

~~Foreword by Rick Ritter, MSW ~~

The creation of this book has been a process—a process much like working with persons with dissociative disorders (Dissociative Identity Disorder specifically).

I would liken the process to the building and development of an organic garden. Building and tending to the soil leads to fruition in the vegetables and fruit products that the soil produces over time and... produces continuously as the gardener replenishes the soil in one way or another so that the garden will continue to produce without depleting or harming the soil. Just as the garden requires preventative maintenance, likewise so does the internal community of the dissociative person.

After a number of years of clients being dissatisfied with the materials available to them that would talk to them on their level in their language and support their internal growth came the inspiration to write *got parts?*

Got parts? is a work from the heart and because it is from the heart and experience of dissociative persons I believe that it will speak to them, regardless of where they are in their healing journey, in ways that other writings haven't.

I have had the privilege of working alongside the author as they have struggled against the odds and against the attitudes of many people in their life to come to this point in their journey. The author has humbly worked on and worked through many obstacles to bring you, the reader, this gift from their heart.

From the earliest lines and the trepidation that arose at so many varied points along the way I believe the writings will become a significant piece of the rebuilding of one's foundation if they are dissociative, and if they are a friend or family member it will bring them closer to understanding what others live and struggle with daily.

These writings are but a stone in a new foundation one can lay for themselves and their lives. There is no magic dust; there is no potion, only hard persistent work with supportive people and tools in your hands to forge a brand new way of living.

One of the outcomes we hope for in these writings is that they assist you in being able to, in a sense, see through the pain—understanding hopefully that there is a space beyond this work where all isn't so gloomy. It is beneficial to be able to be comforted by others who have been through this healing process and know that they were assisted by some or all of the helpful words and hints contained herein.

It is our wish that in reading, working, and processing this information that you will feel embraced, comforted and strengthened in the end.

Peace to you all as you continue on your journey.

~~Preface: What is Dissociative Identity Disorder (DID)?~~

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Dissociative Disorders

Recently considered rare and mysterious psychiatric curiosities, Dissociative Identity Disorder (DID) (previously known as Multiple Personality Disorder—MPD) and other Dissociative Disorders are now understood to be fairly common effects of severe trauma in early childhood. Most typical cause is extreme, repeated physical, sexual, and/or emotional abuse.

In the Diagnostic and Statistical Manual of Mental Disorders-IV (American Psychiatric Association, 1994), Multiple Personality Disorder (MPD) was changed to Dissociative Identity Disorder (DID), reflecting changes in professional understanding of the disorder resulting from significant empirical research.

Posttraumatic Stress Disorder (PTSD), widely accepted as a major mental illness affecting 8% of the general population in the United States, is closely related to Dissociative Disorders. In fact, 80-100% of people diagnosed with a Dissociative Disorder also have a secondary diagnosis of PTSD. The personal and societal cost of trauma disorders is extremely high. Recent research suggests the risk of suicide attempts among people with trauma disorders may be even higher than among people who have major depression. In addition, there is evidence that people with trauma disorders have higher rates of alcoholism, chronic medical illnesses, and abusiveness in succeeding generations.

What is dissociation?

Dissociation is a mental process that produces a lack of connection in a person's thoughts, memories, feelings, actions, or sense of identity. During the period of time when a person is dissociating, certain information is not associated with other information as it normally would be. For example, during a traumatic experience, a person may dissociate the memory of the place and circumstances of the trauma from his ongoing memory, resulting in a temporary mental escape from the fear and pain of the trauma and, in some cases, a memory gap surrounding the experience. Because this process can produce changes in memory, people who frequently dissociate often find their senses of personal history and identity are affected.

Most clinicians believe that dissociation exists on a continuum of severity. This continuum reflects a wide range of experiences and/or symptoms. At one end are mild dissociative experiences common to most people, such as daydreaming, highway hypnosis, or 'getting lost' in a book or movie, all of which involve 'losing touch' with conscious awareness of one's immediate surroundings. At the other extreme is complex, chronic dissociation, such as in cases of Dissociative Disorders,

which may result in serious impairment or inability to function. Some people with Dissociative Disorders can hold highly responsible jobs, contributing to society in a variety of professions, the arts, and public service—appearing to function normally to coworkers, neighbors, and others with whom they interact daily.

There is a great deal of overlap of symptoms and experiences among the various Dissociative Disorders, including DID. For the sake of clarity, this book will refer to Dissociative Disorders as a collective term. Individuals should seek help from qualified mental health providers to answer questions about their own particular circumstances and diagnoses.

How does a Dissociative Disorder develop?

When faced with overwhelmingly traumatic situations from which there is no physical escape, a child may resort to ‘going away’ in his or her head. Children typically use this ability as an extremely effective defense against acute physical and emotional pain, or anxious anticipation of that pain. By this dissociative process, thoughts, feelings, memories, and perceptions of the traumatic experiences can be separated off psychologically, allowing the child to function as if the trauma had not occurred.

Dissociative Disorders are often referred to as a highly creative survival technique because they allow individuals enduring ‘hopeless’ circumstances to preserve some areas of healthy functioning. Over time, however, for a child who has been repeatedly physically and sexually assaulted, defensive dissociation becomes reinforced and conditioned. Because the dissociative escape is so effective, children who are very practiced at it may automatically use it whenever they feel threatened or anxious—even if the anxiety-producing situation is not extreme or abusive.

Often, even after the traumatic circumstances are long past, the left-over pattern of defensive dissociation remains. Chronic defensive dissociation may lead to serious dysfunction in work, social, and daily activities.

Repeated dissociation may result in a series of separate entities, or mental states, which may eventually take on identities of their own. These entities may become the internal ‘personality states’ of a DID system. Changing between these states of consciousness is often described as ‘switching.’

What are the symptoms of a Dissociative Disorder?

People with Dissociative Disorders may experience any of the following: depression, mood swings, suicidal tendencies, sleep disorders (insomnia, night terrors, and sleep walking), panic attacks and phobias (flashbacks, reactions to stimuli or 'triggers'), alcohol and drug abuse, compulsions and rituals, psychotic-like symptoms (including auditory and visual hallucinations), and eating disorders. In addition, individuals with Dissociative Disorders can experience headaches, amnesias, time loss, trances, and 'out of body experiences'. Some people with Dissociative Disorders have a tendency toward self-persecution, self-sabotage, and even violence (both self-inflicted and outwardly directed).

Who gets Dissociative Disorders?

The vast majority (as many as 98 to 99%) of individuals who develop Dissociative Disorders have documented histories of repetitive, overwhelming, and often life-threatening trauma at a sensitive developmental stage of childhood (usually before the age of nine), and they may possess an inherited biological predisposition for dissociation. In our culture the most frequent precursor to Dissociative Disorders is extreme physical, emotional, and sexual abuse in childhood, but survivors of other kinds of trauma in childhood (such as natural disasters, invasive medical procedures, war, kidnapping, and torture) have also reacted by developing Dissociative Disorders.

Current research shows that DID may affect 1% of the general population and perhaps as many as 5-20% of people in psychiatric hospitals, many of whom have received other diagnoses. The incidence rates are even higher among sexual-abuse survivors and individuals with chemical dependencies. These statistics put Dissociative Disorders in the same category as schizophrenia, depression, and anxiety, as one of the four major mental health problems today.

Most current literature shows that Dissociative Disorders are recognized primarily among females. The latest research, however, indicates that the disorders may be equally prevalent (but less frequently diagnosed) among the male population. Men with Dissociative Disorders are most likely to be in treatment for other mental illnesses or drug and alcohol abuse, or they may be incarcerated.

Why are Dissociative Disorders often misdiagnosed?

Dissociative Disorders survivors often spend years living with misdiagnoses, consequently floundering within the mental health system. They change from therapist to therapist and from medication to medication, getting treatment for symptoms but making little or no actual progress. Research has documented that on average,

people with Dissociative Disorders have spent seven years in the mental health system prior to accurate diagnosis. This is common, because the list of symptoms that cause a person with a Dissociative Disorder to seek treatment is very similar to those of many other psychiatric diagnoses. In fact, many people who are diagnosed with Dissociative Disorders also have secondary diagnoses of depression, anxiety, or panic disorders.

Do people actually have ‘Multiple Personalities’?

Yes, and no. One of the reasons for the decision by the psychiatric community to change the disorder's name from Multiple Personality Disorder to Dissociative Identity Disorder is that ‘multiple personalities’ is somewhat of a misleading term. A person diagnosed with DID feels as if she has within her two or more entities, or personality states, each with its own independent way of relating, perceiving, thinking, and remembering about herself and her life. If two or more of these entities take control of the person's behavior at a given time, a diagnosis of DID can be made. These entities previously were often called ‘personalities,’ even though the term did not accurately reflect the common definition of the word as the total aspect of our psychological makeup. Other terms often used by therapists and survivors to describe these entities are: ‘alternate personalities’, ‘alters’, ‘parts’, ‘states of consciousness’, ‘ego states’, and ‘identities’. It is important to keep in mind that although these alternate states may appear to be very different, they are all manifestations of a single person.

Can Dissociative Disorders be cured?

Yes. Dissociative Disorders are highly responsive to individual psychotherapy, or ‘talk therapy’, as well as to a range of other treatment modalities, including medications, hypnotherapy, and adjunctive therapies such as art or movement therapy. In fact, among comparably severe psychiatric disorders, Dissociative Disorders may be the condition that carries the best prognosis if proper treatment is undertaken and completed. The course of treatment is long-term, intensive, and invariably painful, as it generally involves remembering and reclaiming the dissociated traumatic experiences. Nevertheless, individuals with Dissociative Disorders have been successfully treated by therapists of all professional backgrounds working in a variety of settings.

Where can I get more information?

From the Sidran Institute. Here is their press release:

At Sidran, we help people understand, manage, and treat dissociative and traumatic stress conditions. We are a national nonprofit organization and one of the nation's leading providers of traumatic stress education, publications, and resources. Sidran is dedicated to supporting people with traumatic stress conditions, providing education and training on treating and managing traumatic stress, promoting trauma-related advocacy, and informing the public on issues related to traumatic stress. Sidran Institute Press, our publishing division, is a leading publisher of books about trauma and dissociation.

The Sidran Bookshelf is a Web-based and mail order supplier of books, audio and videotapes, and informational materials of particular interest to Dissociative Disorder survivors, their supportive family and friends, and their therapists.

Sidran Institute Press publishes the highly acclaimed *Multiple Personality Disorder from the Inside Out*, a collection of writings about living with MPD by 146 survivors and their significant others. Sidran also publishes books essential to the library of any therapist dealing with dissociation, most recently *Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress*. This self-regulation and symptom self-management workbook is written to empower dissociative survivors to take control of and de-escalate their most distressing trauma-related symptoms.

Growing Beyond Survival and other dissociation-related titles are available through our toll-free order desk at 888-825-8249.

In addition, Sidran has compiled lists of Dissociative Disorders support and treatment resources, available by calling our resource specialists at 410-825-8888.

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