

SYMPTOMS OF TRAUMA AND DISSOCIATION

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TRAUMA SYMPTOMS - CAUSES, EFFECTS AND MANAGEMENT
The Finnish Association for Trauma and Dissociation

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INTRODUCTION

We asked the members of the Finnish Association for Trauma and Dissociation to write about living with dissociation disorder – the symptoms they are dealing with and the treatments and resources they have discovered. The material was brought together in this handout to share experiential knowledge for peers, family members and professionals working with trauma survivors.



In this paper, as many individuals as possible are allowed to speak with their own voices – how those living with dissociative disorders experience trauma symptoms in their particular lives. By this, we wish to illuminate the diversity of trauma symptoms and share valuable resources. An experiential data bank of trauma and dissociation symptoms is needed, because it is common for dissociative disorder to get buried by inaccurate diagnoses. By sharing experiences, trauma survivors also improve their personal knowledge and skills around their own trauma symptoms. We are empowered by peers.

Although there is a great deal of advantages in dissociation, the disadvantages still seem to prevail. The purpose of this paper is to share experience and understanding of these detrimental symptoms and ways to improve the quality of life. Both the diversity of symptoms and the means of managing them are highlighted.

The voices in this material belong to trauma survivors with many kinds of different experiences. Once a person is traumatized, it is typical for traumatic experiences to accumulate. Behind all trauma symptoms, many describe childhood abuse, neglect, lack of care, invalidation, absence, ridicule, excessive responsibility of younger siblings, parental alcoholism, domestic violence, sexual abuse, atmosphere of fear, or religious dogmatism. Altogether, insufficient security and support.

The descriptions in this material are based on experiential knowledge of dissociative symptoms, supplied by several different people. There is a vast diversity of symptoms: dissociative disorder does not exclude other psychiatric diagnoses, nor do other diagnoses exclude dissociative disorder. With or without diagnosis, increasing awareness of the symptoms and sharing resources will clearly help traumatized individuals cope in their everyday lives.

To quote one of our writers, *"Once I know what they [flashbacks and related emotions] are and where they come from, I know I can control them. What has been worst for me is the feeling that it's all out of my control."*

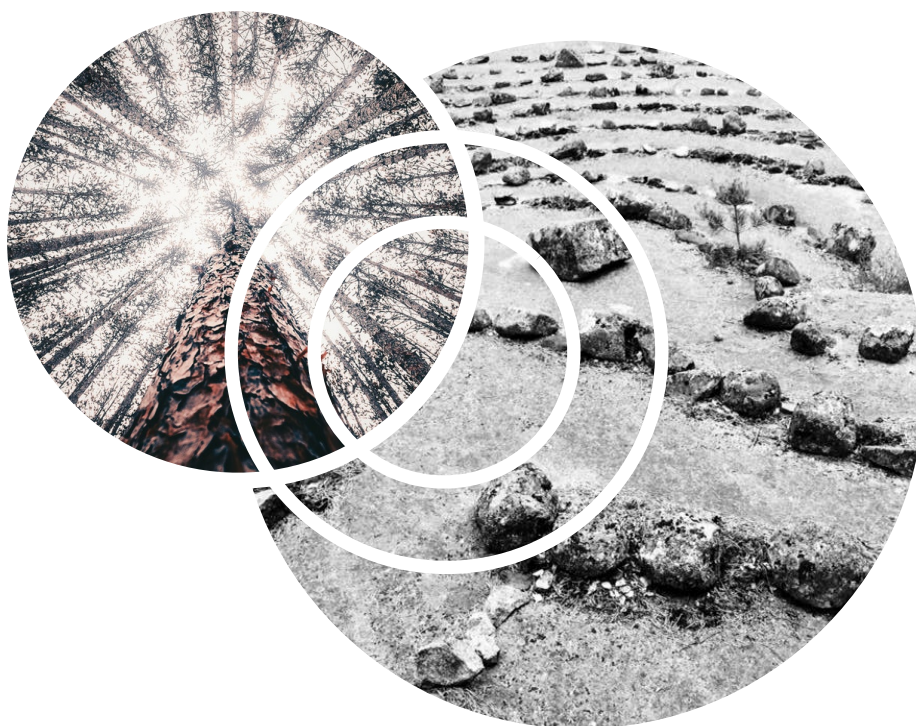
For the writers, the childhood experiences as well as the paths of survival are in many ways alike. Traumatized individuals have grown up without sufficient security when it was most needed. The foundations to build one's life upon remain fragile and often distorted in one way or another.

In addition, Peaceful Impact Publisher and the Finnish Association for Trauma and Dissociation are developing various forums for peer support to turn difficult experiences into stories of survival, triumph and empowerment. It is never too late to start rebuilding trust and the foundations of life.

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The Finnish Association for Trauma and Dissociation
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SYMPTOMS OF TRAUMA AND DISSOCIATION

Trauma causes many kinds of symptoms: attention deficits, absent-mindedness, blackouts, addictions, panic attacks, eating disorders, physical pain and numbness, difficulties in trust, hallucinations, depression and fatigue. Considering this diversity, it is unsurprising that trauma patients get multiple varying psychiatric diagnoses on the way. Apparently, there are as many trauma symptoms as there are different individuals and life experiences. The diversity of symptoms also reveals great similarities in the everyday adversities of traumatized individuals.

The standard classifications of mental disorders (ICD-10 and DSM-IV) include diagnostic descriptions for dissociative disorders. In these psychiatric classifications, dissociative disorders denote a disconnection and division between the thoughts, feelings, or actions of a person. In this paper, dissociation is discussed in the context of structural dissociation of the personality. Traumatization occurs, when one is not able to integrate an overwhelming experience into their own personal history. The personality is divided into parts, with only some of them carrying the memories of trauma, and others functioning independently. From this point of view, it is this unconscious structural dissociation of the system that is causing the symptoms. Thus, symptoms occur when trauma memories and emotions infiltrate the consciousness of the traumatized individual, as if the dissociated system was leaking. Therefore, in the context of structural dissociation, trauma symptoms equal dissociative symptoms. Dissociative symptoms, such as flashbacks, absent-mindedness, or numbness only constitute the peak of the iceberg. In the following, we discuss trauma and dissociative symptoms in the context of structural dissociation.

Trauma affects human functioning extensively. We have collected many kinds of helpful resources on our website www.peacefulimpact.fi/en/ and are willing to supply the collection with new entries. We would also gladly receive and publish extensive writings on life with dissociation in our blog.

TRAUMA SYMPTOMS AND THE STRUCTURAL DISSOCIATION OF PERSONALITY

The symptoms of traumatization emerge on various levels: physically, mentally, emotionally, and in relationships. Some call their symptoms flashbacks, and others talk about getting triggered. While some talk about trauma symptoms, others prefer dissociative symptoms. *Trauma* pertains to an emotional injury, caused by an overwhelming situation or event, or a childhood environment of violence or lacking security. An emotional injury of this kind is realized as a certain kind of personality structure: the personality develops so that the different parts of it remain separate. Each part will carry a particular emotion or action, and as a result of traumatization, the personality is divided in parts. This state is called the structural dissociation of personality, which may also be referred to as post-traumatic dissociative disorder. (See Huttunen 2017; Leikola 2014: 24-26, 47-56; Peltoniemi 2017.)

It is challenging, that the term *dissociation* has different meanings in a psychiatric context as well. In this paper, dissociative disorder or dissociative symptoms do not only pertain to “out-of-reality” experiences, but it is suggested that all the diverse trauma symptoms derive from the lack of connection between the different dissociated parts of the personality. Thus, dissociation is the opposite of integration: if an individual is not able to integrate an experience as a part of their life, it will dissociate, that is to remain for a separate personality part to carry. When we talk about personality parts, we talk about *structural dissociation*.

In structural dissociation, personality parts that carry trauma are called emotional parts of personality (EP), which are actively but often insufficiently repressed by the apparently normal part of personality (AP) functioning in everyday life. The intrusions of the EPs manifest in versatile symptoms: problems with concentration, absent-mindedness, forgetfulness, panic and terror, eating disorders, physical pains, distrust, numbness, hallucinations, depression, fatigue. Some of these symptoms may rather be viewed as the ANP’s survival strategies in repressing the EPs - in other words, ways of coping with structural dissociation.

The EPs may activate to a varying extent, that is to show up with an important message of a past issue, experience or state. Sometimes an EP activates so fiercely that it practically displaces the ANP. In this case, the ANP turns off and disappears, which may afterwards be experienced as a blackout or loss of time. Such state of total takeover of the EP may be called psychosis. While in this state, the person's experience of the world comes so much from the past that it is as if they were not currently sharing the same reality with others.

The ANP's inability to keep all the EPs and their experiences outside its awareness is actually an asset, because otherwise it wouldn't be possible to gain knowledge about the past and begin to recover, integrating one's experiences into a life story of their own. The various symptoms are a part of the story the EPs are telling, something that needs to become accepted, treated, heard and understood for recovery and stability. It is possible to think of the symptoms as stories with complicated plots that, in order to become understood, require cooperation and therapeutic working through. This understanding is something that gradually alleviates the symptoms.

The spectrum of dissociative symptoms is so vast that it is possible for a sufferer to get many different psychiatric diagnoses. The symptomatology may match the diagnosis of bipolar disorder, borderline personality disorder, depression, schizophrenia, substance abuse disorder, eating disorder, anxiety disorder, panic attacks, obsessive-compulsive disorders, or attention deficit disorder. Focusing so much on the symptoms, psychiatry tends to fall short by ignoring a person's life history and leaving the trauma unrecognized. A more productive approach would be an integrative one, discussing the connecting factors in traumatization on the levels of physiology, neuro-, evolutionary-, and developmental biology, and the effects of social environment and other living conditions (Leikola 2014).

What is certain is that traumatized individuals need help and support, and receiving a correct diagnosis will be at least more helpful than having an incorrect one. Regardless, recovery is never simply determined by diagnoses but also ourselves, our positions, our beliefs, our creative inventions - and most of all by peer support!

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LIVING WITH DISSOCIATION - WHAT IT IS LIKE

What an interesting question. For me, this is all "normal life", for I have no experience of life without dissociative disorder.

I desire to be normal. It has always been important to me. I have never seen myself as ill, but since childhood, I figured that other people do not speak and think of themselves as we. I learned to hide the multiplicity of my selfhood. What was normal to me felt abnormal whenever someone got to know. So, it has always been important to me to play normal.

For someone with a dissociative disorder, distinguishing trauma symptoms from the supposed normal life is typically difficult. After all, the idea of normal is based on one's personal life experience. Traumatization causes one to lose touch in their life as a whole. Recovery, or the integration of past events and overwhelming experiences into the personal life history, is a long process: one must learn from the beginning what is normal and what is not. Many of the little everyday affairs in the lives of those with dissociative disorders may sound quite abnormal to someone else, and vice versa.

In dissociative disorder, the inner and outer worlds are not always synchronized. Traumatized individuals often have an intense experience of themselves as outsiders in social situations and feel like that they can't trust in anything or anyone. Externally, their life may seem easily organized, and dissociative disorder is not very visible to the outside. Life may be divided into a basic everyday life of functioning and performance, with almost perfect or at least such high-level functional capacity, that nothing seems to be wrong. At the same time, complete chaos arises, whenever the turbulent EPs surface instead of staying locked inside one's mind. What may often happen as well is that when a person tries to speak of the symptoms to their families, they are asked to forget about it all and go on with their lives. This tends to stir up the inner chaos even more.

The alternation of "selves" inside my mind indicates a burdening and stressful situation. As the anxiety grows, my states begin to fluctuate compulsively, and at a very fast rate. I disagree with myself, tenfold, and all the views feel like my own, but none of them actually is me. I may want to get out of the situation and remain totally unshaken, while someone inside me is so excited and wanting to talk, and another is blocking and hating and blaming the other of being naive and stupid, while another one starts to cry and grief, getting called a miserable piece of shit by some other, whom we all might do very well without - to which someone comments that we are doing well, for it was us that caused all this shit, while at the same time someone supposedly adult is just calmly observing it all.

I recognize this kind of hassle pretty well today, and I accept it. I make mental agreements, and we negotiate together for a shared opinion on things. Some participate more eagerly and tolerate others better. It calms my mind down, when all are granted some space for their opinions and everyone feels like getting heard and accepted.

What is characteristic to life with dissociative disorder is the difficulty in predicting one's own symptoms. This is especially typical during times of stress and when facing vicissitudes. One can't know for sure, whether they wake up with a severe depression or a tingling joy, or feeling moody, fearful and taunted by self-destructive impulses. At any time, one may come across with a **trauma trigger** that actually triggers a trauma memory and paralyzes everything. On the other hand, it can be extremely comforting to know that the pain will not be there forever. It may all change in an instant. Once one becomes aware of their own triggers, the fluctuations may be manipulated in various ways.

Normally, a person reacts to a given situation in an appropriate manner and with reasonable intensity of emotion. With dissociative disorder, the immediate reaction may as well show as unresponsiveness, derealization or detachment. In this case, the emotions will not surface but "lay low". In other words, dissociation can present itself as a kind of timeout before reaction - in some cases, of several days. One can learn to take advantage of it and be granted some extra time before the imminent collapse. As the emotional reaction eventually emerges, it may be so intense that it totally cripples the functioning capacity for some time.

In addition to its many detrimental symptoms, there still are positive sides to dissociation as well. Originally, it was the very mechanism that allowed life to go on, irrespective of the traumatic event. When you realize this and accept the effects of traumatization in your life and identity, the journey of recovery becomes interesting, even an adventure. Self-knowledge expands, and you get a chance to start reconstructing your identity from the beginning. As your inner understanding grows, it is easier to understand others too. Having grown up in difficult circumstances, a person may develop very sensitive antenna for their surroundings – they may possess a deep sensitivity for the atmosphere and the emotional states of people around them.

What am I? Who am I? I am all things and nothing. I have always conformed, adapted myself according to people around me. I have learned to figure out what is expected from me and reconstructed myself once and again at every new place and with every new person. That is why there is no me, and there are many mes.

Because of dissociation I am capable of "chameleon-like" behavior. I am able to perform very naturally at many kinds of situations, and I also have several truly distinct ways of thinking and acting.

Often, people with dissociative disorder are also able to live in the moment and easily experience childlike excitement. The common trait of super-high productivity is also felt useful and gratifying by many, although, with long periods of high performance and activity, there is a risk of exhaustion. Another useful ability is that of getting out of one's body, if necessary. For example, there may be no need for an anesthetic in dental or small surgical procedures. One is allowed a respite from physical pain, an opportunity to distance themselves in stressful situations or to step above or beside themselves: *I sit down beside myself on the bed and fall asleep.*

TRAUMA SYMPTOMS AND THE QUESTION OF DIAGNOSIS

Primarily, dissociative disorder is a chronic stressor for me, one that has to be considered in all areas of life. I get very easily exhausted, develop somatic symptoms, and react intensely to trauma triggers. Too much stress activates the parts that are the least capable of sustaining balance, bringing up mood swings and erratic behavior, and worsening my overall condition really fast.

It may be difficult to identify the symptoms of trauma and dissociation, because living with dissociation may actually feel like one big slideshow of symptoms and jumping from one issue to another. Sometimes, a particular symptom might show for a while and then disappear right away. In this case, one may be prone to question whether the experience was real in the first place or just a dream or some kind of illusion. Is life made of symptoms, or is it supposed to be like this? What should normal life feel like? Is a particular feeling, e.g. neediness, only a symptom of dissociation and thus something to dispose of, or is it a normal emotion that should be there and could be listened to?

The alteration of the parts feels like a sudden takeover of some emotion, without any rational reason. At the same time, what is characteristic is that at work and during the working hours I can appear fully functioning and productive, although I would have felt paralyzingly anxious on the way to work or back home. Shifting from one extreme to the other in less than a second.

It is hard to categorize all the miscellaneous symptoms. The figure at the end of this material shows a compilation of various symptoms and tried and tested sources of help. However, it should be reminded that not all means work for everyone. They should thus be explored carefully and mindfully.

Trauma symptoms may include physical, mental or social symptoms of almost any kind as well as symptoms related to affect regulation. The symptoms are covered below in the following order: somatoform symptoms, difficulties in interpersonal relationships, emotions and detachment, arousal regulation problems, addictions and self-destructive behavior, flashbacks, problems with memory and time perception, and dialogue of different parts.

It is possible to categorize the symptoms in different ways, and there is considerable overlapping. Therefore, trauma symptoms are often confused with other mental disorders. In a way, dissociative disorder may appear as a combination of many mental health issues, and very dissimilar and even opposite symptoms can alternate in a fast pace.

As the first symptom wanes, some other appears. This might be very confusing for mental health professionals as well, in case they are not informed of traumatization and dissociative disorders. For someone without any understanding of trauma, dissociative individuals easily appear as those difficult patients who do not respond to the symptomatic (medical) treatment in a desirable way. The Finnish Association for Trauma and Dissociation is commonly asked about the diagnosis: how is dissociative disorder diagnosed, and how can I find out, what is wrong with me or a family member? Having a correct diagnosis and verified information about dissociation often result in a faster and easier recovery. Some people have read a lot about trauma and recognized themselves in the descriptions. Getting the correct diagnosis is currently very difficult, and none of the existing classifications recognizes the diversity of dissociative disorder. Even more important than getting the diagnosis would be finding a professional who understands you and gradually helps you understand yourself.

More often than not, individuals with dissociative disorders possess a history of various ineffective courses and modes of treatment, and experiences of getting repeatedly misdiagnosed and completely ignored. They have received treatment for various symptoms but not for the cause itself. Even the symptoms may have been treated deficiently. The various drugs prescribed may have showed poor or lacking therapeutic effects.

For over seven years, I have been on temporary disability pension, starting from a burnout and psychotic depression. All this time, I have been treated as a depression patient, with associated diagnoses of PTSD, sleep disorder, eating disorder, and cyclothymic disorder. The only authority, that has acknowledged the dissociative characteristics of my condition, has been my therapist, and integrative trauma therapy has been the best treatment I have ever received.

Because of past experiences, it may be challenging to rely upon mental health professionals. At some point, the traumatized person can completely lose their fate in healthcare and decide to manage by themselves. Some people later find an effective mode of treatment for themselves and get to be seen and heard, but unfortunately many still remain outside the reach of help. On the other hand, there are trauma survivors that have gained so much help from various creative activities and other self-administered treatments that they consider themselves able to cope without extra help.

Many decide to go on with their lives as if there was nothing wrong in the first place. They may function well enough for years, although narrowing down their emotional experience, until a particular event, such as an illness or the birth of a child, suddenly brings it all back to surface with intense flashbacks, causing a mental breakdown.

Since childhood, my life has been a quest for survival. 30 years ago, after my daughter was born, things started to come up and nobody could help me or understand me. It was like there was a transparent steel barrier separating me from all life and other people. I'm speaking but they're just watching me like I was from outer space. And they prescribed me drugs that didn't help me but only messed me up even harder, boosting my insomnia, fears, and more. Somehow, I just lived on, I can't even remember it all, how I made it and what happened, I just had to manage because of my daughter, to give her a better life.

For six years before my daughter was born, I was living a life of good functioning and performance, until the birth of my own children conjured up flashbacks of the past. I had a history of several contacts with health professionals, and they had treated me with a plain inappropriate diagnosis, totally ignoring my traumatic background. I got frustrated with all that pill taking and feeling invisible in front of them, for they didn't want to listen to me. So, I decided to give up with that. For six years, it was ok. Then I got two children within a single year and began to feel foggier, with the emotional parts of me triggered by the reactions of my children. As a child, I had been punished for crying, so that the crying of a child made me horrified and paralyzed. Eventually, I found my way to trauma therapy, so that I could avoid passing my own traumatic experiences to my children.

By nature, trauma is **concealing**. It is possible for a survivor to be unable to identify any traumatic events from their childhood. Trauma remains hidden, and it may originate in interpersonal relationships only, without the occurrence of any single traumatic experience. The best way of recognizing the trauma is to start from the symptoms and treating them, still striving to understand their origins. Along with that, there are evaluation studies and measures available developed for dissociative symptoms and traumatization.

SOMATOFORM SYMPTOMS

I have had fits of pain related to the past. I have gained relief from someone stroking my belly and telling me the current time, usually my husband.

Trauma is often accompanied by physical and physiological symptoms that seem to occur without any particular cause. Somatoform symptoms pertain to such aches and physical complaints co-occurring with mental disorders. Naturally, similar symptoms can occur unrelated to a history of trauma.

However, [during a trauma flashback] I feel groggy, tired and ill, simply uncomfortable. This kind of nasty, uncomfortable feeling in my body may last for a whole day, yet I realize that I am here and now and safe. I can understand that the situation has already passed, maybe years ago. But still, I get dizzy, nauseous, tired, and it's hard to concentrate, and I feel irritated, overwrought, restless, and paradoxically very powerless at the same time. I also get all sorts of vague pains and aches.

Humans are both physical and mental beings, and separating the two is violent towards the experiences and sensations of the traumatized individual. For example, in therapy, the path to understanding one's feelings may go through observing and identifying bodily sensations. In the end, all our feelings, both sensory perceptions of the outside world and all the thoughts and emotions inside our mind are linked to brain physiology, the nervous system, neural networks and the electrochemical impulses traveling between the neurons.

Only after years of therapy, I am beginning to understand, that my nearly chronic migraine is a trauma symptom indicating that there is a little child inside me suffering from severe hyperarousal. Migraine is the only way for her to tell me that she is there, caught up in a tough situation. While getting hold of this, the mental images, the empathy, and realizing how overwhelming the childhood environment was for me, the migraine symptoms have alleviated.

I have always had areas of numbness throughout my body. After trauma therapy, I've regained a lot of sensation. When my first child was born, I lost my senses of smell and taste completely. I haven't gained them back yet, although occasionally they may show up for a couple of hours, in a really hypersensitive form, until they disappear again. Apparently, the birth of my child started bringing up trauma memories, which is when some unconscious part of me decided to turn off these senses.

DIFFICULTIES IN REALATIONSHIPS - BOUNDARIES, CONFLICTS, ISOLATION

The childhood environment of the traumatized individual has been such to demand constant vigilance, threat detection and fear of the worst. Many traumatized individuals have a finely tuned emotional antenna for detecting what others are thinking and how to act in a right way. The traumatized person is seeking and anticipating threat and danger and, as a result, easily finds those things in the gestures, expressions and words of others all the time. The reality is interpreted in the light of past trauma, and in the past, it was not possible to feel safe. This course of interpretation easily leads to isolation and withdrawal from relationships, which eventually pushes other people even farther away.

What am I? Who am I? I am all and nothing at all. I have always conformed, adapted myself according to the people around me. I have learned to figure out what is expected from me and reconstructed myself once and again at every new place and with every new person. That is why there is no me, and there are many mes, all with their own memories, own habits. It has been difficult for me to bring my friends together, because I don't know how to act in that situation. I have been different for every person. It has been easy for me to leave people behind, because the me that was created for them, has been left behind as well. That's why I haven't missed them. There has been no one to miss them.

Because of traumatization, normal abilities in detecting threat and danger may have become so distorted that we are not able to discern people that are safe for us from those who are not. Because our boundaries have been crossed in the past, it will easily happen again - where do I end and the other person begin? Overadaptation and chameleon abilities are special skills for dissociated personalities, developed in service of safety in their childhoods. In adulthood, changing these behavioral patterns is possible, although not very easy.

It is difficult for me to recognize my boundaries, both physically and mentally. In one state, I may come too close to people, and in another, I can't stand anyone near me. At times, I have felt totally indifferent about my body, not respecting my personal space, so that my body has been available to everyone, other people's property. Which is something I can't stand. And at the same time, the child in me longs for intimacy, embrace, security.

I have been learning to know my boundaries with various intimacy exercises. Approaching the other and the other approaching me, practicing setting limits. In therapy, we have been drawing the lines of my body and identifying safe areas. We have been practicing tolerating touch in a safe and measured way, together and alone. A weighted blanket is helpful in recognizing body boundaries and leveling hyperarousal.

In their relationships, traumatized individuals often face unfortunately many challenges and complexities. These complexities are related to the lack of experience of reliable and secure relationships. They simply haven't had a chance in life to learn how normal relationships work, how to stand for themselves and disagree with others sometimes, how to listen and become heard, how to apologize and to forgive, and go on after together. New interpersonal skills demand great activeness and introspection concerning one's own contributions, so that one can begin to improve the quality of their relationships and get a chance for compensatory experiences.

It is people that have hurt us, so maybe it is people that are the greatest triggers too.

We must take risks, succeeding at times and failing at others. Fundamentally, what relationship complexities are all about, is trust that has been broken or almost destroyed. Assessing and anticipating threat and insecurity is linked to the physical state of hyperarousal (see Regulation of Arousal). The sympathetic nervous system activates the state of fight or flight. Thinking ability does not turn off but becomes distorted by past reality and old beliefs in relation to other people.

One of the goals of trauma therapy is to reach a state of stability, implying that, in a normal situation, the state of arousal should stay inside the window of tolerance. This is when a person is capable of functioning and interpreting their environment in an adult manner. If one wants to change their ways of responding, it is essential to become conscious of their actions in various situations and start looking for something else. At first, one needs to create a new strategy, so that they are able to act before an automatic defense mechanism is switched on. For example, attacking may serve as a defense for getting hurt or threatened. Also, the fear of conflict and argument can lead to avoidance and isolation or conforming to others' opinions.

In changing one's own patterns of thought and action, one needs mirroring regarding to what (or who) is safe. The trauma survivor must acquire a completely new way of thinking: it is highly likely that they are not being a target or threat or attack, nor are they even likely to be real in this moment of time. Creating a new strategy, you have to start checking reality! You have to ask, "Did you just imply, saying what you said, that I am stupid?" Or: "Excuse me, I've got to ask, whether you think that a person very significant to me is unprofessional?" If you don't ask, you are at the mercy of your own interpretations, usually inaccurate, and go on reacting accordingly.

The patterns of thought and action can be explored together with safe people. You can learn a lot from them, and even laugh at your crazy interpretations, coming back to current time and reality. Grounding in reality is possible in other ways, too: if you like, you may carry a little stone in your pocket to remind you of this moment, and what is really happening. In the current reality, it is possible to think that, in general, people have good intentions. Because the nervous system works faster than the brain, the skill of apologizing is an adept one. Many people can't always do that.

My symptoms are manifold. I feel like I have lost my thread in life. The greatest difficulties have to do with interactions, mostly in close relationships. Getting familiar with people takes a lot of time, because it's not easy for me to learn to know other peoples' personalities or pasts. Building trust also takes time.

Some of the writers describe fears or intense anger towards the opposite sex. Developing intimate relationships may have been hard and staying in one tricky. Sometimes the fear can be so intense, that one must keep an actually non-threatening stranger of the opposite sex out of their sight, just to be able to be present.

I go to a group, where there is both male and female attendants, and it is hard to choose where to sit if there are no seats available around women, because there will be a problem if I'm sitting next to a man. Sometimes I can't sit next to men, except by blocking them out, which means that they don't exist for me at all. A good, stable relationship is something I have never been able to create. In case I have fallen in love, I have become jealous and started to have many kinds of symptoms.

EMOTIONS AND DETACHMENT

Often, when things go over my head, I turn perfectly calm. I analyze and talk about what happened, smiling, and I talk about myself and my experiences in a detached way, like there was a wall between, no emotional contact. It doesn't affect me, there is no me, although I know it's my life.

Many writers described losing touch with their own feelings. Frequently, emotional detachment may be linked to describing traumatic events, or some other consciously or unconsciously stressful situation. For others, detachment is something normal in their everyday lives. They have isolated emotions somewhere outside their awareness, so that feelings can't activate properly in everyday life, no matter how natural that would be.

In the structural dissociation of the personality, emotions have remained within the EPs (*emotional parts of personality*), and therefore beyond the ANP (*apparently normal part of personality*), that is functioning in the external life. In this case, the person has no inner contact with their emotions. Again, in occasions reminding of the traumatizing event, the EP can suddenly activate, causing potentially intense emotions.

Overflowing, harrowing grief. Welling up from somewhere deep. Wrenching my guts. Making my body cramp. I'm shaking, I'm shivering. I want to die. It's crying. It's also stillness. No words. Nobody can understand. Nobody can help. Today, there's also understanding. Understanding of the fact that those things belong to my past. The grief needs someone to bear it. The therapist's presence. Physical closeness. Embrace. Comfort. A permission to cry. A permission to be weak. It is only therapy that has helped with that. The therapist reminds me to breathe, when grief or a hypoaroused state makes me forget. Makes me want to die.

Considering somatic complaints, explaining things in a detached way may get in the way of treatment, as severe pain is described without emotional contact. The pain may be so excruciating, that it makes the person escape from their body, so that they become analgesic. Too easily, healthcare workers will not take the complaints seriously. Because of this, one writer recounts of not receiving treatment in a hospital. She had been sent home, after she had told smiling, that she couldn't breathe and that she had pains. Later, she was diagnosed with pulmonary embolism and two infarctions. For several writers, similar dissociative symptoms have made it difficult to recognize the signs of labor.

I've had phases of trying to find comfort and security and serenity through meditation and yoga. It's a good thing, but in my case, it went too far. In it, I found a way to escape reality. I found a way to detach from my feelings, avoiding the facing and processing of negative feelings, fending off anger with all-encompassing love. I thought I could get over anger by completely ignoring it. In this case, what works for me in a resetting way, is doing basic everyday chores. Having meals, grocery shopping. Working, everyday concerns. Exercise helps me bring my feet back on the ground. Good sleep and nurture are important for recovery.

Some of the writers feel like their life is nothing but strong emotions and swinging along from one extreme to another. For some, emotions are completely lacking. Alternatively, some may fall into a state of no emotion, and in the next instant, become extremely emotional. More slight or intermediate emotions may be difficult to recognize.

*Usually, it is hard for me to feel disappointed, **sad**, or **angry** in a normal way. Instead, unpleasant events often bring about a kind of tipsy cheer, or a strange numbness. Although these feelings are not uncomfortable as such, related problems appear: impairment of cognition and bodily sensations, constant forgetfulness, and of course, trouble staying present.*

*In some occasions, like through music, I manage to grasp the feeling of **grief** and get to cry real hard, which comforts me almost every time. Often, the states of weird cheerfulness or numbness remain "switched on", and I may even lose my capacity to work. The longer it lasts, the harder it is to unwind it by myself. Unwinding it also requires quite a lot of discipline: what remains under the cheerfulness or numbness is an intense anxiety. Facing and processing this anxiety is probably the only way to recovery.*

***Anger** has always been a difficult, forbidden emotion for me. Still, it also implies trust-seeking. The therapist is required to tolerate my anger. The anger is covering up other emotions. Behind it is shame, guilt and helplessness. Anger helps to control situations. With anger, I can take on the power I never had. I have felt anger pretty separately from other emotions. It is a difficult feeling for me to reach while in other emotional states, and I can't remember moments of anger very well. My anger gets to be expressed mainly within secure relationships. To help dealing with anger, I have a self-help book called "Wreck This Book". I have vented through physical activity. Running, screaming in the woods, chopping off trees, tearing things down, burning my writings... I need powerful physical venting for anger management.*

REGULATION OF AROUSAL

Hypoarousal implies a constant feeling of malaise. Feeling tired although I have slept. It is hard to think in that state. You feel foggy and paralyzed. Like someone inside me was playing dead. I can't really do anything, and I'm ready to drop all the time. You easily think of it as hunger and that you should eat something.

For me, anxiety is a sign of feelings welling up in me. Anxiety is part of repression. It is indefinite emotional chaos I can't and don't want to grasp. It is not a single emotion, but an emerging awareness of all that I am trying to avoid. When anxiety is overwhelming me, it is usually alleviated, as I surrender to it. I have been drawing that clump. I have been writing to describe it. Through imagination, I have been trying to break it into parts, and left it with my therapist. Nowadays, it rarely takes me over, because I have been processing it and gotten a grip of the emotions involved – it has unfolded into various fears and feelings of guilt and shame.

Through the nervous system, human beings are connected to both their inner worlds and the outer reality. With individuals that are severely traumatized in their childhoods, the different parts of the nervous system have not been able to learn how to cooperate. **The threat-detecting autonomic nervous system** of a traumatized individual is operating faster than the conscious mind, so that responses to various situations, e.g. regarding other people, are not always appropriate.

In the **hypoaroused** state (paralysis), the higher cognitive abilities are turned off, even physiologically, as the parasympathetic nervous system is preparing for a potential death, and the body prepares to play dead. When fight or flight is not possible, evolution has provided still another chance to survive: remaining inanimate, you may not get spotted by the predator! In childhood, paralysis may develop as a coping strategy in overwhelming situations, where submission is the only chance of minimizing harm. Paralysis as a trauma symptom is usually a childhood survival strategy, turning into a counterproductive symptom in adulthood, while the conditions and environment have changed. As a reaction to trauma, hiding under a blanket may look like inappropriate in adulthood but is regarded as the only "sensible" strategy or in fact an automatized pattern of the nervous system by the parts that remain in the trauma reality, where there is no use of reason as higher cognitions are turned off.

A constant state of hypoarousal can easily lead to isolation and prolongation of paralysis. A more functional means of controlling hypoarousal in a triggering situation would be activating the body and anchoring in the present moment. In another situation, a blanket can help you feel safe: in a normal state of arousal, you can “recharge” yourself with security and awareness of the fact, that there is no real emergency, the panic will pass, and that I am safe under my blanket. Other places can be safe, too, I can move, and nothing bad will happen. Hypoarousal can be prolonged, which is when it is, as a dissociative symptom, often confused with depression.

Feelings of emptiness, exhaustion, lack of thoughts, sluggishness and decreased functional capacity may make life isolated. Life goes on in “slow motion”. Hypoarousal as a trauma mechanism is related to the narrowing of consciousness, in response to situations that have been overpowering for one, maybe already in their childhood.

Soothing inner speech, objects of safety (stones, jewelry, ornaments as reminders of the present moment), meditation music or other calming music and bodily relaxation help me with anxiety. Often, it may be helpful enough to leave the house and see people, even strangers. Also writing and describing the feelings may be of help. However, while anxious, I often resort to different compulsive rituals (counting things, stepping patterns, etc.). In the long run, they make me detach from my body and feelings even more. They can still be useful, if you can't leave the house in any other way.

The opposite of hypoarousal is **hyperarousal**, where the state of fight or flight is activated by sympathetic nervous system. In the state of hyperarousal, breathing and heart rate are increased, senses are sharpened, and the body is prepared to run. Many traumatized individuals live in a state of constant tension. A reminder of trauma may lead to a difficult and anxious state of being, which can be hard to get out of, understand or describe.

One of my symptoms is anxiety or worrying. What has helped me is a “quarter of worry”, that is, 15 minutes per day dedicated to worrying. Preferably, you should have a partner or a friend as a listener with a little perspective to things but free of judgement. You can also spend the quarter with a “worry doll”, for which you can always tell your worries, for example in the mornings or in the evenings. Sometimes it is helpful to imagine the worst-case scenario. What if it really happened? Realizing the issues helps me gain perspective - what is REALLY possible and what isn't. And where does the deepest fear originate?

What may also be helpful, is a concrete way of "letting go". Writing a concern or woe down on paper and then destroying or burning it, saying goodbyes aloud. For example, "I will let go of you now, because you are not of service to me anymore". Accepting the things that cannot be changed. Telling yourself that I accept that I am anxious (scared, whatever feeling), I accept myself as I am.

Hyperarousal, for its part, can be useful as well. The dissociative person with all their symptoms might be the tireless go-getter of the workplace, leaving the "healthier ones" second. However, (over)achieving is often in service of avoidant behavior. Keeping busy enables one to conceal the hurting parts from other people – but most of all, from self.

In this state (hyperarousal), I am ridiculously efficient. This, too, is evading. Evading emotions, escaping them. This has many forms in me. I am constantly avoiding pausing, both physically and mentally. I am skilled at fooling myself. If I exercise too much and I see it, my "pausing" may come out as ceaseless studying, project planning, browsing social media, blogging, drawing, baking, cleaning the house, making puzzles, but still, in many cases, unconscious evasion and escaping of emotions. What often helps is time. In therapy, I have had to stay still. Nowadays, I do it at home. I force myself to be still, without stimulation. Music is allowed sometimes, because it helps me relax and open up to my feelings. Breathing exercises may bring help for some – for me they are quite challenging, because they remind me of my traumas.

As manifested above, hypo- and hyperarousal may both show at the same time. It means that both hyper- and hypoaroused personality parts are active at the same time. Existing simultaneously in hyper- and hypoaroused state upsets the functional capacity.

In addition to hyperarousal, sometimes falling into traumas, I totally freeze. Hypoarousal takes me over. Everything in me ceases, slows down. I may forget to breathe sometimes. I am inside a wall. I can see, I can hear, I can't talk. I can usually manage to nod or shake my head. Breaking silence is overpowering. I would like to talk, but I can't get my mouth open. My eyes look for help. Begging for relief. With this, I can't help myself. I need the help of a therapist or a friend. Calming, smoothing speech is helpful. Touch is calming, recovering, usually allowing sadness to come up.

ADDICTIVE AND SELF-DESTRUCTIVE BEHAVIOUR

Self-destructiveness can be subsided by reminding yourself about its protective function and feeling thankful for it (something my therapist often tells me, and I easily forget), and at the same time, telling inside your head that you no longer have to hide your emotions. And that we can figure out more constructive ways to manage emotions. Telling yourself, that all feelings are allowed, and that you don't have to take them away in such violent means.

Emotional trauma and difficult experiences in childhood and youth can lead to various addictions. In other words, addictions may be rooted in experiences of outsidership, detachment, and disconnectedness, for which one is striving to find a solution. Looking for solution, the addict is getting caught in activities or substances that produce pleasure, excitement, relief, fulfillment... Addiction may show as dependence on alcohol or drugs, pornography, food, or gambling, or as well to some kind of activity or work. The addict is giving all their attention and focus to the target of addiction, so that they can't and don't have to think about anything else. Addiction may be seen as an attempt to fix or medicate early trauma, whether unconscious or identified. Addiction also serves as avoidant behavior of the ANP, striving to narrow life in order to control the trauma containing EP. In structural dissociation, different parts of personality may have phobias of varying degrees. Defeating this phobia is necessary for recovery and the integration of dissociated parts of the personality.

For me, besides gaining contact to my body, through exercise I have been able to punish myself. Physical strain was permitted, but no other ways of hurting myself. Searching and stretching the physical limits almost drove me into burnout. The pleasure it provided turned into exhaustion. It turned into an obsession. An element that was increasing the anxiety. Impossible to control, impossible to stop.

I love exercise in almost any form. Endurance sports are especially dear to me. Sometimes, it is so challenging to manage physically, that I abstain from exercise for a long time. Restarting it after breaks has proved tricky. It's not tricky because I couldn't do it. It is tricky, because I can do anything. I can choose, whether to run for 10 or 20 kilometers. If I like, I can swim one kilometer, or two, or three. I set a goal and I make it happen. But my body may not be able to handle that.

The emotional parts of the personality that are created in structural dissociation, may be either fragile, or controlling. The fragile parts comprise sad, fearful and childish parts that become easily stressed out and hurt. The controlling parts are suspicious, questioning, and angry. They strive to maintain structural dissociation by narrowing one's life. In the end, the mission of the controlling parts is to protect the fragile parts and to avoid hurting them again. However, the survival mechanisms of the controlling parts may be extreme and self-destructive.

Self-destructiveness comes in many forms, including repeating traumatic events, numbing one's emotions or escaping from self. Often, the idea in experiencing pain, is to avoid some emotion or trauma memory that would be even more painful. In the dissociated system, a self-destructive part may be included, that is so desperate that it appears "malicious" towards the other parts. It may, for example, sabotage psychotherapy by accusing the person for seeking attention, labeling the help as vain, and devaluating the life experiences of the traumatized. In the system, there may also be a part that is a drug-addict.

However irrational it seems, for the system, these malicious and angry thoughts are well-meaning. During some overpowering conditions in one's life, the self-destructive part has served in protecting the other parts by hurting one's self. However, in adult life, there is a much larger range of coping mechanisms available. In recovery, it is important to practice protecting yourself and all your parts by new strategies, instead of hurting yourself.

My eating disorder symptoms get really intense at times. Months may pass while acting anorexic, and I may lose a lot of weight in a short period. Losing weight becomes the substance of life, and you can't really tell yourself why. Life becomes really narrowed, and all will revolve around calorie counting. Starving becomes your life mission, and the less calories eaten, the more euphoric you feel. And all that is accompanied by mood lowering and hypoarousal. Then, a trigger comes up, which shifts the state of self, and suddenly there is no point in losing weight. The whole thing feels unreal, as if it had been someone else that had been so into losing weight. Sometimes I may turn to bingeing or bulimia, which is when all the preceding strictness and control is replaced by the total lack of it. This alternation may last for long.

For me, problems with eating are related to some kind of overachieving, and they strike more easily if I am busy and got a lot to do. The worst periods have been those of graduation and finishing my thesis. When regulating my eating, I get a sense of being highly in control, and I feel like it helps me focus in other things, too, until it goes too far, and I totally lose my ability to concentrate. In the long run, I should learn how to relax and calm down and give up overachieving, find my own limits, so that things will stay balanced in a healthy way.



SENSE OF TIME, FLASHBACKS AND INNER DIALOGUE

When a flashback occurs, I try to speak to my parts in a soft and calming way. I remind the parts containing the trauma, that even though they are scared, the bad things belong to the past. I am an adult, and I have people in my life that I can rely on and turn to.

For someone suffering from a dissociative disorder, sensing time is usually very difficult, because it is part of the nature of dissociation that the layers of time are overlapping. Regarding the concealing nature of trauma, long gaps in the memory are possible, even of years. It is very possible, that at work one is unable to remember personal things, or vice versa. One may forget, on the way, where they were going. One part can be able to speak a foreign language fluently, while some other is struggling with it. Because of problems with memory, many people need a lot of memory aids. One aid for perceiving time, brought up in the writings, was filling up timelines. A timeline can be constructed both alone and with a therapist. In addition, phone alarms and reminders help to keep things in order.

Here, regular journaling is of use. I may lose time sometimes, but often it is more like distortions in the sense of time. You may feel like yesterday was a week ago. If someone asks me, what I have done during the week, I can't answer that. But if I check the journal or my calendar notes, I see that yesterday's things happened yesterday, and not a week ago, and then I realize, that the week did not disappear after all. My sense of time just doesn't follow the clock.

During flashbacks, one experiences old traumatic events again. On the emotional level, it is like reliving the experience. A flashback may be triggered by any stimulus that reminds of the trauma.

What is hard in flashbacks is how they feel like they were real... In the beginning, I didn't understand what they were, and why they were causing such intense emotions. At first, I doubted if they were real at all, and where do I get such vicious thoughts. I still question myself and my mind sometimes, although I have gotten to understand the flashbacks better. Knowledge has been so important to me. Once I know what they are and where they come from, I know I can control them. What has been worst for me is the feeling that it's all out of my control.

It is possible to recover from flashbacks with similar anchoring devices as from other dissociative symptoms (i.e. panic or anxiety), that is, through self-soothing and grounding into reality. If an EP totally hijacks the dissociated system, one loses the connection to reality entirely. The trauma containing emotional part (EP) then takes control, although the original traumatizing event has passed. In this case, all means of anchoring back to the present moment are of importance. The connection of the trauma-reliving emotional self (EP) to the self that is perceiving present reality (ANP) must be regained.

One possible tool is a protocol, through which this connection is regained phase by phase, by identifying and describing the current state of being. The observing self then differentiates to describe the actions of the experiencing self, for example by naming an emotional state (I am scared, this feeling is fear), describing aloud or for yourself how you feel in your body at the moment (I am shaking, and it is hard to breath), and what the current external environment is like (there are such and such items in this space, it is warm / sunny here).

The observing self is able to identify the trauma, tell the year and time of the current moment, and affirm, that the trauma is not happening again at this moment. Babette Rothschildt's Trauma protocol is an example of protocols developed for recovering from a flashback. When this kind of work is repeated and enforced, the fear of one's own inner e is diminished, and the traumatized person gains more resources to change their own patterns.

Dissociation also involves an inner dialogue, often an argument, inside one's head. The parts are discussing. This does not necessarily mean a proper discussion, but different thoughts or opinions about an issue.

I have read about writing as a great tool for getting to know the parts. The parts can also leave messages to each other. For this, I have my own notebook and pens of different colors for different parts. I also use the Family Wall app.

Because of dissociation, decision-making can be very hard. Familiar routines may be of help in this. Additionally, you can try to make inner agreements, if for example shopping is taking too much time because of inner arguments. The system can come to an agreement of who decides about the shopping and make a shopping list beforehand.

A constant argument between my own thoughts, for example part 1 in me: Call, contact someone when you need to. You will feel better, when you can tell them what's going on. Part 2 in me: Well, you can't call now, for it's distracting them, they don't want you to call. Part 3 in me: What is this all again, why is everything so hard, I can't do this (feeling totally exhausted).

PSYCHOEDUCATION - THE VALUE OF KNOWLEDGE

When I know what this is all about, it is easier to develop resources and solutions to the situation. Then, it is also easier to tell others how they can help me in every situation.

On the other hand, I am living a prosperous life, with an analytic or systematic approach, and knowledge is important to me. Intellectualization as a defense has been a bridge to a partly prosperous and broad world.

Psychoeducation refers to providing information and understanding concerning a mental disorder. This kind of information is useful for both sufferers of dissociative disorder and their families. Information about trauma and dissociation also helps to manage the symptoms, and with knowledge, a person can understand their inner world better. Psychoeducation is also called educational therapy. Through it, it is possible to find words for experiences and tools for changing one's behavioral patterns. Besides knowledge, it is essential to engage in a therapeutic relationship with a professional. Searching information can also be a way of escaping one's feelings. Isolating emotions outside the field of experience is characteristic of dissociation, and the searching of information can be exploited in this manner.

*This also, is a way for me to avoid feelings. I am obsessively looking for **explanations**. I read about the effects of trauma to understand myself. Analyzing, I am content to find explanations to my feelings and seemingly understandable reasons for my broken identity. I delve into all information and imagine, by detachedly reading and understanding, to integrate myself as a fine and functioning whole. Until I get frustrated, because my inner world doesn't always understand how we could ever become one. Where will the others go then? Everything in me has its purpose, all their own places, for we can't make it without each other, can we? I suppose it means that I'm still on my way.*

SELF-CARE AND OTHER MEANS OF COPING

During my "career of treating dissociation", I have tried other treatments as well, some of which work in a downright opposite way, even making me feel uncomfortable. What applies here again, is that only through trial and error you can find out what suits you best. What works for someone in a soothing way, may prove nearly unbearable for someone else. Even one's own means of self-care change through time and situation.

He had traumas, and he treated them with hard work and gardening. In the garden, he felt happy, as if he was a different man.

The dissociative symptoms and the means of coping with them are both great in number. The usefulness of different resources is very much determined by the individual and the situation. A helpful tool for someone, something that anchors them to the present moment, may stand for a trauma trigger to someone else. You can find your own resources and coping strategies only through careful experimenting. It is also possible that different parts of the personality possess different means of coping. What this implies is that the same strategy will not work every time for a single person either. For many, unvarying everyday routines provide a sense of security. Times of vacation may appear chaotic, if they are not carefully planned and organized. The following essentials of self-care should be considered:

- ▶ Regular sleep
- ▶ Regular and balanced eating
- ▶ Regular and moderate exercise

Creative and enjoyable activities can help to manage emotions and serve as anchors to reality.

- ▶ Painting and other visual arts
- ▶ Singing and playing music
- ▶ Reading and writing
- ▶ Other hobbies

How would you like to spend your time right now? If you feel like you can't do anything you enjoy, why is that so? Is there a voice inside your head, saying you haven't deserved nice things and feeling better? Could you negotiate about that?

Besides striving to think that I am worth respect and deserve to be well, I have learned to act more graciously towards myself and others. (Self)forgiveness brings me the sense of humanity and makes it easier to understand myself and others. Others (with their thoughts, actions, etc.) are not even relevant in this, it's all about how I strive to feel towards myself: empathy, acceptance, respect, maybe a little bit of love? It's a long way ahead: although I understand intellectually, how I'd like to think of myself, the notion still has to be embraced and put into practice. This process will take time, but at least in my case it's apparently worth it - my condition is considerably better already.

For many, nature is felt to be soothing. Although developing proper attachments with people may have been hindered, it may have been possible with animals. Many writers consider animals safe and something anchoring. In nature, it is possible to experience healing connectedness with animals and trees, among other things, and there are always sounds that work as anchors to external reality. Gardening may work in a similar way, as something empowering.

Spending time in nature, reading nice books, and watching nice programs and movies are my ways to relax. I also like relaxing hand, feet, and facial treatments that I give to myself. I surround myself with various things, that I have associated with "security". Then, while feeling safe, I naturally relax most easily, like all people.

PSYCHOTHERAPY AND OTHER TREATMENTS

What have been particularly helpful for me, are art therapy and emotional reflexology, through which I am able to face negative feelings too, instead of running away from them. Painting, especially, provides an object for the emotion, making it more concrete to work on, so that it no longer feels like a devouringly large, shapeless lump. While my body awareness has increased, and I am more able to read physical alarm signals and calm myself down, before the spiral goes too far.

Engaging in trauma psychotherapy is the most visible means of self-care to me, I am lucky to have that opportunity. Speaking there, becoming reached and seen, as well as the mutual trust between me and my therapist, have taught me that I'm worth respect and deserve to be well.

There is an abundance of psychotherapy options available, with different approaches and theoretical frameworks. Besides the particular methods applied, the effectiveness of psychotherapy particularly relies on the cooperative relationship with the therapist. For the traumatized, the therapeutic alliance is especially important, so that a sufficient level of trust can be reached in therapy. Security and the experience of coordination are fundamental in the therapeutic alliance of a trauma survivor.

The grief needs someone to bear it. The therapist's presence. Physical closeness. Embrace. Comfort. A permission to cry. A permission to be weak. It is only therapy that has helped with that. The therapist reminds me to breathe, when grief or a hypoaroused state makes me forget. Makes me want to die.

Traditionally, psychotherapy is based on transforming cognitions, and aiming to change beliefs, manage emotions and affect physiological reactions, such as hyperarousal or tension. However, conversation-based therapy does not reach all sides of traumatization. In a traumatizing situation or a reminding one, cognition is passed, and one acts instinctually, on the basis of the autonomic nervous system (see Regulation of Arousal). Trauma memories are pervasive memories that appear in all levels of human functioning, mentally, physically, and behaviorally. Trauma memories, solidified as bodily memories, can be brought into consciousness by paying attention to bodily sensations and sensorimotor reactions, for example through movement, dance, or touch. Through this, one can become conscious of trauma memories in the level of cognition too.

Adult discussion and thinking in trauma therapy are not enough for me. In my therapy, the different levels of me are recognized in a way that matches their understanding. My therapist speaks for the little ones in me in their own way and explains for example the functions of my angry parts, reassuring them directly.

For unfortunately many traumatized individuals, however necessary, therapy is not attainable. The course of therapy is also too short for recovery. Only the development of trust and security in the relationship may take one year – and many years for all the dissociated parts to feel safe enough to trust the therapist.

Through psychotherapy, I have gained a lot of consciousness about my different parts and their ways of acting, so that today, it is pretty easy for me to recognize which one is causing the anxiety or other symptoms. Then I am also able to do something about it, and not just drift in the turmoil, waiting for something external to make it stop. I really believe, that the healthy, integrative part has gained strength and size, being more able to take care of other parts and to restrict negative behavior. The goal can't be to have an intact personality but rather to be able to take care of myself and live a human life.

My psychotherapy ended last year, and it will not continue. So, I will have to be my own trauma therapist, for only after the end of therapy, I started to become conscious of the most central characteristics of my dissociative disorder.

EPILOGUE

It gives me hope to hear how other childhood trauma survivors have recovered through group support. It is people that have hurt us, so maybe people are the greatest triggers too. You can't live or get better without, so you have to take the risk. And the idea, that I myself determine what I want to be, my future self, is actually pretty exciting: Everything is possible, and the choice is mine.



Dissociative disorder can produce a confusingly wide range of symptoms. The figure at the end of this handout sums up the symptoms and the various resources for help. The ways of managing the symptoms are many as well, and it should be reminded that they are as individual as the symptoms: the only way to find what suits you is experimentation. Helpful reminders can also be written on paper and put on display.

The traumatized individuals among us are unfortunately many. However harsh, this can also be empowering: we notice how many there are sharing the same reality. We are not alone with our symptoms, and we can draw strength from each other.

It has been a pleasure working on this handout. It has been a therapeutic process for ourselves too.



We warmly thank all the writers! They have shared valuable experience. It is safer to walk this way together.

In Helsinki,
February 12, 2018

Writing team of the board of the Finnish
Association for Trauma and Dissociation

Mai Peltoniemi, Sari Miikki, Satu Martikainen, Taru Nordlund

TOGETHER

"Everything in me has its purpose, all their own places, for we can't make it without each other, can we? I suppose it means that I am still on my way."



SYMPTOMS OF TRAUMA AND DISSOCIATION

SLEEP DISORDERS

- Insomnia
- Waking up too early
- Tiredness
- Sleeping too much
- Nightmares
- Night terrors
- Sleep paralysis

- Regular sleeping routine
 - Regular exercise
 - Calming down
 - Relaxation
- Elements of safety (stuffed animals, inner refuges)
- Weighted blanket

RESOURCES

AROUSAL REGULATION PROBLEMS

- Terror
- Anxiety
- Panic attacks
- Paralysis
- Depression-like symptoms
- Overachieving and effectiveness

- Bodily activation (hypoarousal) or relaxation (hyperarousal)
- Describing feelings in words (talking or writing)
- Spending time with people (not isolating)

RESOURCES

SOMATOFORM SYMPTOMS

- Pain
- Tics
- Cramps
- Paralysis
- Fibromyalgia
- Migraine
- Breathing problems, asthma
- Bleeding
- Inflammations

- Increasing understanding of potential original causes for symptoms
 - Stories of the parts living outside the world of language
 - Possible medication

RESOURCES

DEREALIZATION & DEPERSONALIZATION

- As if you didn't exist (derealization)
- As if watching yourself from the outside (depersonalization)

- Identifying body boundaries
 - Anchoring in the present moment

RESOURCES

FLASHBACKS

- Strong emotional reactions without apparent cause at the time of occurring
- Reliving trauma as if it was happening again in the present moment
- Watching the event like a film

- Increasing understanding and time orientation between the parts: awareness of the flashback as a memory
- Anchoring in the present moment
 - Bodily relaxation
 - Trauma protocol
 - Calming inner speech

RESOURCES

MEMORY & SENSE OF TIME

- Difficulty sensing time
- Memory loss & problems
- Losing time
- Gaps in memory for long periods of life

- Journaling
- Post-it notes
- Electronic reminders & alarms
 - Notebook
- Assembling timelines

RESOURCES

ADDICTIONS & SELF-DESTRUCTIVE BEHAVIOR

- Substance dependence
- Self-harm
- Eating disorder symptoms
- Other functional addictions: work, sex, games, shopping, etc.

- Understanding the protective function of the activity
- Applying alternative strategies
 - tapojen käyttöön ottaminen
- Finding words for feelings: what am I trying to control, avoid? (avoidant behavior)

RESOURCES

OBSESSIVE- COMPULSIVE BEHAVIOR

- Compulsive rituals
- Counting things
- Strict rules
- Neurotic checking
- Obsessions

- Calming inner speech
- Finding words for activities
- Understanding the protective function of the activity, avoidant behavior?

RESOURCES

MOOD SWINGS & ADHD SYMPTOMS

- Pseudo-depressive and manic states
- Attention disorders
- Impulsivity
- Hyperactivity

RESOURCES

- Balancing states of arousal
- Inner agreements on strategies
 - Bodily relaxation
- Understanding the origins of behavior

SENSORY DYSFUNCTION

- Sensory loss
- Hypersensitivity
- Illusions

RESOURCES

- Understanding the origins
- Inner refuges

MEANS OF COPING AND GROUNDING FOR SYMPTOM MANAGEMENT

- **Anchoring in the present moment**
- **Calming inner speech**
- **Creative activities, e.g. arts and crafts, painting, etc.**
- **Enjoyable activities**
- **Inner refuges**
- **Music (listening, singing, playing)**
- **Relaxation & Meditation**
- **Talking & Writing (finding words for feelings)**
- **Identifying body boundaries (stroking, massage, weighted blanket, shower, stretching)**
- **Recognizing integrity / identifying and maintaining personal boundaries**
- **Seeing people**
- **Regular routines**
- **Finding information & understanding symptoms**
- **Exercise**



SYMPTOMS OF TRAUMA AND DISSOCIATION

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