

**What are alters?**

Alters are "dissociated parts of the mind that the patient experiences as separate from each other." Also called dissociated self states or dissociated parts.

**What is switching?**

The process of changing from one part/fragment to another.

**Aren't switches obvious and dramatic?**

No. Dissociative Identity Disorder is a covert (hidden) disorder which forms as a survival mechanism. It relies on remaining unnoticed. Dramatic changes to our behavior/presentation would attract attention and is thus less likely to occur in DID/OSDD-1. Sometimes, people who are close to us can detect subtle changes, but for most people in our lives, we can pass off what was detected as normal behavior.

**How many alters do people have?**

50% of those with DID have 10 or fewer parts, with the average number of parts being between 14-16 depending on the study. Those with over 100 parts are referred to as polyfragmented systems. Polyfragmentation can occur for those who have survived ritual abuse or organized abuse.

**Can I just call out an alter if I want to talk to them?**

Well, it's sometimes possible but not a guarantee. It depends on various reasons (the person, intent, what's going on inside, etc). Often, parts come forward due to a trauma trigger, so never treat us like a magic trick! It's very dangerous!

**Can you have alters that are [animals, spirits, machines, etc].**

Inhuman alters are not uncommon in DID. This is an example of a substitute belief, which encompasses any/all beliefs that may not be true of the external body.

**Are alters always the same gender as the body?**

Not only can alters have different genders but they may be different sexualities or even species as well.

**Can alters have their own mental health issues?**

Yes, it is common for alters to have issues with depression, anxiety, sleeping, eating disorders, substance use disorders, or other mental health disorders while others alters do not. Alters are generally not diagnosed individually as it is contrary to the goal of therapy to integrate experiences. It is not possible for a single alter to have conditions which are neurological or neurodevelopmental, such as schizo-spectrum disorders, autism, ADHD, etc, as these conditions affect the entire brain structure. All parts of a system which have a neurological/neurodevelopmental condition would also have that condition, though it is possible for parts to present with varying degrees of severity/variation of symptoms of that condition.

### **Can alters have their own physical health issues?**

There is research showing that mild physical changes such as changes to the immune system, changes in brain chemistry and so on can occur during switches in DID. Research is still going on to determine why this happens, because we do know that the body and mind are connected. More extreme changes such as loss of limb, blindness, etc are tied to substitute beliefs as opposed to a real change. It is still true for the part experiencing it, but not true for the body itself.

### **I saw [Sybil, Three Faces of Eve, Identity, Split, United States of Tara]. Aren't alters dangerous and villainous?**

This is one of the most popular myths about the disorder. Those with DID/OSDD-1 or any other traumagenic disorder are more at risk of retraumatization rather than inflicting trauma onto others.

### **What is the difference between co-consciousness and co-fronting?**

Co-consciousness is about having awareness of another part. Co-fronting involves more than one part being forward or "in the body" at the same time. So, these are similar terms but mean something just a little different.

### **Which alter is the "real" person?**

Simply put, all parts are the real person. The incorrect belief that DID develops from a "core" or "original" personality that is then somehow shattered is not clinically correct based on what we know so far. Rather, DID results from a failure to integrate a unified sense of self.

### **How do I make my alters go away? Can you get rid of alters?**

It's counterproductive to our healing to attempt to "get rid" of alters. All alters are important, as they were created as a means of coping or solving problems. Instead, alters can learn to cooperate together, in order to find even better ways of coping today, rather than using old solutions that may have worked during the trauma, but cause chaos or dysfunction today as a safe adult.

### **Do child alters ever grow up?**

Yes, some people describe parts changing and growing over the course of therapy. Because child parts are often locked in "trauma time," as the person works to orient them to the present and help them resolve their traumatic experiences, child parts may go through a transformation that people term "growing up." It is not necessary for a child part to age inside in order to heal, but it is very common.

### **Can alters die?**

Put simply, no. You cannot kill off a conscious part of the mind. Sometimes, people get worried when they suddenly cannot hear/feel a part that they have internal communication established with. In reality, the part may have gone into extreme hiding, been momentarily immobilized, or merged with another part.

### **What are introjects?**

An introject is an alter that has been based off of the brain's interpretation of a real or fictional being. The latter is referred to as fictional introjects, or 'fictives'.

### **What are substitute beliefs?**

A substitute belief is a broad term that describes an alter that is or remembers something that does not apply to your body or the experiences you've gone through as a whole. Examples are alters believing they are blind, mute, deaf, missing limbs, are not human, or remembering a life or events that did not happen in real life. Substitute beliefs form for a variety of reasons, such as to mask a very real trauma that can't currently be processed, or to explain why a trauma happened or couldn't have happened (eg, "I can't see it so it didn't happen"). Substitute beliefs are not necessarily bad, but if they are causing internal or external distress, then they need to be worked on.

### **Are there evil alters?**

Alters are not evil. The parts often perceived as "evil" or "dangerous" or generally disliked by other parts are typically extremely traumatized and were given a highly manipulated understanding of safety and love. They are re-enacting behaviors and thought patterns that were taught to them.

### **What are deliberately created systems?**

Some DID/OSDD-1 systems have been deliberately designed as a result of ritual abuse and mind control.

### ***Treatment, Healing, and Recovery***

#### **I don't remember any trauma. Does that mean I don't have DID?**

It is common for host parts to initially have no awareness of the trauma. Sometimes, host parts are unaware of the inside chatter of the mind. Even without having memory of the trauma, you can still learn about yourself(ves) through journal writing, art, wardrobe items you don't remember buying, photos, and other evidence in your life.

#### **Am I faking DID? / Can I fake DID and not know it?**

The presence of parts and dissociative symptoms is often denied by people with DID. By staying in denial, we protect ourselves from the trauma and related emotions. It is always possible, like with any medical condition, that a small group of people may be malingering (pretending to be ill). However, the presence of malingering is no different than with any other medical condition.

#### **How do you tell when someone is faking DID?**

Only a doctor or therapist should be deciding if someone is suffering from DID/OSDD-1. There is even a specific set of criteria that clinicians can use to confidently determine if someone is faking the condition. Please do not accuse people here or people you know of faking.

**Is there medication that treats DID?**

There is no medication to treat dissociative symptoms. Medication for persons with DID/OSDD-1 typically targets symptoms of PTSD, mood disorders, and anxiety.

**What is integration?**

Integration refers to harmony among all parts. This harmony results from the development of co-consciousness, co-acceptance, and the focus of the person shifting from the trauma to living better in the present and developing a new future perspective. Integration is not the same thing as fusion.

**Is integration the only way to heal?**

Integration (as defined in #5) is a goal of Phase 3 of the Triphasic Trauma Model of Treatment. This goal refers to an integrated understanding of the current day, present, healed self. Trauma becomes part of your life story, but is not the main focus anymore. Integration is a necessary and natural part of recovery, as it involves the lessening of dissociative symptoms such as amnesia and the development of cooperative solutions described in #5.

**What is fusion / final fusion?**

Fusion is the last step of integration, where dissociative barriers have been reduced so much that parts no longer feel separate and will fuse to become one part. Fusion does not happen out of nowhere, as it requires parts to have worked on recovery enough to integrate deeply before moving forward. Final fusion refers to when all parts have fused, leaving one cohesive and integrated personality.

**Is final fusion the only way to heal?**

Final fusion is the recovery goal of many people with DID, however it is not the only recovery goal which exists. Achieving a level of integration that serves to reduce the detrimental or problematic symptoms of dissociation such as amnesia, but retaining cooperative parts, is another recovery goal that exists for many people with DID.

**What is internal communication?**

A means of communicating with parts. Internal communication does not only improve dialogue between parts, but it also helps build trust, empathy, compassion, develop the capacity to self-soothe, and develop the capacity to resolve inner conflict.

**How do I get started with Internal Communication?**

Try relaying messages back and forth between parts. If you have communication with one part, you can ask him/her/them if they can communicate with a 3rd part, and send messages back-and-forth like the "telephone game."

Spontaneously created DID systems tend to be chaotic when parts begin to communicate with one another. Parts deliberately created by RA tend to be more structured/organized. Whichever the case for you, it's normal that things may not work out the first few times.

If you are having trouble, try simple "getting to know" you conversations. Invite parts to teach you about themselves, or share hobbies/interests with one another. Your parts may be very

different from one another (or they may not!), so it can be exciting to be more aware about yourselves.

### **What is a System Map?**

Your therapist may ask you to map your system, in order to help start internal communication. Not only is this a good strategy to get to know your parts better, but it can also help improve internal cooperation as you begin to understand relationships within the system. As one progresses through therapy, it's normal for these relationships to change, just like a friendship tends to change in the outside world. Therefore, some DID Systems create new maps over time, or track changes as they become aware of them.

### **What is it like "inside" (aka Internal Landscape, Safe Space, Headspace, etc).**

The inner world is a visualization exercise that many (though not all) people with DID/OSDD-1 were able to create. Those without inner worlds can often create one themselves in therapy, and those with inner worlds can often modify their inner worlds as they please. An inner world is not necessary for someone to have in order to be diagnosed. For many DID Systems, internal communication happens inside the mind, in a perceived inner world. There, parts may be able to "see" each other and experience one another as real people. Sometimes, the "host" is not aware of the inner world. Inner worlds vary drastically from system to system. If you explore your inner world and find it frightening, try having an internal meeting with parts to develop safe spaces.

### **What is Symptom Management?**

Those with DID can get overwhelmed when doing trauma recovery work. If we get too overwhelmed, it can lead to safety issues. Symptom management skills can help us maintain safety through symptom reduction. Alternatively, some therapists and survivors call the stability achieved from symptom management as healthy multiplicity. Whatever the term you use, it's clear symptom management skills are great tools to have in your toolbox.