

*“Knowing I was different with my OCD, anorexia and the voices that no one else seemed to hear made me feel isolated, disconnected. I took everything too seriously. I analyzed things to death. I turned every word, and the intonation of every word over in my mind trying to decide exactly what it meant, whether there was a subtext or an implied criticism. I tried to recall the expressions on people’s faces, how those expressions changed, what they meant, whether what they said and the look on their faces matched and were therefore genuine or whether it was a sham, the kind word touched by irony or sarcasm, the smile that means pity. When people looked at me closely could they see the little girl in my head, being abused in those pornographic clips projected behind my eyes? That is what I would often be thinking and such thoughts ate away at the façade of self-confidence I was constantly raising and repairing.”*

~Alice Jamieson

Imagine being abused as a child. You were two years old when it first happened. Your dad’s co-worker molested you in your own home. It happened again when you were seven and again at age seventeen. Your childhood revolved around fear and pain. You could never escape your traumatizing early experience. You grew up in a middle class suburban neighborhood with two caring, but absent, parents, a younger brother and older sister. From the outside, it looked as though you had the picture perfect life. Unfortunately, little did anyone know, including your friends and family, how much you were hurting inside. You did not know how to cope with your past or your feelings and you had no one with whom you felt you could talk about it.

Over the years you would continue to hold the pain and suffering inside you. You were never able to express your feelings or taught how to respond if an event such as this were to occur. Years go by and you are now thirty-five. To the eye of a passing by stranger, you look like an average 35 year old. You have a partner and two children and a house you can call home. However, to the ones who have come to know you and love you, this “normal” life you are perceived to have does not exist. The trauma you endured as a child had extreme consequences in your adult life. As a result of being abused and molested as a child, you have been told you have Dissociative Identity Disorder (DID).

This is what life is like for 37-year-old Olivia Jones. From an outsiders view, Olivia had the picture perfect life. Two loving but absent minded parents, Sara and Jeremy, her younger siblings and Chester, the family’s golden retriever. Olivia cherished her life until a hot summer day in mid-July when she was seven years old. That is was the day Olivia’s life changed and would never be the same. She was temporarily taken from her home in Cheyenne, Wyoming and brought to the back seat of the family’s plumber’s car. She was beaten, raped and then thrown out of the car on the front lawn of her home. As an outcome of this extreme physical and emotional abuse, Olivia now lives with DID.

According to Phillip Coons, M.D., trauma is the emotional response to a terrible event. Childhood trauma is referred to as terrifying experiences that happen in a child’s life, generally between the ages of 0-6. Childhood trauma is often viewed in a nonchalant manner. This is because adults often believe that children are too young to understand abuse. However, this is an incorrect misunderstanding. Children are affected by trauma even though they may not understand what is happening at the time. Children who have experienced a significant amount of trauma understandably come to view the world as a dangerous and fearful place. When

childhood trauma is not confronted and resolved at a young age, it can lead to greater levels of trauma in adulthood.

In many ways a victim of childhood trauma loses his or her childhood at the time the abuse occurred. One method of coping with the traumatic childhood experiences adopted by such victims in their adult life is called Dissociative Identity Disorder. DID, previously known as multiple personality disorder, is one of the more rare and complex effects of trauma. DID is often confused with schizophrenia. Schizophrenia is a genetic, biological brain disorder, where as DID is developed and not genetic. The reason there is so much confusion in the psychology behind these two disorders, is because when one looks at the diagnosis process of both DID and schizophrenia it is very similar and overlaps in many areas. DID is a severe mental procedure in which the brain produces a lack of connection in a person's memories, actions, thoughts or sense of identity. DID is thought to be the outcome of severe trauma during early childhood. DID is significantly more subtle or nonexistent in a victim's childhood, and increases as one ages or as the trauma increases. The different traumas in most cases include intense, repetitive, physical, sexual or emotional abuse.

The dissociative process is perceived to be a coping mechanism where the people literally dissociate themselves from a situation that is too painful, traumatic or violent for them to deal with. This trauma results in one emotionally going inside themselves and having "someone else" come out. This other person who comes out during this time, is called an "alter". The person's alter can be anything from an innocent five year boy who lives with his parents and believes it is 15 years in the past, to a 30 year old, rebellious, alcoholic, woman who wants to harm themselves.

The victim subconsciously manufactures different people so the alters can cope with the pain and the victim does not have to. The victim has no recollection of time or what is happening while they are detached from the situation and an alter appears. They may feel as though they are in a dream, or different unreal state. In extreme cases, a person may detach from various aspects of themselves that are permanently lost.

It is important to remember that no matter who the alter is, the victim's personality comes out when one is in a traumatic situation. Unfortunately, those with DID are more likely to follow a pattern, and abuse their own children as well.

Dr. Collin Ross says "DID is very literally true subjectively, but not actually true that there is more than one person inside the one affected. It's a defense mechanism." "DID is like a war going on inside yourself. One's going left, one's going right. One believes they're married, one believes they're not married. The way to treat this chaos is to go inside, get to know everyone and figure out how to make everyone cohesive and work together."

The pivotal effect of childhood trauma is the loss of innocence. Trauma constructs the perception that any safety for the person is possible. Unlike other experiences, the body and brain are unable to process trauma. Due to the fact that trauma is often abrupt and overwhelming it often is not able to be unified and integrated. When a child grows up experiencing significant stress, his or her body and immune system may not respond the way it should. The victim may develop emotionally and psychologically in a different way than someone who has not been abused may respond. Later in life when the child has grown to adulthood, they are likely to encounter more stress. This can result in severe symptoms due to a result of trauma. (National Child Traumatic Stress Network)

Laura Phipps, MSW says "When children are experiencing trauma, there is release of stress hormones. When children are having repeated traumatic events there is an overabundance

of that stress hormone in the brain which causes actual damage to the structures of the brain. What that also does it puts children always in a hyper vigilant state, which they feel they need to be in in order to stay safe.”

Besides DID, there are other more common disorders that are pivotal in people who have experienced trauma including, Post-Traumatic Stress Disorder (PTSD), Hyperarousal Disorder, Re-experiencing Disorder and Numbing Disorder.

PTSD is a disorder that is a result of being exposed to a dehumanizing or psychologically deplorable incident, causing extreme amounts of fear and anxiety. Hyperarousal Disorder occurs when the physiology of a traumatized person is too high. This can be a result of being seriously impacted by the traumatic event that took place, and lead to one not being able to proceed in life as normal. Re-experiencing Disorder is the procedure of reliving a traumatic event. This includes flashbacks or intense reactions that remind the victim of the specific event. Lastly, Numbing Disorder includes feeling of nothing or no emotion. Common symptoms of Numbing Disorder include feeling a lack of energy or enthusiasm and a loss of interest in people and everyday life.

Forty-Six year-old Kenny Salvador is an ex-veteran who developed PTSD after serving for 20 years in the military. He is often awakened in the middle of the night after having nightmares that remind him of the times he served in combat. Kenny also deals with Re-Experiencing which can cause difficulties in Kenny’s everyday routine. “Words, objects, or situations that are reminders of the event can also trigger re-experiencing.” (National Institute of Mental Health).

Similar to Kenny, 29 year-old Stella Wilde often experiences symptoms of hyperarousal due to her traumatic past. When Stella was four years old she was molested by both her father and uncle. She was so young she could not understand what she was experiencing. That was the worst day of Stella’s life and she never fully recovered. Stella now experiences muscular and emotional tension when she is reminded of her past.

For as long as I can remember I have always been interested in diseases and disorders. My fascination with medical conditions heightened about four years ago when I met a girl with Cystic Fibrosis. Ever since then my passion for learning about new diseases has only increased. I first found out about DID a year ago. My mom introduced me to a book about people with personality disorders, and DID was a related disorder. I was very fascinated by the disorder. I also found the background behind the psychology and science of DID extremely interesting. I have always been very intrigued by diseases and how the brain functions in different circumstances.

After doing a lot of research on DID and my final project topic in general, I found the disorder to be quite alluring. I thought it would make a very interesting and insightful topic. Throughout the process of researching DID and learning more about it, I discovered a lot about trauma and how it affects the brain. I learned not only about DID but other disorders that are an outcome of trauma. I found out that I am unquestionably captivated by mental health and disorders that affect the brain.

Trauma is the fundamental aspect of what affects Dissociative Identity Disorder. Trauma triggers most non genetic mental health disorders. Severe trauma is the only known affect that impacts DID.