

## HOW TO SUPPORT A SURVIVOR

When you look at that wounded, hurting person sitting across from you, what do you see?  
What do you believe God for - concerning them?

Even before you step into the place of helping and supporting a survivor, they need to know the answer to this question. Can you see them through the eyes of Christ; aware that they are all created in the image of God Himself and that He ordained their lives?

### WHAT IS DISSOCIATIVE IDENTITY DISORDER

Dissociative Identity Disorder (DID) is not to be confused with demonization or schizophrenia. It is also common to have personality fragments, which are defined as a part of the person with a persistent and separate sense of identity but a limited (compared to a personality) range of function, emotion, or history. This ability to mentally escape from a traumatic situation and store away all of one's thoughts and emotions regarding an event as though it did not happen are called dissociation. Dissociation involves splitting off or separating certain deeply unpleasant feelings, memories, and experiences because they are simply too painful to bear.

DID is not caused by a brain or chemical deficiency. In fact, multiples are usually above average in intelligence and creativity. In this sense DID is not a pathological sickness but rather a God-given, temporary coping mechanism for an overwhelmed child whose only options were to dissociate, lose touch with reality (go crazy), or commit suicide. **DID is generally considered a "disorder" rather than a mental illness because it is not caused by defective brain chemistry and treatment is usually effective. Someone with DID might be described more accurately as a normal person with a normal brain responding to the abnormal experience of overwhelming trauma.** It is helpful to note that the literature in the field reflects an approximate 80% to 90% *cure* rate for those multiples who stay in therapy.

### FOR THOSE WHO DESIRE TO COME ALONGSIDE A SURVIVOR

This is for those who wish to come alongside abuse survivors in their healing process. Often, many come with the best intentions when you think of how the hurting ones among you need encouragement and support, but that will not be enough. **You need to know, first and foremost, that you are in this place because God has called you and gifted you to do it.** Healing from trauma, especially when the nature of that trauma is spiritual and sexual abuse is difficult to work and requires time and commitment for both helpers and survivors. God will have to be the one to supply the grace for all of us to see the healing process through.

As you come alongside those seeking help and healing, you will have to come to terms with your own issues so that you do not unintentionally do harm to yourself or those you are hoping to minister to. **This required praying about your particular level of involvement in this process, in whatever capacity God would have you enter into it.** Know your own limitations, what you can and cannot handle. God is interested in bringing health and wholeness to all the parts of the body of Christ since Christ is to be a conduit of healing for God's people. Some things are simply not learned from a book; they must (more importantly) be lived out.

Learning to trust, learning to grow in healthy relationships with others, having friends, and being a friend, is a process. Who will show them how? The call of God to the church is to "strengthen the feeble-minded, support the feeble-hearted..." and yet many find themselves ill-equipped and afraid. God Himself calls some to the work of helping and building up one another. What could be hindering you?

Finding the answer requires searching your own heart first. Do you struggle with superiority and pride? Are you under the impression that those who are struggling in their ability to cope with what has happened in their lives are somehow lacking in fortitude or faith in some way that “the rest of you” is not? Or perhaps you fear those unhealed areas of your own lives being touched?

When coming alongside and helping others, you will find out things about yourself that you never knew before. You will find you're own issues exposed, your selfishness and pride and superiority and complacency and impatience and lack of love will soon come to the surface. **Are you willing to take that risk?** You will feel overwhelmed by the need around you. If you look and **will have to admit your powerlessness to fix it**, see your own weaknesses, see your limitations, and become vulnerable to the despair and darkness that trauma and suffering that a survivor has lived with and brought into the lives of those you are ministering to. That’s why it is important to pray about your level of involvement.

## HOW FRIENDS AND/OR FAMILY CAN HELP

Family and/or friends can have a great impact on the recovery of an abuse victim "If you want to help an abuse survivor, you must begin by accepting one basic truth: **you cannot fix them**. People are responsible for their own healing and heal at their own pace. The sad fact is there is very little you can do. You can't take their pain away. So how can you help? Part of accepting the survivor is accepting what happened to him/her. Just as the survivor needs time to accept the terrible truth, so do you. The best thing you can do is:

- **Be supportive.** Really listen and indicate that you care.
- **Remember to put your frustration and anger where it belongs, not on the survivor.** They are not "damaged property"; but instead a person who has been abused and violently mistreated. Your personal revenge against the abuser will not help, and in fact, only make matters worse.
- **When they feel like talking even if they have talked about a certain situation several times**, let them talk it out and you just listen without giving advice.
- **Validate their pain no matter how horrible it is if they feel like talking about it.** Survivors really don't expect you to do anything. They only want you to listen and love them, accept them. When the survivor is in pain, the most effective response is to simply hold them and/or listen. Be careful if you try to hold them and they pull away to just grab their hand and squeeze it (a child alter might have come up). Also, pray over them softly and not loudly. Tell them you are there with them. Tell them you care about them and don't assume because you told them last month or last week, or even earlier that day, they are convinced. Anyone who has been abused believes he or she is inherently unlovable. A day or even a year of reassurance cannot wipe out the negative programming they have carried with them for so many years. It takes a long time to reestablish trust.
- **Remember it is hard for survivors to trust.** Trust is a big issue with them. Most survivors are afraid to tell anyone that they are struggling a particular day or week. The best thing to do is leave a message, email them and asks them how they are doing. They will not initiate.
- **They also need to know that you care about them** in spite of what you see as their unacceptable feelings of rage, hate, shame, depression, and worthlessness.
- **Don't be surprised if they self-injury themselves.** Just love and accept them as they are. Reasons why! Lots of people end up hurting themselves in various ways. It can sometimes seem like the only way for survivors relieve internal pressure, to feel that they are "alive" or "real", or as a punishment, or it can be one

"alter" trying to hurt another.

The most common form of self-injury is probably cutting, usually superficially, but sometimes deeply. Women may also burn themselves, punch themselves or hit their bodies against something. Some people pick their skin or pull out hair.

- **Believe the survivor.**  
Even if they sometimes doubt themselves, even if their memories are vague, even if what they tell you sounds too extreme, believe them. Survivors don't make up stories of sexual abuse or rape. Let them know that you are open to hearing anything they wish to share, and that although it's painful and upsetting, you are willing to enter those difficult places with them and to receive their words with respect.
- **Resist seeing the survivor as a victim.**  
Continue to see them as a strong, courageous person who is reclaiming their own life.
- **Respect the time and space it takes to heal.**  
Healing is a slow process that can't be hurried.

## THINGS YOU SHOULD NOT DO:

- **Ask for specifics and details.** Allow the survivor to express their feelings, fears and reactions as they choose.
- **Tell the survivor what they must and must not do.**
- **Make the survivor feel guilty.** The survivor has already been through an ordeal; try not to make it worse by using statements such as "Why did you" or "How could you" or "Why didn't you just leave"? These statements will only make the survivor feel worse, and further isolate them from seeking help.
- **Tell anyone about the abuse, unless specified by the survivor.** If you need to talk out your feelings, that is fine. But please remember that this is a hard time for the survivor, and they do not want any unnecessary people to know about the abuse unless it is on their terms. Let the survivor tell people at their own pace, and in their own way.
- **Do not give advice or scripture references of what they should do when they already know that.** It will only frustrate them and cause them to not trust or share with you again. The best thing to do is listen, listen, and love them.
- **Make sure you don't criticize or give pat answers to them about what they need to do to deal with the pain or anxiety, or what they express.** Again just listen and offer prayer if needed. Remember that survivors have carried this with them and have not had a place to share because of trust issues.
- **Make sure you never ever make fun of them being DID/MPD** or their personalities or anything related to their condition even if it is light or just a joke in any way. Survivors are embarrassed and ashamed of who they are since they feel very different and most of the time is a deeply guarded secret because most of society does not understand it.
- **If the person is SRA, you may want to get more support (prayer covering, church covering, and others involved with you).** You cannot handle SRA's on your own because of the danger they are in.

- **Make sure you never ever validate the abuser or make excuses (minimize) what they did to the survivor.**

## TAKE CARE OF YOURSELF

Again, this required praying about your particular level of involvement in this process, in whatever capacity God would have you enter into it.

- **Recognize your own limitations in dealing with the survivor.** If the survivor is a person you really care about, you are probably experiencing a number of different emotions from outrage to helplessness. Try to resist the urge to express your feelings to the survivor, especially in those silent periods when she may be crying or find it difficult to talk.
- **Remember to take care of yourself.** It can be emotionally exhausting to be supportive of the survivor while keeping your feelings bottled up. Find someone you can talk to-your feeling matter too. By talking out your feelings with someone other than the survivor, you will be better able to provide the continuing support that the survivor needs. Please do not reveal who this person is. If the survivor knows you have exposed them, they will stop trusting.
- **Make sure before you walk with a survivor that they have a counselor.** Do not allow a survivor to put the total responsibility on you.
- **Get educated about the subject of Dissociative Identity Disorder.**
- **Set boundaries for yourself between you and the survivor** so that they do not wear you out such as times to call and times not to call like late in the evening when everyone is sleeping. That way you are not put in a place of getting exhausted.

## WHAT SURVIVORS STRUGGLE WITH:

**Many survivors struggle with anxiety or panic attacks.** Anxiety is what they experience when overwhelmed by emotions, memories, or when something in the environment reminds them of old feelings of terror or of being trapped. During an anxiety attack, they may actually be reliving what they experienced as a child. Or they may be trying to push feelings and memories away.

When a survivor is in a panic, you want to calm them down but you can't, and when you can't, the panic starts to escalate. During an attack their vision can blur, their heart can start pounding, and frequently they feel totally out of control. If a survivor tells you they are having anxiety, listen to them and get them to hear you. Pray for them and get them to do something else like read, take a bath, and walk to get their mind off of it to head off a full-blown attack. Don't quote scripture or tell them to give it to God. They already know that.

**Depression** is yet another issue common to survivors of abuse. Depression is more than having just a blue day or feeling occasional sadness. We must know the difference between Dysthymia and despondency in mood, and clinical depression. Major Depressive Disorder is a serious condition that needs to be recognized and treated.

Depression, on some level, at least, is common to the human experience, but it should not be left to itself. Learn what triggers it and take proper precautions. For those who have suffered from such a condition for long periods of time, it may not be easily recognized. Bouts may come on without notice - especially during difficult and highly stressful times. They have to take extra good care of themselves physically. Proper diet, exercise, and medication when merited will all help to alleviate the symptoms of depression. Allowing overtired and exhausted in the healing process will only add to it. While some levels of depression may not be avoidable altogether, we can certainly learn what we can do to lessen its effects upon us. One of the major problems is **insomnia** which always aggravates the problem of depression, anxiety or not being able to cope or function.

**Triggers and flashbacks** that survivors find disruptive in their lives that are apparently innocuous, everyday items - for example, certain colors, animals, music, and people (e.g. men with facial hair). Because of this, it is crucial that survivors find ways to deal with these triggers, so they are not constantly vulnerable to flashbacks, dissociation, or a panic attack.

### [How can I help during a flashback?](#)

Remind them in a gentle, non-threatening, non-demanding way (not "you have to open your eyes and tell me where you are") where the survivor is, who you are, and that it is safe to be here. Be cautious about touching, if the survivor shrinks back from your touch then back off a couple of feet. It may help to offer to hold her hand ("Would you like to squeeze my hand when you are frightened or hurting?") or suggest a gentle hug (hugs are risky, they may be rejected if the alter associates them in any way with sexual abuse, BE VERY CAREFUL).

**Coping with Dissociative Identity Disorder.** Many people find it extremely hard to confide in others for fear of rejection and denial. This can lead to a lonely existence, being afraid to ask for the help that is needed. So for those who are multiple, although it is very frightening to even think about, it can be worth it to confide in others. As with anything in life, a survivor will not always get positive results, so do be careful.

### [What is it like to have multiple personalities?](#)

Frustrating, demeaning, awkward, painful, -- anything but fun. While the functioning of alternate personalities can be fascinating (and perhaps frightening) for the supporter to observe, it is no fun at all for the multiple. Switching from one personality to another causes severe migraine-like headaches, especially when a series of switches is made during a short period of time. Imagine the frustration of setting out for a walk through the neighborhood and returning to consciousness more than an hour later to realize that you are hanging in a somewhat unbecoming position on the playground equipment in the park. The realization that one of their children's alters has been playing and having a good time for the past hour -- to the amusement of everyone around. Or imagine that you are a leader in a church that forbids the use of alcohol and tobacco and sets high standards for Christian conduct, and you realize that one of their alters spent last night drinking, dancing, and smoking in one of the town's favorite night spots. Imagine one of their alters getting angry at your neighbors and telling them off in no uncertain terms.

### [What should I be aware of or be careful about?](#)

There are some sights, sounds, smells, etc., which act as "triggers" to remind the survivor of the abuse. These may cause a variety of reactions ranging from a mild, vague feeling of uneasiness to a flashback that has the survivor convinced they are currently enduring the abuse (complete with crying, screaming, physical pain, striking out against abusers, etc.). This will obviously vary depending on the specific situations encountered during the abuse.

### [What about the bumpy spots?](#)

There may be times when the supporter encounter alters that are unpleasant, uncooperative, or destructive. The survivor may have times when an alter is hostile toward you and says or does something which seems intended to hurt you. While this has not been a common experience, it is not unknown either. This is usually in severe cases of DID folks such as SRA.

Some of the alters may not realize that many years and many miles separate them from the abuse they have known. When they come to consciousness, they may only know that strange people in a strange place surround them -- it is not surprising that they might be frightened and angry. Even if they know where they are and who they are with we must remember that they may have been trained to distrust everyone, especially anyone who claims to be their friend. It may take months or years of consistent loving and caring contact to overcome that programming, and it may have to be repeated with each alter.

The best advice for friends of intractable alters is this: remember that you care for this person, all of this person, no matter how unpleasant they may be right now. You must fight the tendency to prefer those alter who is usually pleasant to be around and to shun or discount the fears and feelings of those who cause us discomfort. Be ready for tongue-lashings alters, saying "Oh, that's just the way she is." You must finally realize that are part of this complex person that you care about, and their feelings, needs, and concerns were every bit as important as those of any of the other personalities were. It was after that that the survivor began to feel that perhaps is really loved, and the survivor became somewhat more cooperative and pleasant to work with.

### What dangers are involved?

Almost none for the friend of a multiple - **DO NOT BE AFRAID**. Most have not been a threat to others, although almost all of them are self-abusive at times. You are generally at very low risk when interacting with a multiple; almost all of the risk is on the opposite side of the relationship. Multiples are cautious about allowing themselves into situations where they might be hurt. This is why it may be difficult for you to demonstrate your care and concern -- it is risky for them to trust you.

**If they feel a sense of rejection from you or any sense that you may have betrayed whatever trust they have placed in you, it may be traumatic for them.** However, such a setback in the healing process is certain to be less damaging than the original abuse, and the process of working to overcome that breach in the loving relationship you are both trying to establish will provide further strength and understanding for both of you.

### **Types Of Alters (which you might not ever see or notice - not all survivors have all these types of alters listed below)**

Meeting others can be frightening, exciting, painful, and joyous.

You may find some whom you like a lot and others that scare you. It depends on your involvement with them. Most of you may never see it. They may have alters who are talented and sophisticated, and others who are autistic, silent, or fragmented. They can be babies, young children, adults, and older people, male and female. Some systems even have animals or inanimate objects, gatekeepers, and internal self-helpers. You may discover alters who are destructive or who act in sexually inappropriate ways. You're almost guaranteed to have children in your system, as well as protectors and persecutors.

The most important thing to remember is that every one of their inside people helped them to survive. Alters may be full-fledged people or they may be a fragment with only one or two memories. Not all alters have names. Some are called by their function or personality traits, like the destroyer, the sad one, etc.

Sometimes the alters know about one another and sometimes not. Part of the job in the therapy of the survivor is getting to know the entire system and getting them to accept work together to become a cooperative unit. Until that happens a large part of the host's life may be lost to the other alters in the system.

It's important to remember that no two multiples are totally alike. Each alters has its own history within the system.

The number of alters you have is not important. What is important is that everybody in the system is vital, every single one of you.

### Fragments

Most alters are full-fledged personalities. But some called Fragments are there only to carry certain memories, and deal with emotions or situations.

If a child is yelled at for not cleaning their room right. An alter fragment may be created to only clean up the room perfectly. When the room doesn't need cleaning that alter is inside.

Fragments usually never come outside unless the situation they were made to handle is there. They are also the easiest to integrate if you choose to do so.

### Core Personality:

Some systems have a core personality or "original child". This person is often said to be sleeping or dead. Alters are usually very protective of the original child and will do almost anything to protect him or her.

### Gatekeepers:

Some systems have Gatekeeper: The Gatekeeper directs which alter goes to the outside world. They might control the length of time and the numbers of times an alter comes into the body. Gatekeepers hardly ever come out on their own they seem happy just to watch and direct everyone else.

### Animal Alters:

Some systems have animal alters. Animal alters were created to be powerful protectors. Larger than lives that don't often speak but may roar or growl.

### Inanimate Alters:

Inanimate Alters are like rocks, trees, or walls. They are unseeing and unhearing and unfeeling. When your being abused sometimes it helps to have an alter that can't feel anything.

### Child Alters:

The children in your system may be any age and many ages. You may have infants, toddlers, older kids and teenagers. Each one carries a piece of your past.

Child alters create their own special situations. A 3 year old alter will act and talk like a 3 year old. He/She may be unable to hold a crayon or even talk. It can be very embarrassing when a little one pops out at the toy store and says, "I want a toy!" and throws a heel-kicking tantrum on the floor. Or puts a few dozen candy bars in the cart at the store. A child alter may be playful. Have a favorite stuffed animal or blanky.

But through all of the tantrums there is a joy and peace when you get to watch an alter learn and grow in a safe environment.

A child alter needs to be spoken to and treated like a child their age. They need firm boundaries and lots and lots of love. They need a lot of help when they relive a painful memory. They may cry inconsolably, scream in terror or huddle in a ball. These children who live inside you are the ones who carry the hurt, the pain, the terror and the memories.

You and your therapist will probably work with your inside kids a great deal.

They need to share what happened to them with you and with the rest of your system so that everyone can heal.

### Teenagers:

What else is there to say besides teenagers are great: They have their hurt and pain and try to hold it in and be tough to the world like most teenagers. They may crack their bubble gum, listening to heavy metal, call people names, flip the bird. Teen alters like any teenagers are masters at getting into trouble.

Teen Alters need very firm rules and boundaries. Like all teens they need to not be allowed to disrupt life in the home or work. Inappropriate behavior for outside teens is not acceptable. It is the same for inside teens as well. You need to help teens become responsible for their own actions and consequences for their behavior.

I find my teens do better when they have a direction to focus their energy. This applies also for the child alters. I try to give them small projects that they can do to feel good about themselves. A lot of my teens enjoy building on Active Worlds and putting together models.

Give them some time to talk to the therapist and get to know other teen alters online so they can grow and learn.

#### Adult Alters:

Adult alters may be talented, mute, destructive or protective. A lot of the time they have a life outside of the host's life. With their own circle of friends and things to do. For a MPD, that might feel like they are living a double life.

Adult alters like their individuality and some boast about their talents that the host does not possess. One might be good at painting or music, but none of the others are.

#### Cross-Gender Alters:

Some systems may have alters that are the opposite sex of the body. This can cause some problems if a male alter uses the men's room in a female body. Or a female alter use the women's room in a male body.

#### Cross-Color Alters:

Some systems have Cross-Color Alters. A white woman may have a black male alter as a protector to ward off danger.

#### Talents:

Some alters have special talents like playing the piano or writing and drawing. Give them the time they need to do those things. They will help tell the story of your life and lead to healing.

#### **How did a person become Dissociative?**

DID is caused by Trauma during childhood. There is a dissociative spectrum running from normal dissociation all the way to the other end, which is DID. When a child has suffered extreme trauma over and over by (physical (such as electric shock or torture), sexual, emotional, mental abuse. By not having their basic needs met (food, shelter, love) or by extensive and or invasive medical procedures (transplants, born premature, on a ventilator, away from mom and dad) they start moving down the spectrum. The longer the trauma or combinations of trauma continue the further down the spectrum they move. Children are different meaning that for one child one instance of trauma is enough to move it all the way to DID while for another child the same trauma only moves them a little ways. For other children it takes multiple traumas to move them down the spectrum. But the movement down the spectrum no matter how slow or fast the first instance of trauma has to take place before the child is 8-9 years old. Most children after 9 have moved out of the magical thinking into reality thinking if trauma hasn't already occurred.



In psychological terms dissociation means " that a person mentally distances themselves from traumatic situations or emotional distress." By using dissociation, a child can mentally remove him/herself from a dangerous, frightening and physically painful experience.

A child of say 5 years old does not have the knowledge or the ability to deal with a physical or sexual attack. Most likely by somebody s/he loves and trusts. The child cannot understand why this person whom s/he loves is hurting him/her in this manor. Most children during sexual abuse feel pain and pleasure. They have no way to comprehend that kind of pleasure or that kind of pain. So the child goes somewhere safe and happy inside their mind by dissociation. The mind creates an alternate personality (Alter) to come and deal with the abuse.

The more abuse the child experiences the more alters s/he may have. Each alter with its own "relatively enduring pattern of perceiving, relating to, and thinking about the environment and self" Dissociation to the point of forming multiple personalities is a sane and healthy response to a insane and unhealthy situation.

### **What are the symptoms of MPD?**

The following are common symptoms of MPD. *However, as previously cautioned, many people who do not have MPD may experience some of these symptoms.* (Most people with MPD experience most of these symptoms.) Therefore, only a psychotherapist with considerable experience with clients with MPD should make a diagnosis.

- *Loss of time:* "blackouts" unrelated to drugs, alcohol or neurological disorders.
- *Cannot recall a very large portion of childhood*
- *Spontaneous trance states:* staring ...and even may talk to oneself
- *Marked differences in manner, voice, or dress from one time to the next*
- *Varying insistence on identifying oneself with a different name*
- *Thought withdrawal:* "going blank," often in mid-sentence
- *Mood shifts:* sudden unpredictable or explainable mood swings
- *Little forgetfulness:* for example, lighting a cigarette while another is still burning
- *Peculiar forgetfulness:* for example, thoroughly learning school material then totally forgetting it the next day
- *Headaches*
- *Thought insertion:* surprising and atypical thoughts seem to be imposed in thoughts or "just happen"
- *Imposed Emotions:* surges of unexplainable emotions "out of the blue" that are not owned or claimed
- *Imposed Impulses:* strong impulses to perform actions that are not felt to be one are own.

### **Can DID/MPD Be Cured?**

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