

## **Dissociative disorders. How does that feel? What is your response to that?**

I have heard even on the subject of working with EFT and Trauma the statement "We do not work with people with DID". Matrix reimplanting stresses this is NOT DID. Other therapists discussing ego state therapy or parts work state we do not work with DID.

This means that many people will be denied help that they really need. However it is very rare to find clients who know they have dissociative problems, in general they are totally unaware of their own internal structure and have to deal with an array of alarming and frightening symptoms. Therefore many therapists untrained in recognising DID or indeed unaware of its existence and prevalence will be in fact working with DID clients, will have no idea of this and this means people are being left feeling worse, feeling like EFT won't/can't work for them or at very least that there is something wrong with them and not understand what is happening to them. I have literally left therapists offices looking for a wall to drive into.

Many of my clients have been to see therapist after therapist, including EFT Masters, some as many as 6. Like me they trust EFT because they saw how it worked on the DVD's and have read the case studies and have tried it on smaller issues with success.

My clients have often been told they are 'too much', or "not ready to heal"... They were left, feeling failures at EFT and therapy as well as everything else....They may end up like me, locked in a flashback experience for hours or days, or in a dissociative angry state. I have had some truly horrible experiences and started to realise the need to seek out therapists that understood somehow what I had been through. It was important to me what they had experienced and healed rather than what they said they could do.

Of course the caveat has always been with EFT training 'Do not go where you don't belong'. What does this mean in reality.

Gary Craig said try it on everything. I have often heard new practitioners stating they feel they could work with anybody.

## **What kind of problems do people come to EFT therapy with?**

In this chapter I will try to answer the question what kind of problems *can be* associated with Dissociative disorders?

Depression

Anxiety

OCD

ADHD

Hearing (in fact being) voices (misdiagnosis of schizophrenia)

Bipolar

AND

Allergies  
Visual disturbances  
mouth pain, ulcers  
choking or choking sensation  
erratic deafness  
asthma  
Upper respiratory infections  
chest wall pain  
air hunger  
dysrhythmia  
tachycardia  
erratic blood pressure  
severe palpitations  
cardiac anxiety  
eating disorders, anorexia, bulmia, obesity  
nausea  
unexplained vomiting  
IBS  
colitis, chrons  
constipation/diarrhea  
sexual disfunction, decreased libido, severe sexual aversion, vaginismus, erectile dysfunction  
Pelvic pain  
irritable bladder  
Amenorrhoea  
menstrual disturbances  
pain  
soft tissue swelling  
spasm  
altered gait  
dysmorphia  
seizures  
pseudoseizures  
tics and twitches  
tremors  
coma for no reason  
thyroid problems  
sexual hormone problems, male and female

In other words practically everything!!

Therefore if someone comes to you with a history of having tried every therapy or various EFT therapists with no success, a known or suspected childhood trauma history, chronic anxiety, OCD, depression, eating disorder or pain disorder, bowel disorders we can suspect *there may be dissociative problems.*

**What does Dissociative Disorder mean?**

In short dissociative disorder is an incredible ability to compartmentalize one's mind - but to the point where as an adult it becomes a disfunction rather than useful.

Unfortunately the term Multiple personality disorder has done a great injustice to the field of dissociative disorders. Dissociative patients do not have multiple personalities, they have a personality structure that is separated into neat little categories and therefore compartmentalised. A good analogy is of a post office with boxes. Some of the boxes are closed, some are locked tight, some have the doors ajar, but its all one post office.

The professional word for post office boxes is ego states, in Matrix reimplanting Karl has coined them as ECHO's, in hypnotherapy it is referred to as parts work.

Everybody has ego states. You are different working in your office than at home, different as a wife or mother, husband or father, different in a professional setting than when you are out on the town with your friends. Its normal. For most people the ego states all know each other or if they are divided its with little screens rather than metal walls. In dissociative disorders there are total barriers between ego states, so that they do not know each other.

It used to be thought, and perhaps often still is, if it is acknowledged at all, that dissociative disorders were the result of severe emotional, sexual or psychological childhood trauma, especially when a child was very young and the trauma was ongoing. Sadly this is all too often the case and has been for most of my clients. But I also have a client who has had no overt trauma history with a clear cases of DID. She fits into the attachment theory model with a domineering overbearing hypercritical father and a mother who could not protect her.

Attachment theory proposes that when tiny babies do not have the warm experience of learning a sense of positive attachment, a less than perfect sense of security and trust, in the primary caregiver, usually the mother. In fact they may grow up feeling very ambivalent and avoid situations that would demand the mother show her emotional reliability. This does not mean necessarily abuse or neglect. It could be the mother is experiencing postnatal depression, her own dissociative condition, high anxiety state, her husband has gone or she has been bereaved, the baby is ill and in hospital, or any one of many possibilities where there is an interference between the very small child and his nearest source of security and one hopes love.

With an unreliable attachment the child is extremely vulnerable to any subsequent trauma, emotional, physical or sexual. When this kind of trauma occurs in the first five to eight years then dissociative identity disorder may occur. On the other hand this may not occur but something may emerge years later in perhaps the form of PTSD amongst soldiers or victims of rape or accident. They may have escaped the compartmentalisation of their personality structure but be more vulnerable to overwhelming trauma.

It would not be true to say that every child who has experienced trauma develops DID. DID has been described as a spiritual and creative gift.

This can help us to understand that rather than being rare and unlikely, the estimated figures for people experiencing dissociative problems is about 10% of the population.

However as this condition is so poorly understood, the very idea of hearing voices is likely to send anyone into free-fall and usually involves being slapped with a label of schizophrenia

and put on anti-psychotic medications. People suffering from dissociative conditions have a huge amount of denial, shame, embarrassment and real fear they will be labeled a freak or a crazy person so they don't tell anyone, even their therapists and doctors. Until I properly understood the condition, I had the same fear and sadly the same experience, even with professionals who considered themselves trauma specialist.

## **Debunking myths**

In the absence of scientific findings about a disorder that is largely undiagnosed and untreated many myths about dissociation have arisen. The book *Stranger In the Mirror* largely expands on these but I will paraphrase these myths here.

### **Myth #1:**

**There are only two poles - you are fully dissociative on one pole, or you are totally integrated person, on the other hand, meaning that any kind of dissociation is very bad sign for your mental health.**

### **Truth #1:**

**Along the spectrum of dissociativeness there are many possibilities in between.**

Even more - most of us have already experienced a dissociative episode and the growing acceptance in the EFT world of Matrix reimplanting seems to be helpful at least in debunking the myth and making the idea of an internal world with parts that hold on to memories and feelings far less scary.

In fact there is only one thing that separates people with DID from the rest of the world's population. That is the fact that in DID the parts are way too frightened of each other and distrustful of each other in comparison to those lower on the scale of dissociation. See diagram below.

### **Myth #1:**

**Dissociative disorders are rare.**

### **Truth #2:**

**Dissociation is not a weird rare psychological disorder but can happen to anyone and is indeed a normal response to trauma.**

True full blown DID with parts that live separately are estimated to be about 1% of the population. This is very conservative in the light of how widely underdiagnosed dissociative disorders are. The true figure is probably about 10%, and is often misdiagnosed as depression or generalized anxiety disorder. Other forms of dissociative disorders can be labelled DDNOS, and until an alter appears to someone this should be assumed, however the internal conflicts and struggles can be very similar.

Dissociatives suffer a huge amount of denial, their symptoms are hard to describe and their worst fear if they talk about them is being labelled a freak or a crazy person. It is very

unlikely that people will mention their more disturbing symptoms unless they feel extremely safe and trust their therapist. I value the fact that many of my clients very quickly feel able to discuss this, mention it, or allow their alters to appear and talk to me.

**Myth #3:**

**People with DID are easy to spot**

**Truth #3:**

**Most of the time they don't engage in public switching and this will only happen in the safety of their own home...**

People with DID can be found in every walk of life and in general are highly intelligent, very likeable, articulate, brave, creative, inspiring. The stereotype of DID person is a product of distorted image of swiftly changing multiple personalities shows on TV. In fact changes in voice, speech patterns, dress etc are very subtle. Multiples are able to function at a high level and live a private tortured world hiding the shame of their unspeakable past.

### **Realistic portrait of DID**

So, after we have debunked some myths, we can now ask what does the personality structure in DID really look like?

In a highly dissociated client there will always be several "alters" (ego states), but the part which tries to function in the outside world (as if nothing ever happened to the person) is sometimes called "host". Beside this alter there are typically at very least two others, the Child (or several inner children) and the Angry one. There will also be one or more protectors and there may also be an abuser "introject" in severe trauma.

Child ego states are usually shy and loving, they are easy to work with and its our most common therapy experience. They are looking for what they longed for in life, unconditional love, being cared for, nurtured and protected. Because their lives were NOT what they wanted them to be they can also be the Bully, Aggressor, Punisher. These parts are much harder to understand but they are protecting the system and bringing consistency to the inner world.

The abuse they endured, whether its physical, sexual or emotional was a huge injustice and this is the source of the angry one. Children are not supposed to be angry, allowed to be angry, especially at their parents or family, friends or other caregivers. This anger gets pushed out of sight but not out of the subconscious mind. Angry "alters" (ego states) are always protectors, because they are always ultra aware of the possibilities of further trauma and will do whatever possible including expressing rage to protect avoid it. The perception of possible trauma is often way of base but the protection is there.

As the child grows other "alters" (ego states) emerge to take care of difficult situations. The one who goes to school (or went to school) the one who goes to work, the sexual participant, the one who hates sex, the one who feels lesbian, the one who copes with pain, the wife or

husband, mother, artist, whore, the list can go on and on and obviously includes ego states appropriate for males.

To illustrate the emergence of other alters here is a poem that was published at blog <http://mybelovedalter.wordpress.com/2009/02/24/a-poem-illustrating-the-flow-chart/>

## **My Experiences as Therapist**

You may or may not have the type of relationship with clients that allows for open switching or appearance of "alters" (ego states). I did not until I started to understand this and feel totally comfortable and safe with it and totally comfortable and safe with my own experience and now it is a very common experience.

The biggest problem we have is that most people with DID will not know they have separate parts. With all my dissociative clients that I work with only 2 have ever disclosed DID initially and that is because they were referred to me. Others new about their parts but it took some time to trust that I equally understood and on the whole I have to maintain the opinion that all parts are doing the best they can to protect and survive for far longer than my clients until

A solid understanding of the concepts of parts theory, "alter" (ego state), using cutting edge EFT techniques such as Matrix reimplanting or Deep state repatterning (or other similar techniques) can be of help to practitioner working with DID, but the single most important thing for clients who have at least one young Child "alter" is **compassion** and your personal ability to make them feel a) less alone, b) less ashamed, and c) more understanding of what is happening to them.

### **Tip #1:**

**For most clients with at least on young Child "alter" using overly intellectual or authoritarian language where the therapist is seen as the "expert", or having greater (intellectual, or any other kind of) power which CAN - and in subconscious view it necessarily will be because it "always" has been (or otherwise there would be no Child "alter" present) - BE abused, does not help.**

Also adhering to a strict code found in many therapists of not self disclosing will be problematic. I approach my role as a position of peer support, believing that the client is the expert in themselves. I am careful not to share explicit details, I talk in generals and no one knows the exact details of my experience, which is not the story I wish to share.

However I have no problem in discussing my dissociative experience, what it has felt like, the problems this has caused me in my life and how I have overcome these so successfully. My consistent feedback is that this open sharing of my healing process is what attracts people to work with me.

**Tip #2 :**

**Normalising behaviour is one of the first important steps that is to be taken with DID clients as they are usually so full of shame and feelings of failure about not being able to overcome their problems.**

Internal parts are the result of the dissociative process and contain specific memories, emotions, experiences and styles of functioning. Initially the parts are so dissociated that the dissociator may not be aware of them, and in most cases with my clients this is the case.

I do not label them as DID, however I do point them towards literature that explains the experience and often they come to the conclusion themselves. My main goal is to help clients appreciate their awesome ability to survive and see themselves as survivors and not victims and failures.

The presenting problems usually tend to be depression or anxiety, eating disorders, ME, or FMS or chronic pain sufferers.

The child parts will hold the memory of the traumas or the corresponding emotions. Many clients have very angry, frightened baby selves. They may represent different ages.

The most difficult part for the client and for us as therapists is the abuser "introject". An abuser ego state can develop from the person internalising aspects of the abuser or in response to the abuser. These can be very frustrating as functionally although they are designed to protect the individual from perceived danger they are operating from a very distant view of reality, these parts seem to copy the words and actions of the abuser. They can at times appear grandiose or mean. Some also have parts which harm the body, and can appear when the individual feels threatened or to silence the person. It is therefore very important to tread carefully and allow memories to spontaneously integrate rather than go digging for memories.

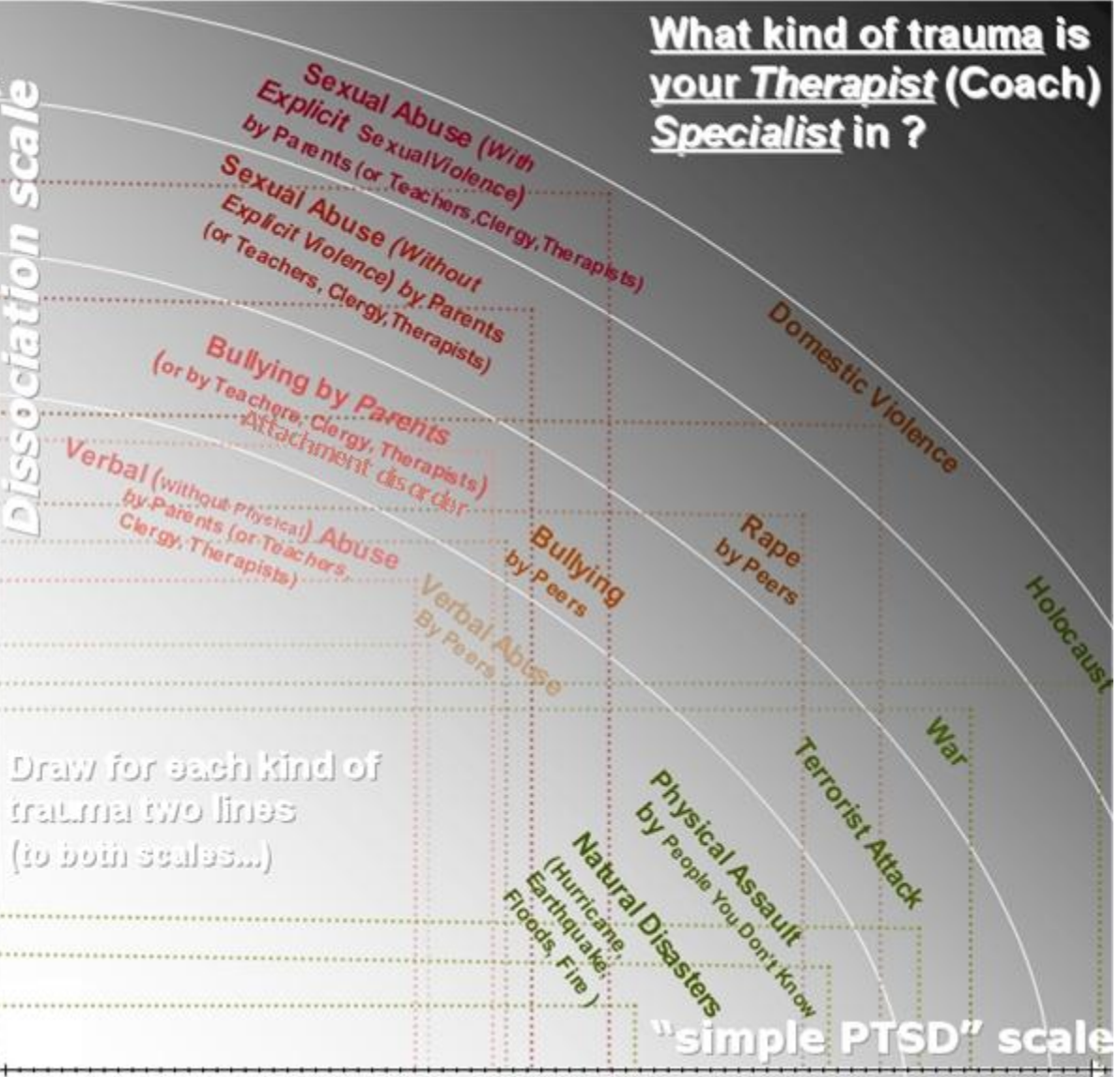
Techniques which allow clients to work on available memories to any part should in the case of severe trauma be done in a way that it doesn't scare younger parts who may be listening.

**Tip #3:**

**Although using vocabulary such as "getting rid of", "cutting ties to", "disconnecting" seems to be useful for non-DID clients, however when working with DID clients it only reinforces what they already do and thus would be better replaced by using vocabulary such as "paying attention to", "embracing", "listening carefully to", I deeply and completely accept myself as therapist and my trainers for not paying attention to this before.**

# What kind of trauma is your Therapist (Coach) Specialist in ?

Dissociation scale



Draw for each kind of trauma two lines (to both scales...)

"simple PTSD" scale