/or parts how they were treated

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**INTERNALIZATION OF MESSAGES-**  
**“I TREAT MYSELF AS I WAS TREATED”**

If clients have been punished for expressing or feeling emotions, they will tend to do the same as adults.

Some even punish themselves for “being bad”, when they feel emotions that were censured as children.

Some clients even hurt themselves in the same ways they were hurt; hostile voices/parts repeat messages and/actions that were useful for survival back then.

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**INTERNALIZATION OF MESSAGES**  
**“I SEE MYSELF AS I WAS SEEN”**

*You are useless*

*Nobody cares about you*

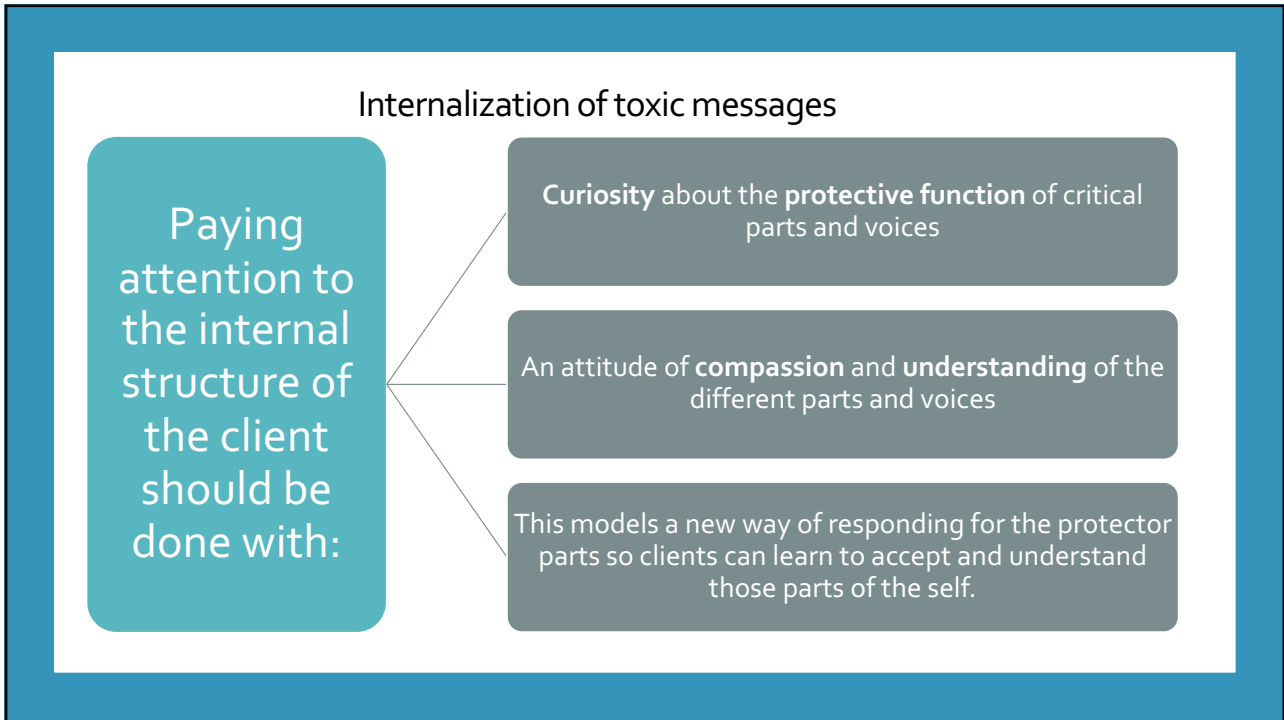
*You are pathetic*

*You should not have been born; you would be better off dead*

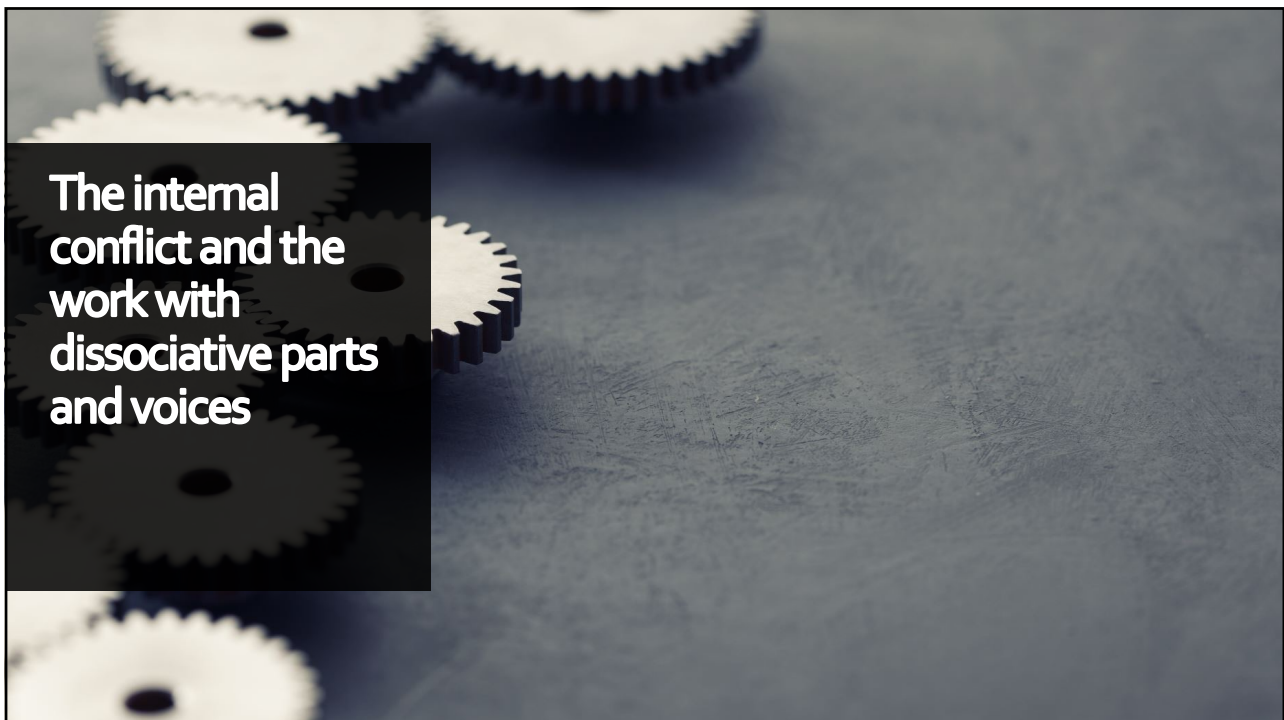
*You can't trust anyone; everyone will hurt you*

*Nobody would love you if they really knew you*


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LEAVE ME ALONE!!!  
STOP!  
I DON'T NEED YOU!!  
GOD, HELP ME!!!  
SOMEONE WOULD LOVE YOU  
SHUT UP!

THE INTERNAL CONFLICT

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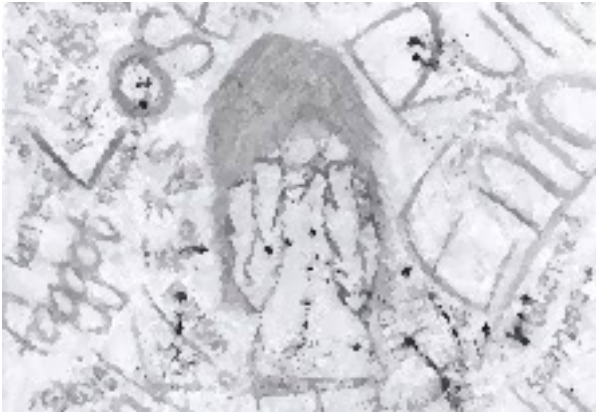


NO ONE CARES  
NO ONE LIKES YOU  
JUST DIE  
THEY LIE TO YOU  
THEY'LL FORGET YOU  
YOU'RE A MISTAKE  
YOU'RE JUST A BABY  
YOURSELF

Many clients have difficulties with voices that are hostile and critical.

THE INTERNAL CONFLICT

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## THE INTERNAL CONFLICT

The internal conflict is sometimes so strong that the person will even have difficulties carrying on with an ordinary conversation with other people, including therapists.

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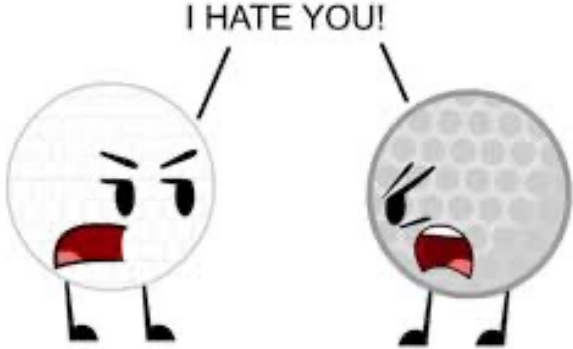


## THE INTERNAL CONFLICT

*How can you run away from something when it's in your head?*

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I HATE YOU!

THE INTERNAL CONFLICT

One factor that affects this conflict is how the client deals with the voices or parts of the self.

The illustration shows two anthropomorphic spheres. The sphere on the left is white with a red mouth and a black eye, looking angry. The sphere on the right is grey with a red mouth and a black eye, also looking angry. A speech bubble from the white sphere says "I HATE YOU!". Below the spheres is a dark grey box with the text "THE INTERNAL CONFLICT". To the right of the spheres is a blue box with the text "One factor that affects this conflict is how the client deals with the voices or parts of the self."

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THE INTERNAL CONFLICT

Clients who develop an understanding of the different aspects of self, including dissociative parts and voices usually do better than those who are avoidant or despise aspects of themselves.

The illustration shows a woman with short red hair, wearing a green top, holding a red heart with the word "ME" written on it in yellow letters. Below the woman is a dark grey box with the text "THE INTERNAL CONFLICT". To the right of the woman is a dark red box with the text "Clients who develop an understanding of the different aspects of self, including dissociative parts and voices usually do better than those who are avoidant or despise aspects of themselves."


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**BUT DEVELOPING AN  
UNDERSTANDING OF THE PARTS  
AND VOICES IS NOT EASY**

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An example  
of internal  
conflict



**Ellos nos lo han robado**

MOVIECLIPS.COM

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**THE INTERNAL CONFLICT AND  
THE WORK WITH VOICES**

Many approaches to helping people with voices have something to do with:

- Trying to get rid of the voices, such as by taking drugs till they fade away
- Ignoring the voices or distracting attention away from them.

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**THE INTERNAL CONFLICT AND  
THE WORK WITH VOICES**

One problem with the *strategies* mentioned in the previous slide, is that they all involve avoiding issues or emotions the voices may be bringing up.

A key aspect of the work with voices is to listen and understand their function and the meaning behind their disruptive behaviors.

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## THE INTERNAL CONFLICT AND THE WORK WITH VOICES

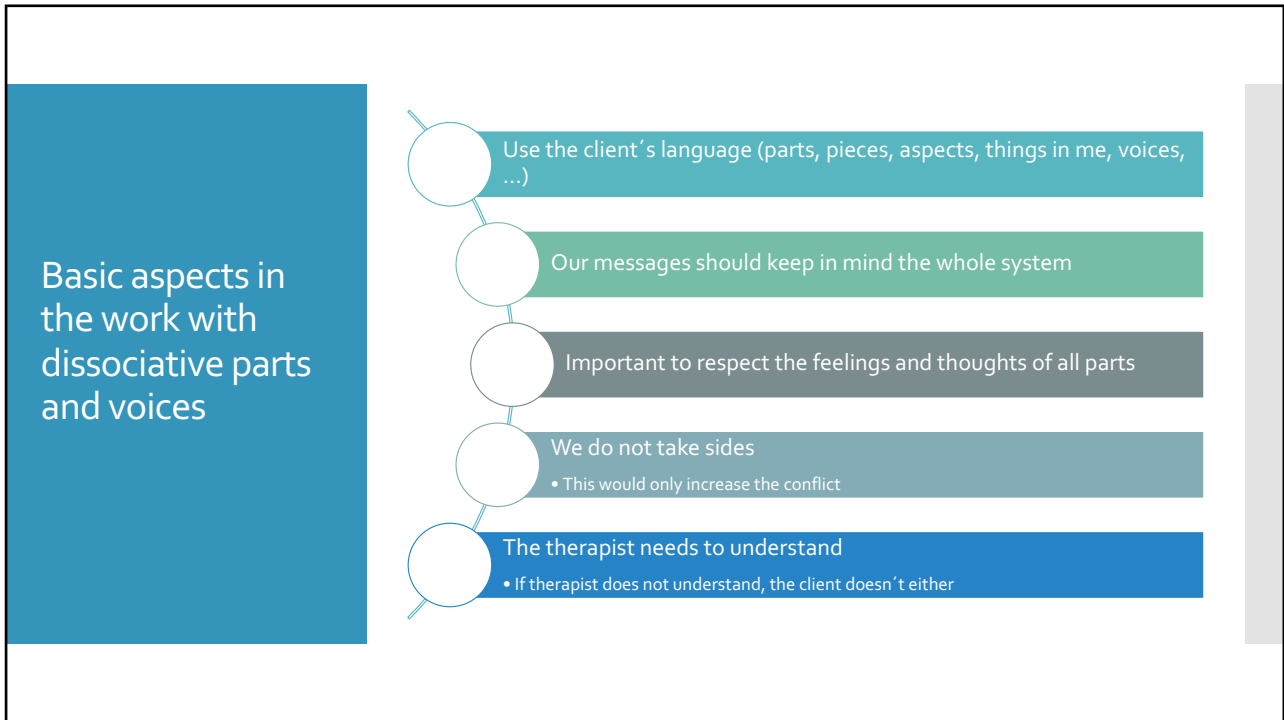
And the less they are heard and the more they are ignored, the more this voices need to scream ...leading to more phobias and avoidance towards those voices.

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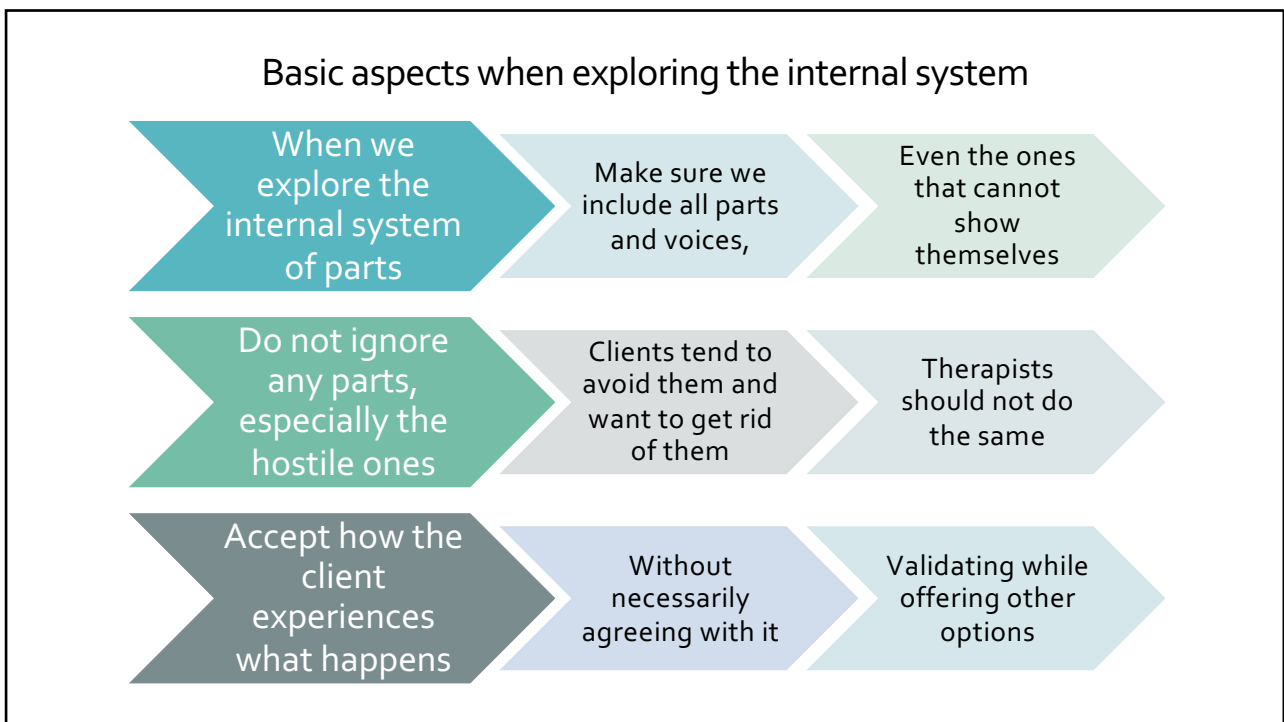


## INTRODUCTION TO THE WORK WITH HOSTILE VOICES AND PARTS

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## Examples of questions

What is this part's / voice's function?

- What is this part/voice trying to achieve by doing ...?
- If the part/voice was trying to help how would the part be helping?

What does this part / voice need?

- If the Adult does not get an answer or the part doesn't know, we try to develop the Adult Self: What do you think this part/voice might need?

What do you think about this need? (exploring phobias, a learned responses from environment)

- Is there a way we can try to work with that?
- How can we help this part/voice ? (get answers from part, if possible, if not from the Adult Self)

Mosquera, 2013

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Exploring the  
internal system

More useful  
questions

How does this voice feel about ...?

- If the voice does not respond: How do you think the voice feels about ...?
- How do you feel about that? (for example: it terrifies me). Then we would ask things like: And does this part know that this terrifies you?
- Most of the time, parts/voices are not aware that they are actually making it worse

How can this voice help now?

- I know it can learn to help in a way that does not frighten you so much.

Does this voice know that the danger is over and that you are safe now?

- The voice might not know there is no need to keep repeating what it learned to say back then.

Mosquera, 2013

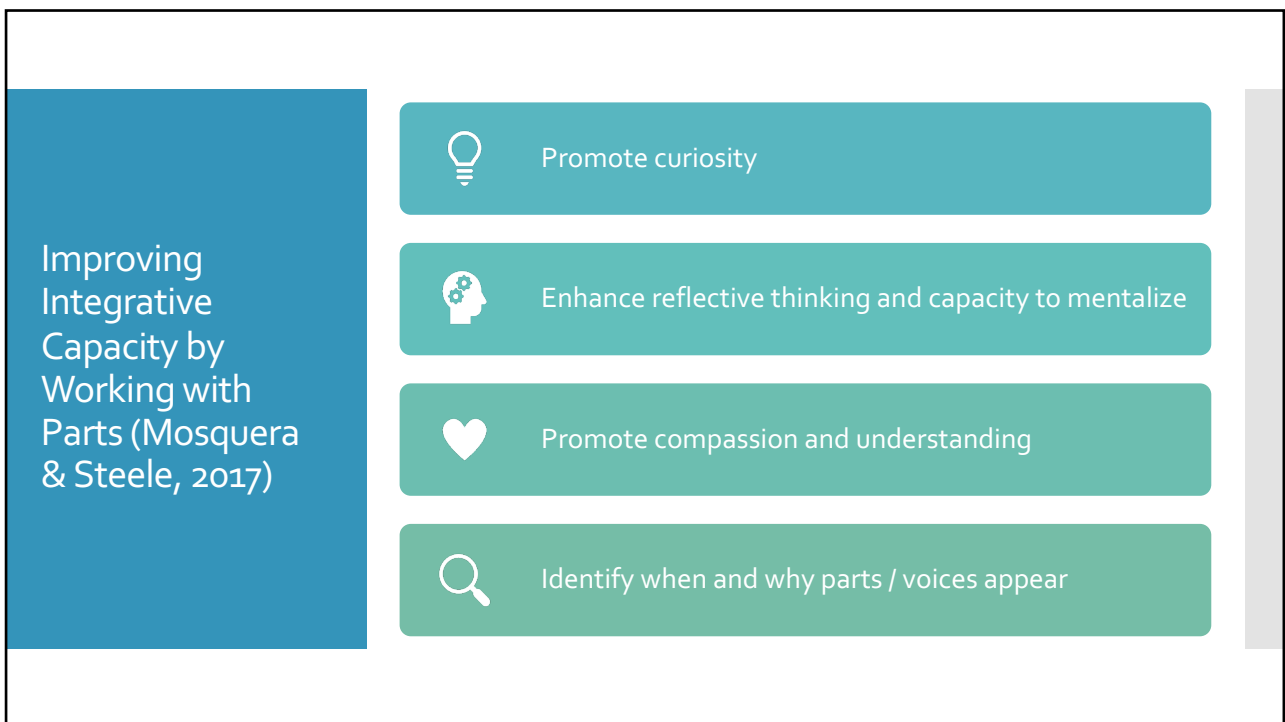
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# Improving Integrative Capacity by Working with Parts

Based on Mosquera & Steele, 2017

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## Improving Integrative Capacity by Working with Parts (Mosquera & Steele, 2017)

-  Promote curiosity
-  Enhance reflective thinking and capacity to mentalize
-  Promote compassion and understanding
-  Identify when and why parts / voices appear

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Improving Integrative Capacity by Working with Parts (Mosquera & Steele, 2017)

- Identify when parts / voices appear
  - When do they appear?
  - Why do they appear?
- What is the function?
  - What are they trying to achieve?
  - What is the purpose?
- How do they appear?
  - How does the client respond?
- Are their coping strategies working?
  - Or are there other ways that work more effectively?
  - Explore options – expand capacities in client and parts
- Do the voices know that their attempt of help is making things worse?
  - Most of the time these parts are not aware of this fact

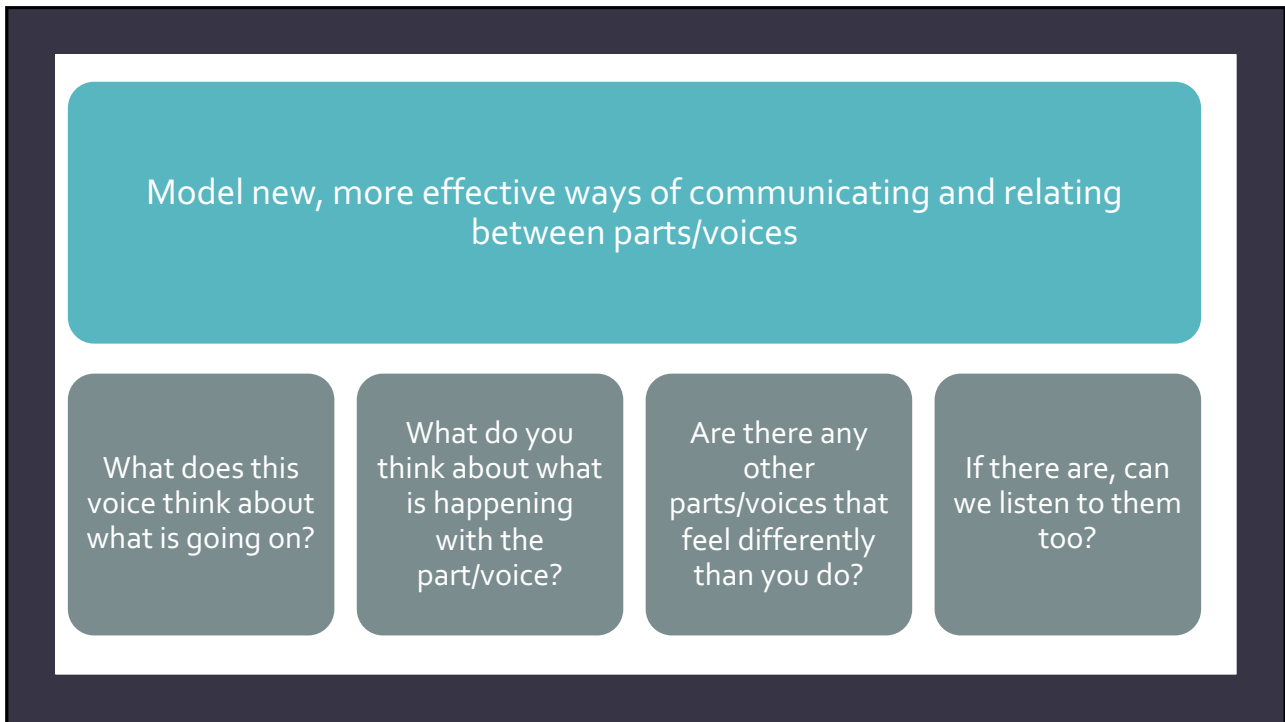
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Improving Integrative Capacity by Working with Parts (Mosquera & Steele, 2017)

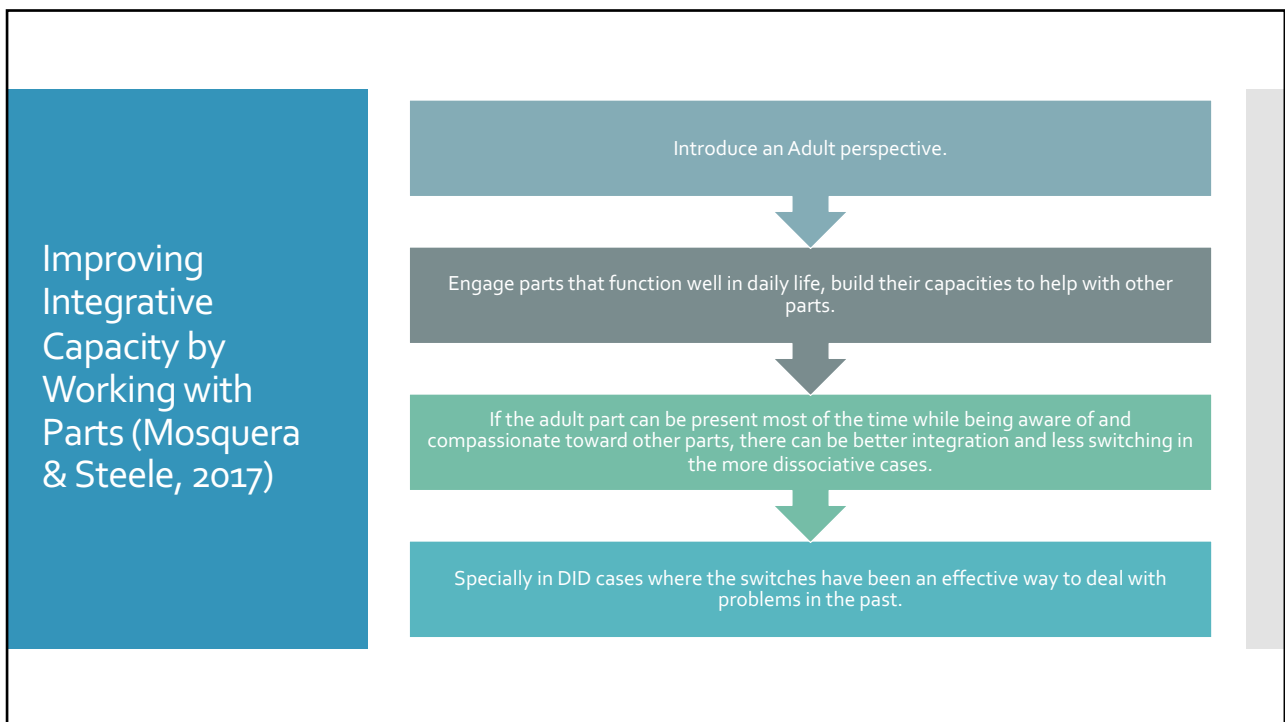
Promote collaboration and cooperation:

- Engage voices /parts, help them feel they have an important role in achieving a better functioning
- Model new, more effective ways of communicating and relating between voices / parts

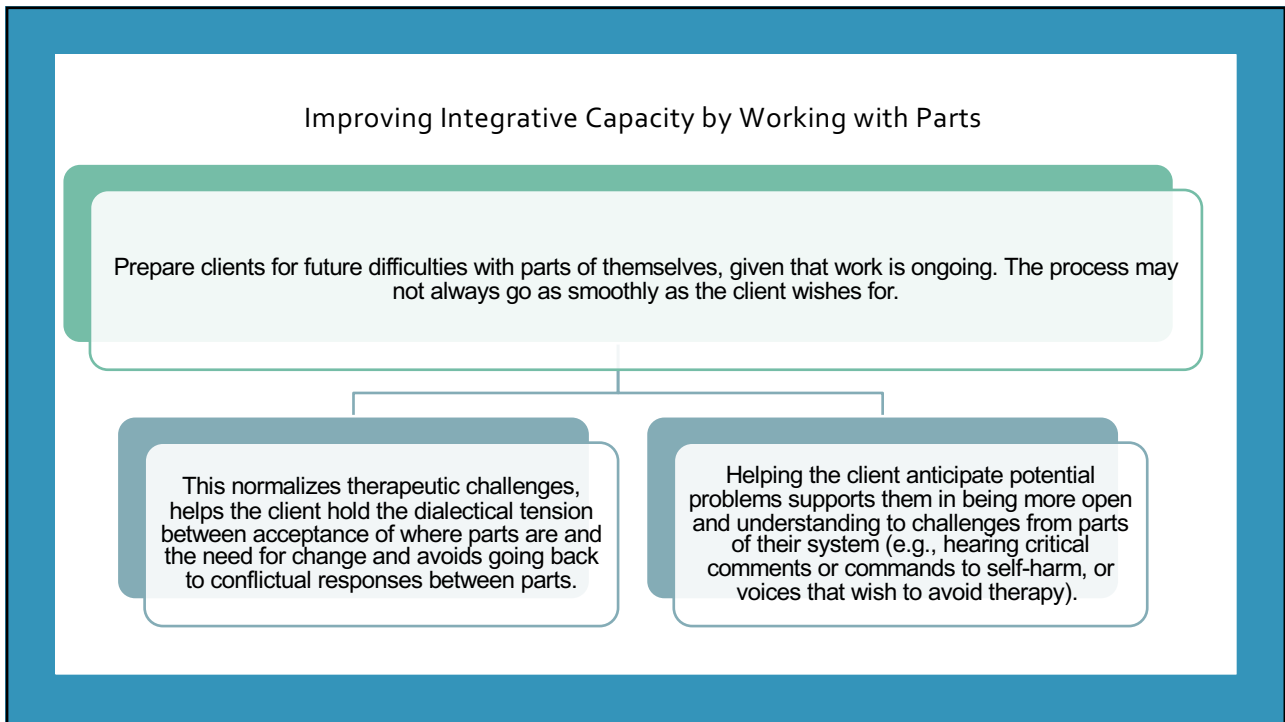
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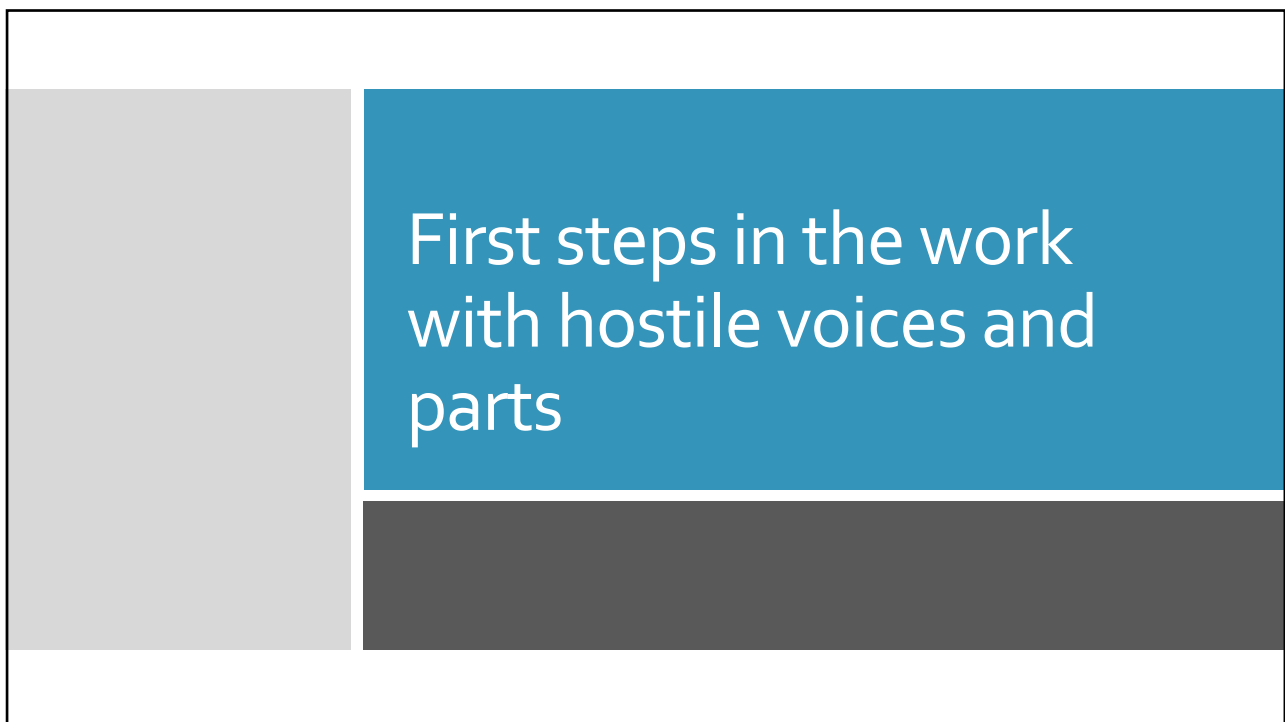
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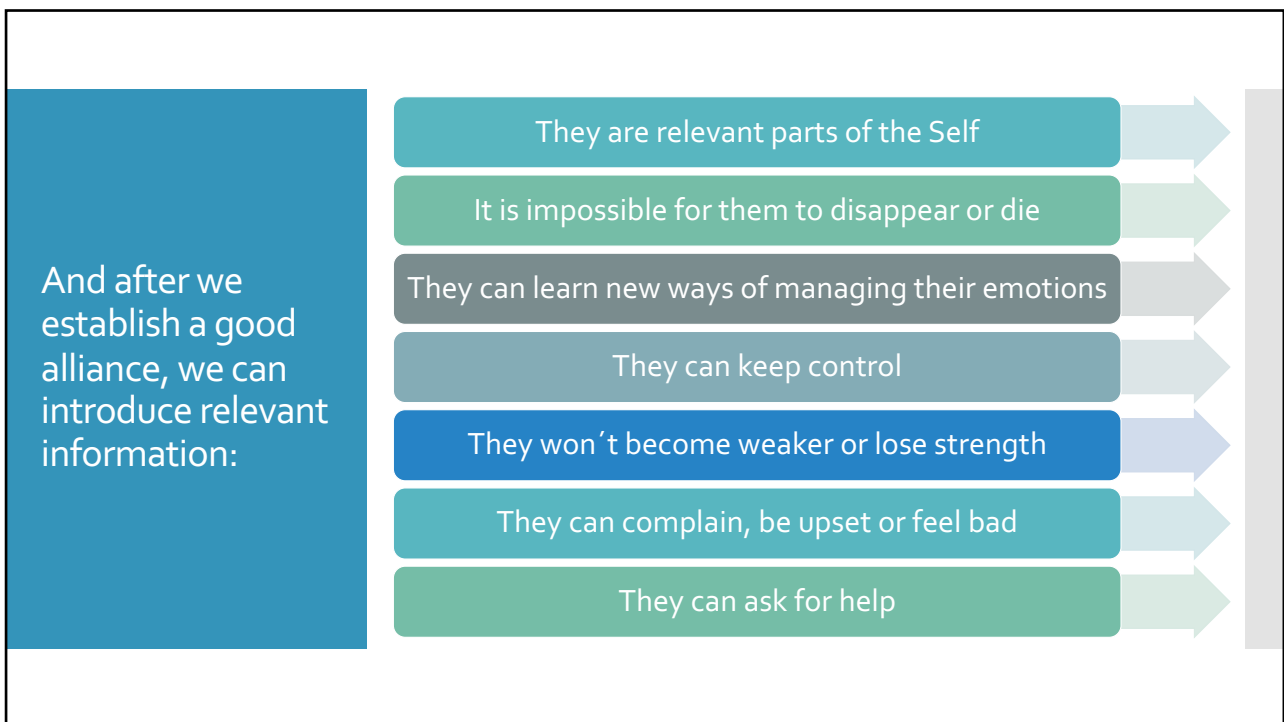




First steps in the work with hostile voices and parts: establish a good alliance.

- We acknowledge the protective function the voices had and still have (and will have).
- We rename the parts when these names are negative, disrespectful or threatening.
- Remember they "protect" how they learned to protect; they cannot not see a different way of functioning (nobody taught them).

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And after we establish a good alliance, we can introduce relevant information:

- They are relevant parts of the Self
- It is impossible for them to disappear or die
- They can learn new ways of managing their emotions
- They can keep control
- They won't become weaker or lose strength
- They can complain, be upset or feel bad
- They can ask for help

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Setting up the Therapeutic Work and Structuring Clinical Sessions

Mosquera, 2017, 2019

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STEP BY STEP BY STEP STEP

**GENERAL STRUCTURE OF A CLINICAL SESSION**

Once we start working with voices and parts, it can be useful to keep in mind a series of general steps to apply in each clinical session.

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## GENERAL STRUCTURE OF A CLINICAL SESSION

This will help keep our work organized and structured, as well as offer us a clear understanding of the effects our interventions are having in the internal system of the client and how to move forward.

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## GENERAL STRUCTURE OF A CLINICAL SESSION

One of the main ingredients when working with hostile parts is curiosity - beginning with the therapist, who models for the client and the system of parts.

A key aspect of our work must be to explore how the client and the parts/voices left the previous session (better, worse, confused, motivated, etc.).

This information is the best way to get perspective and assess what may have worked or not during the previous session.

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*Setting up the Therapeutic Work and Structuring Clinical Sessions*

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**GENERAL STRUCTURE OF THE THERAPEUTIC WORK (TW)**

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1. Exploring the voices and parts (content, tone, message, age, moment of onset, etc.)
2. Encouraging clients to listen to the voices and pay more attention to the parts.
3. Exploring the triggers (what was happening when the part showed up or when the voice spoke)
4. Exploring and processing dissociative phobias
5. Assessing the degree of differentiation and time orientation in client and parts
6. Exploring and validating the function of the voice
7. Identifying and validating resources, feelings and needs
8. Exploring, modeling, and practicing alternative ways of responding. Offering suggestions when needed
9. Identifying and exploring missing pieces
10. Reaching agreements, developing cooperation and team work

Reference: Working with voices and dissociative parts. A trauma-informed approach. Mosquera, 2019

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**GENERAL STRUCTURE OF A CLINICAL SESSION (CS)**

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- 1. Explore the effects of the work done in the previous session**
  - CS #1.1. Explore how the client and the parts/voices left the previous session
  - CS #1.2. Check how the week has been for the entire system
  - CS #1.3. Explore whether during the week the client has followed the indications offered in the previous session
- 2. Work on issues that came up during the week or come up during the session**
  - CS #2.1. Explore if the voices and parts were active or not during the week. Check how the parts are doing
  - CS #2.2. If the voices appeared during the week or during the session, we must explore what triggered the voices
  - CS #2.3. Explore the reaction of the system towards the voices or parts
  - CS #2.4. Address any issues or difficulties as they appear
  - CS #2.5. After any intervention, check how the rest of the parts feel about what just happened
  - CS #2.6. Check whether learned messages or behaviors continue to take place after the voice or part has started practicing new adaptive behaviors
- 3. Closure for the session.**
  - CS #3.1. Reinforce the work done throughout the session and validate the efforts made by each part of the system that was active/participated during the work
  - CS #3.2. Check on the usefulness of the interventions applied during the session
  - CS #3.3. Check that the client is stable and grounded, oriented in time
  - CS #3.4. Summarize what has been learned in order to help clients organize the work done during the session and to set goals for future sessions. Enhance realization
  - CS #3.5. Anticipate potential obstacles and problems to prepare clients for future difficulties

Reference: Working with voices and dissociative parts. A trauma-informed approach. Mosquera, 2019

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MPI S4  
If there is time

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CTS  
Result of Step 2  
High integrative  
capacity

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