

## **Before You Call for Help:**

*A Quick-Reference Guide for Significant Others and Family Members  
who want to Help Their Loved One Who is Experiencing Extreme,  
Emotional Distress*

The [blog](#) that I have kept on WordPress from nearly the start of our healing journey 13 years ago has reached 140 entries. It's way too much for the average person to wade through who is in desperate need of help for a loved one in mental-health crisis. Moreover, it was written in real time, and so the order of topics is often illogical.

This is an attempt to boil down the experiences we have gained into a short, logical explanation of how I have become a good healing partner as we have walked the healing journey together and how we side-stepped so many issues that others, taking the traditional route of psych drugs and the mental health industry, often hit. I included lots of hyperlinks for further reading if you have interest.

Sam

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## **Part I: Background**

### **1) Personal:**

My wife is the one and only woman I have ever been with. She is the only one I have ever said, “I love you” to. The Valentine’s Day she heard those words from my lips was the day she knew I would soon ask her to marry me. I remember telling myself that “I know, that I know, that I know” that she was the one for me.

She had admitted to being abused as a child before we were engaged, but I told her I didn’t care. In my ignorance I thought that was the end of the discussion. Little did I understand that her childhood trauma and its resultant effects would fill our relationship with pain, stress and tension for the next 20 years despite the fact that we loved each other.

Thirteen years ago my wife finally felt safe enough in our relationship that she sought help from an alternative counselor of [theophostics](#). Soon after she started, her counselor suggested she might have [dissociative identity disorder](#) (d.i.d.) formerly known as multiple personality disorder (m.p.d.). It was an [eureka](#) moment for us: after 20 years of struggling in our relationship, we finally had an answer that helped us make sense of the unexplained dichotomy in our marriage.

From that point she and I began a healing journey that we traveled together. I do not view my wife as ‘crazy’ or ‘mentally ill’ as those terms are commonly used in our society. I see her more like our culture would view someone who has suffered a catastrophic physical injury who will need lots of physical and emotional support as she slowly regains use of all her abilities. I also had to be open to the healing and changes required in myself to make this journey with her. And thus, I learned to be her healing companion as we faced the struggles together.

### **2) The Great Debate: Biomedical Model v. Trauma Model of Mental Health**

Currently there is a [debate](#) going on in our society and the halls of academia about how one should view mental distress issues. The [Biomedical Model](#) holds current supremacy in popular and academic culture and “focuses on purely biological factors and excludes psychological, environment, and social influences.”

According to this model, all mental health issues are purely biological in nature just like many other medical issues. From this model our society has taken to calling signs of mental distress an ‘illness’ or ‘disorder’ like other biologically based illnesses such as diabetes, heart conditions and such. And just like we treat

some of these other illnesses or diseases with medicine, psychiatric medicines are seen as a key ingredient in the treatment plan to treat [chemical imbalances](#) in the brain which are thought to cause the distress experienced by sufferers. In fact, the drugs are often the only treatment given when help is sought out by those suffering acute mental distress. Another hallmark tenet of this model is that these ‘diseases’ are thought to be for life: there is [no permanent cure](#) to be found for mental illnesses in this model.

But there is another model called the [trauma model](#) of mental health which is gaining ground and credibility as our society grapples with the many failings of the current model to which it adheres. It is the paradigm to which I naturally subscribed on the healing journey with my wife.

Bob Whitaker is considered by many to have written the watershed critique of the biomedical model and its overreliance on medicine to address mental health issues in his book, [Anatomy of an Epidemic](#). In the book he “asks why the number of people who receive government disability for mental illness approximately doubled since 1987 ([Wikipedia](#)) with all the wonder drugs for mental health available. He then goes about answering that question while showing that our overreliance upon the psych meds touted as the ‘cure all’ for mental distress actually increases problems when used long term. Though the website he founded, [madinamerica.com](#), has a strong, leftward tilt on many of the issues it deals with, it still is a treasure trove of information for those willing to dig through it.

The trauma model posits that the trauma that people suffer throughout life is a better explanation for the mental health ‘disorders’ that can develop as a person struggles to cope with said trauma. Trauma can be in the form of physical, emotional, or sexual abuse or lack of basic necessities, to name a few. As the trauma model has gained better recognition even those who hold to the biomedical model have been forced to acknowledge such widely recognized trauma issues as [PTSD](#) (post-traumatic stress disorder) and other [Trauma and Stressor-Related ‘Disorders’](#) now found in the [DSM V](#).

And let me add at this point, that many believe since mental health issues are caused by trauma, not a permanent chemical imbalance in the brain, then real and permanent healing is possible just like it is possible to recover from major physical trauma...with a lot of [work](#). Thirteen years into our journey, let me say the healing and radical, foundational changes I have witnessed in my wife have been breath taking. Sometimes I feel like I am witnessing the birth of a star, and I have a front

row seat as she becomes more and more beautiful each day, reclaiming things that had been lost in the murky past of her traumatic childhood.

However, I want to stress that even though my wife and I never looked to psychiatric drugs as part of her healing plan, that doesn't mean I believe there may be no place for them. My personal opinion is that when adequate human support systems aren't available to someone suffering severe mental distress, psychiatric drugs may be a short-term alternative. But be informed. Read the warning labels. Don't just take a doctor's nonchalant attitude as a sign that these drugs are safe and without side effects. The longer one uses them, the more potential one has to become addicted to them and suffer some of the many side effects listed in their own information pamphlets. Understand that despite the hype, the drugs are *not* fixing a chemical imbalance in the brain (the [myth debunked](#)), but instead seem to be suppressing the extreme highs and lows those in distress experience. The best picture I can paint is they are 'zombifying' the person onto a flat emotional plane that may be more manageable in the short term but will have other adverse effects the longer they are used. Here is a link to [Mad in America's](#) various reports on the many adverse effects the drug makers don't want you to understand.

Finally, you need to understand that should you seek outside help for severe mental distress, it will mostly likely come from those who adhere to the prevailing biomedical model. They may push drugs as the main healing agent, and they may also, possibly, strip your loved one of his/her personal agency at times, especially if you have limited social power at your disposal. The psychiatrist is seen as the expert, and the sufferer and family views are often minimized as barely relevant. There is a growing band of groups and therapists who seek a more humane and therapeutic way to help those in distress like [Open Dialogue](#), but they are the exception and not the rule. An internet search for alternative counselors like we found who do not have the power to strip your loved one of his/her agency or indiscriminately dispense addicting psychiatric drugs may be a better option.

### **3) Understanding Agency:**

It's important at some point to deal with the concept of [agency](#). Simply defined it is "the capacity of individuals to act independently and to make their own free choices."

Unfortunately, in our society when people are undergoing extreme mental distress and begin to manifest some of the extreme states that I will discuss later, our society's tendency is to label them as 'crazy' or 'dangerous'. Because that caricature is based in ignorance of what someone is experiencing, our society

sometimes strips them of their independence and ability to make their own free choices. If that person objects to being forced into therapy, in-patient hospitalization, or a lifetime of psych drugs, our society may further strip their dignity from them saying they are suffering from “[anosognosia](#)” or the ability to be self-aware. And thus, with the wave of the hand, our society can strip all personal agency from those in distress while giving all life choices of that person to others. This is wrong and should be an outrage to all of us in a free society!

But there’s more to an understanding of agency than that. There are also power structures in all [relationships](#), and if you don’t understand what that means, it can trip up even well-meaning attempts to help your loved one. For example, in my relationship with my wife, I am a man and the sole bread winner of the family. Those two facts create a power imbalance in the relationship that I had to learn to counteract. Beyond that, threats and ultimatums are often used in a relationship to extract concessions from one side to the other. If I had used these in combination with the power imbalances in our relationship, it would have been a form of abusive coercion to strip my wife of aspects of her free agency.

“Doing this for your own good” is often a phrase we utter to convince ourselves that stripping someone else’s agency is ok because our intentions are good. But if real healing is your goal, then you need to respect your loved one’s agency no matter how much insight you may feel you have for them ‘if only they would listen!’ Learning to lead and coax and help my wife without any hint of coercion sometimes feels like an overwhelming task, and yet, it’s the only way I have found to assure any healing is deep and foundational rather than superficial because she just wants to ‘keep the peace.’

But even beyond that there is another level when it comes to understanding agency. Your loved may have learned to respond to the demands of a past abuser 100% positively knowing that a refusal to obey those demands could lead to more abuse, threats of death and all kinds of other manipulative techniques such people use to control their victims. And thus, even your own reasonable requests or suggestions to your loved one may be linked to those of the past abuse. In other words, you may not try to coerce your loved one, and yet it may be interpreted that way because of past experiences of your loved one.

It took me a while to learn that any suggestions I made had to be repeatedly prefaced and ended with “I love you no matter what you decide. It’s your choice. There will be no consequences if you don’t want to do” whatever I had suggested. And then if my wife chose to ignore my suggestion, I had to make sure I did not

pout about it or make her pay for it in some other way. It took years of this kind of interaction until my wife completely understood that she was free to refuse or accept my 'insights' and suggestions without any fear of retribution in any form from me.

Let me assure you that someone experiencing extreme states of mental distress is not 'crazy.' S/he is not permanently, mentally incapacitated. Even when my wife experienced panic attacks, flashbacks, 'psychosis', and more, I didn't transgress her rights nor disrespect her free agency or equality with me, not even when the other girls ('alters') joined my relationship and some fronted as 2-year-olds. Sometimes I did have to act on her behalf when she was literally incapacitated, but by then I had earned her implicit consent but still didn't transgress any areas where I knew I did not have that consent.

Finally, when it comes to agency, the hardest thing of all may be allowing the person you love to do harmful or damaging things to him/herself. I believe so many of those destructive things spring from a cry for help or an inability to process their own inner pain. So if you can learn the attachment lessons I will share in the next section, you may be able to mitigate the urges of your loved one to self-destruct. Thus, you are not condemned to passively watch the self-destruction. I have done all kind of things my wife probably isn't fully aware of as I created a healing and loving environment for her: like a gardener who weeds and works the soil and fences an area in to keep out animals that might destroy the precious crop. But in the end, we are all sentient beings, and we have no right to take away someone's agency no matter what the outcome of their actions may be.

#### **4) Mental Distress: our common human experience.**

Humans tend to categorize people into various groupings. In the U.S. as in many countries, people experiencing extreme mental distress are grouped outside the 'normal' category from 'the rest of us.' We like to think of them as 'crazy' and somehow completely different than we, the 'sane ones' are.

Even though I never '[othered](#)' my wife by considering her crazy, the longer we traveled our journey together, the more I began to see our inherent commonality at all levels. Sure, she was more traumatized and dissociated than I was, but it was a matter of degrees not a matter of some kind of foundational difference. In fact, as I helped her heal and connect to each of the other girls('alters') who had joined our relationship, I learned more about my own internal constitution and workings.

And so, I want to impress upon you to find common ground with your loved one who is in distress. Be open to learning about yourself. Understand that no matter how ‘bizarre’ or even scary some extreme states can feel the first time your loved one manifests one, there is reason and logic behind it, if you will look hard enough for it. Realize that all of us experience flashbacks and triggers. Any of us can be momentarily ‘irrational,’ or have extreme emotional reactions that leave us thinking, “Where did that come from?” And if you have never found yourself experiencing any extreme mental state, be sure to thank your parents for the unusually healthy childhood you probably had and a happy adulthood that hasn’t stretched you beyond your limits.

I think some of the worst things our society has done on this subject is to use pejorative words to describe those experiencing mental distress or the extreme states that manifest because of it. Words like ‘crazy’, ‘irrational’, ‘needy’, ‘meltdown’, ‘whacko’, ‘nuts’, ‘pathological’ and so many others are condescending, but worse, they are ignorantly incorrect! Moreover, we simplistically use DSM terms like narcissist, sociopath, schizo(phrenic) and more to label and caricature and separate others from ourselves, rather than seeking understanding and empathy.

### **5) Dealing with Your Own Issues:**

If you decide to walk with your loved one on the healing journey, [it will test you!](#) There’s simply no way around that fact. And the first couple years we started our journey all the ‘ugly’ in me got pushed out and triggered by all the pain, hurt and trauma in her. We were caught in a vicious circle in which my wife spent more time dealing with my daily or weekly outbursts than she could spend addressing her own trauma from the past.

For me journaling worked the best as I desperately poured out my thoughts, feelings and reactions to the daily onslaught brought on by the healing journey. Yes, it takes time, but it was worth the time it took as it helped me gain perspective and gave me a safe place to deal with my own issues: things I probably would never have told a counselor, and things they probably wouldn’t have been able to help me with anyway.

As I dealt with my own issues, I realized that the healing journey we were on was not only for my wife. The journey wasn’t about her alone, but also about ‘me’ and ‘us’. Where I needed healing from past trauma during childhood and adulthood, I had to deal with it. Where I needed to change to accommodate the needs of my wife’s healing better, I had to become willing to do so. I put ‘us’ over everything



else. I had to figure out what was most important to me, and then be willing to sacrifice those things that wouldn't help me reach my goal of a win/win for the two of us. I describe that process in more detail in a 3-part series on my blog, [here](#), [here](#) and [here](#).

I also had to learn to say, "I'm sorry" without any excuses. No one is perfect, and after 20 years of marriage, despite trying so hard to be a good husband, I still had failed in many ways. I spent 6 months seeking my wife's forgiveness without making excuses or pointing the finger back at her. Not all her grievances were truly my fault. Some she had transferred to me from her abuser. But I took it all upon myself so that I could bridge the gulf that separated us and the [anger](#) that kept her from moving forward. There's a saying that "saying sorry doesn't necessarily mean I am wrong but that I value the relationship over being right." It was a hard but needed lesson I had to learn. A few years later she was in a better place to ask forgiveness for some of the things she'd blamed me for which she knew weren't truly my fault.

And for the other spouses and SO's reading this, you need to understand that there will be times when you are called on to sacrifice your needs, at least temporarily, to help your loved one heal. It's painful. When so much abuse involves sex, then it's very likely that your sacrifice will involve [celibacy](#) at times. It's probably the most difficult thing I've had to do on this journey especially as we are in a dry spell nearing 5 years now. Fortunately, this is not the norm for us, but you need to figure this out or get help doing so. You need to consider things like masturbation and [toys](#) that help. Learn how to use platonic cuddling or none-invasive sex, if possible, to satisfy the need to be connected. Do lots of activities together and whatever else you can think of to make it through those times your loved one needs to step back temporarily from satisfying your legitimate needs while s/he heals. I wish I had easy answers for you: I have yet to find any especially when our culture shoves easy sex and hyper sexuality in all our faces.

## **6) Support Network:**

The healing journey you and your loved one take will be deeply personal, but it is also affected by the cultural stigma that our society places on people in mental distress. Every time my wife calls herself a 'monster', it breaks my heart. Neither I, our son, nor her counselor ever treated her as such, and yet there's no ignoring the terrible attitude most of society has about this topic and the people experiencing these issues.

And so, my wife's tendency has been to draw the circle of people who are aware of our journey as small as possible. My tendency was just the opposite, as I recognized that I could not do this on my own and I desperately needed an outlet for all we were going through. Finding a workable resolution of those opposing needs was paramount. Moreover, my wife pointed out that she, not I, would be the one caricatured. She would be the one mothers might pull their children away from, and all the other indignities our culture throws at those in distress. And so, that fear of being ostracized or being feared by others has always kept our circle smaller than I wish. Even my blog is done under a pseudonym to protect her desire for privacy. But at times when I felt I was going to break, my need for support had to take primacy over her need for privacy. And so, we learned to 'dance' as we found a [workable solution](#) for both our needs. When we expanded our circle of confidants a little, sometimes it helped: other times it didn't. It's not satisfactory to either of us, but it involved compromise from both of us.

One thing that did help was to have a small, in-person, support network in my life. My own family was stuck in some larger, family issues they refused to acknowledge. These issues caused them to be unaccepting and unsupportive of my wife, and so I had to shut them out of our journey for the most part. But I had an uncle that lived locally with us. He and his family were very supportive of me and my wife. They gave me a lifeline of caring people who would not demonize my wife while helping me with my own pain.

And then there was our son. He was 17 when hell first broke loose in our family. At first my wife tried to hide what was going on from him...while he still lived at home and we were homeschooling him! It literally was separating us as a family. I was caught in the middle. And so, I finally began to teach our son how to make my wife feel safe enough to confide her experience with him as well. Plus, I set the tone. Since I never demeaned or belittled his mother, the few times he started to do so, I shut it down by simply refusing to join in. I didn't have to rebuke him: he simply saw I didn't join him and so he stopped doing it. Once he was brought into the healing journey, he provided an area of healing for her that I simply could never have done on my own ([here](#) and [here](#)).

Finally, I have also had a few male confidants that I shared with along the journey. The important thing is to find people who can support you without attacking your loved one. They have to be able to accept your pain that is part of the healing process without personalizing it as an attack upon you.

The things above are the things that worked for me. Now let me address some things that didn't. NAMI is the [National Alliance on Mental Illness](#). It is the largest national network to help the family and SO's of those suffering mental health issues. I only had one personal contact with our local group, but for some reason I didn't click with the leader. Later I have been told that the group is aligned with the biomedical model of mental health and will push this [perspective](#). As you can see from their page of [contributors](#), they are unabashedly supported by some of the largest names in the pharmaceutical industry who have a financial stake in pushing the use of psychiatric drugs. Like anything, I'm sure there are good local chapters that deviate from the national stance, but be advised if you want to follow the trauma model of mental health, you may receive pushback from this group because of a clash of paradigms.

Survivor internet groups, Mad in America, [MyPSTD.com](#) and more. I haven't found a fit anywhere I've tried. Most are geared toward the survivors or therapists. Most are founded on the biomedical model of mental health rather than the trauma model except for MiA. And none have known what to do with someone like me. I'm not saying they are all 'bad' places: MiA definitely isn't a bad place in my opinion. I just haven't found a way to fit into the circle all of them have drawn for their members. So I wish you better success than I have found for myself.

### **7) Accepting Multiple Realities:**

I think one of the most difficult things for us humans to do is to accept the experiences of others as legitimate without feeling threatened in our own experience of reality. One of the current fronts in our culture war here in the States has to do with "gender." One side sees gender in terms of simple anatomy while refusing to acknowledge the reality of the [intersex issue](#). The other side seems to see gender more in relation to internal personal perception while inflating the same intersex issue. We are ripping our society apart because we refuse to listen and understand each other's perceptions on this issue. Be sure not to do the same with your loved one. If you want to walk with your loved one on this healing journey, you will need to learn to walk in [dual perceptions of realities](#) affirming his or hers without abandoning your own while being open to learning and growing as we all ought to be willing to do.

Let me explain from our own experience what I mean. From my perspective I live with my wife who happens to be divided into 8 different girls ('alters'). I view each girl through this perspective, and when pushed by the individual girls, I tell them so. When pushed to answer *specifically* 'Why do you love me?' I will say, "Because I love K'ryn Marie, and all you girls are part of her." But the perspective

of those 8 girls is very different from mine. If you were to ask each one how they view our relationship, some would say I'm their 'daddy', others view me as a boyfriend or fiancée, and only one views me as her husband. Most of the time we live in the 'reality' that is dictated by their perceptions. I don't insist they treat me according to my own perception.

Another example is a person's feelings. So often we are all in the habit of denying the feelings of others. If someone says, "I'm scared," and we don't see any obvious signs of danger, we ask, "Why are you scared?" with the obvious implication that "you shouldn't be scared." If a person is always scared, we may even label that person 'paranoid' and start to distance ourselves from him/her.

The problem is we don't understand that many trauma victims are somewhat trapped in the past, and their past experiences dictate their current interpretations of today. It's not that they are wrong, and you are right. It's that their perspective is different than yours, and the worst thing you can do is invalidate it. Instead, when someone tells you they are scared, validate him/her by asking for more information and then further validate it by asking how you can help him/her not feel so scared. All of us become frantic when we aren't [heard](#). Trauma victims are no different, and validation allows them to see, over time, they are no longer alone. The power of a loving and safe presence in their lives will allow them to slowly release the fear they may have held over a lifetime. (More on that later...)

When my wife and I first started our journey, I had a choice to make. I chose to accept my wife's perspective on our relationship and reality in general to be as valid as mine. I honored her perspective even though I didn't necessarily share it. I don't feel the need to constantly inform her that she is wrong, *from my perspective*, but when she pushes, I don't deny my reality either. And as we have walked the journey together and she has healed, her perspective has slowly been released from the traumatic chains of the past so she can embrace her current reality living with me. It's something I never force. She does it at the pace she is able. And we are creating a new perspective on reality together, as we travel our journey.

One last note: I want to apologize for using the term 'alters' in this article. If you read my blog, I rarely ever use the term as the girls find it offensive and demeaning because so many people, including 'experts', use the term to dehumanize others like them. I agree and have always accepted them as fully human as I do my wife. They have always wanted to be treated like normal human beings, and it's not a burden for me to do so. But since I'm trying to expand the scope of this document past the world of d.i.d., I struggle at times how to refer to the girls in a way that

won't make unaware readers think I'm referring to multiple, bodied people, rather than the various girls within my wife's system. So at times I fall back to the word 'alter' that I never ever use in daily interaction with them.

### **8) The Goal of the Healing Journey:**

In the end if you choose to take this healing journey with your loved one, it cannot be to 'fix' him or her. Yes, s/he may feel and act severely 'broken' at times. S/he may even say those exact words about him/herself. And it's likely you will be called upon at times to literally rescue him/her until s/he is in a better place in his/her mental health. But you can never let your relationship devolve into one of unequal worth or power.

Instead, let me suggest that what your loved one needs more than anything else to heal is to be loved and valued by you without qualification, with no strings attached, and without ultimatums or threats. S/he also needs to be validated in his/her perceptions no matter how 'bizarre' or inaccurate they might seem to you at first. Despite the concern of the 'experts' that I would trap my wife in her perceptions if I validated them, 13 years later, I can affirm it didn't. My validation actually freed her to reevaluate things as she felt safe to do so and move forward.

Moreover, we humans are social creatures, and the most foundational way that our traumatized loved ones can be stabilized and begin healing is to [attach](#) them in as many ways as possible to you and others around him/her and vice versa. I like to think about attachment points as a soft, silky web in which you and your loved one are connected by each and every thing you do together. The more points by which you are connected, the more strongly you will be held together in your relationship. Moreover, the more points of attachment the two of you share, the more stabilizing of an effect it has on both of your emotional and mental health. And if you should have to walk through hell like my wife and I did, those myriad of connection points will stabilize and hold you together when so many relationships are ripped apart by the stress of the healing journey. More about that process in the next section.

### **9) Final Caveat:**

Finally, I want to clearly state that what follows is based upon my 13 years 'in the trenches' with my wife 24/7. I do not have academic credentials, but I've been 'battle tested' as we went thru 5 years of literal hell together, and 'lived to tell the tale.' We are still not done, but things have definitely evened out for us at this point as we continue to seek her full healing. Moreover, our experiences have been accomplished without use of drugs, legal or otherwise, or alcohol. And she has no

actual organic brain issues like dementia, Alzheimer or [TBI](#)'s (traumatic brain injuries). So, if your loved one is affected by any of these, those factors may limit the helpfulness of our experience applying in your situation. As always, read, digest, and take away only what you feel applies. We are all fellow travelers on this journey, and no one has all the answers.

Yours,  
Sam

## Part II:

### 1) Trauma and Dissociation: the main culprits:

As I stated previously, I naturally adhered to the trauma model of mental health when my wife first told me she might have d.i.d. Perhaps that's because the little reading that I did at first put d.i.d. in the trauma section of the DSM. Or maybe it was simply that in my ignorance I didn't know I should now consider the woman I loved and had lived with for the previous 20 years to be 'crazy' and intellectually unstable. Furthermore, my wife had made a request in the beginning that I not read the literature that was available because she liked how I was treating her and the other girls who had joined us. She was afraid I might change if I read the 'proper' way to do things on this journey. That simple request probably, unknowingly, saved us a journey full of heartache because we continued doing things on a trial and error basis of what 'felt right' and what 'worked' for her and the other girls. And the longer we continued on our journey, the more we realized our experience was very different from what others were experiencing. Moreover, her level of healing was quickly on a different plane than those who took the typical route.

So, let me qualify that the things I share in this section about dissociation are things you may not read anywhere else. We took the '[road less traveled](#)'. If you read the literature in [academic circles](#) or in the popular literature, typically they view dissociation and all its associated symptoms as something to be fought and avoided at nearly any cost. They promote [grounding techniques](#) as they desperately try to fight dissociating. And the drugs they prescribe are often part of an attempt to keep the person on a flat, emotional plane and 'present'.

We, however, embraced the dissociation and have lived in it for the last 13 years. We welcomed the other girls ('alters') and gave them free reign in our marriage and family. My opinion was always 'whoever is out must need to be out' and so I rarely asked her to let '[my wife](#)' back out unless it was a matter of safety or a particular skill the girl didn't have. At first it was like learning to breathe under water: it felt like I was suffocating and was going to drown! Eventually, it became natural for both of us. Then to our surprise, living in the dissociation allowed us to find deep healing and [reconnect all those separated parts](#) of my wife into a healthier group. We haven't arrived: it's not an easy process, but we discovered all kinds of things along the way that have forever changed the way I see this topic.

And so that's what I hope to share with my readers. Am I an 'expert'? Only if you believe in experts with lived experience who have walked with and at times literally carried a loved one on the healing journey. I'm only an expert if you accept that I sat with her through flashbacks, panic attacks, mini seizures, catatonic

states and more and figured out how to help her heal so that she rarely experiences those things anymore. I'm only an expert if you believe that teaching all the girls to [communicate, work together, and slowly live together](#) is important. Sadly, many experts hold up the chaos of [The United States of Tara](#) as typical: we started there, but we got through it together. Finally, you may disagree with 'why' the things we did worked, but in the end they did work. I'd be happy to debate and dialogue the 'why' with any who want so we could all come to a better understanding of the healing process.

And one final word: you may say, "But I don't have d.i.d. So, your experience doesn't apply to mine." In my opinion, we've had to deal with so many different mental health issues because of the total breakdown of my wife's personality along the various dissociation fault lines. Each of the girls in my wife's system has her own issues I've had to help her overcome. So perhaps, if you are inclined to read on, you may find something from our experience of value to you as well.

From this point on, I intend to draw heavily from a 3-part series on dissociation from my blog, [here](#), [here](#), and [here](#).

For the record I want to define mental trauma as I did on my blog:

*So, what is the trauma? To me, that is anything that occurred at the time of the abuse. It could be the lies the abuser told the victim to keep power over him/her. It could be physical pain. It could be the feeling of loss of agency. It could be the feelings of isolation and being unheard by the primary attachment figure who didn't protect the child in his/her care. It could be the overwhelming sense of fear from not knowing whether one's life will end or when the next instance of abuse might happen if it is ongoing. These and so many other things, I relegate to the sphere of the original trauma.*

It's important to remember that what is [traumatic](#) to someone else may not have been traumatic to you. There are a host of factors that can contribute to the severity of the effect any trauma may have upon a person. Moreover, the support system one has in place will determine the extent of the damage caused by any trauma. Don't judge. Someone isn't a snowflake just because you wouldn't react the same way s/he did.

Once any person has been traumatized, his/her trauma-coping mechanism called dissociation will kick into effect. So what is dissociation? [Wikipedia](#) says it "*is any of a wide array of experiences, ranging from a mild emotional detachment from the immediate surroundings, to a more severe disconnection from physical and emotional experiences. The major characteristic of all dissociative phenomena involves a detachment from reality, rather than a loss of reality as in psychosis.*"



I'll be honest: I find that definition unsatisfying and unhelpful. It lists feelings caused by and symptoms of dissociation (emotional detachment, detachment from reality) without actually defining what dissociation is. This is how I would define dissociation after 13 years of immersive work in and with my wife: **dissociation is the coping mechanism within each of us that sequesters(dissociates) any pain or fear caused by trauma until it can be properly addressed and healed. If said trauma is not healed, then the sequester(dissociation) becomes permanent and causes the loss of use of any part of the body or mind so affected.**

We see dissociation of the body at work all the time in those who have suffered physical trauma. This is how I described it on my blog:

*If a limb is broken, and the trauma is not addressed and corrected so it can heal, then slowly the mind together with the body begins to develop coping strategies to live without the full use of that limb. If, for example, that leg is broken and no doctor is available, the person may use a splint and staff to continue walking. He/she may also begin to limp, trying to limit the weight that is put on the broken bone. Other muscles will have to work harder to compensate for the loss of the leg. And joints will become stressed from the additional weight they must bear. The break will begin to affect one's posture.*

*The longer the limb is left traumatized, the muscles will begin to atrophy. The bone will begin to calcify over the break instead of reconnecting to its broken mate as the body tries to staunch the open wound. The tendons and ligaments would be stressed and stretched from the displacement of the broken bone. And even the mind would begin to incorporate the loss of that limb as nearly a normal part of life. Plus, stress and anxiety may become associated with that break if it was an especially violent event that caused the trauma. In time the break will begin to stress and affect the entire system, mind and body.*

*But say 40 years later (as in my wife's case), someone would come and begin to address the trauma to the leg. The break would be corrected, and the body would finally be able to fuse that break. But there would be far more to address at that point than simply putting the two pieces of the bone back together. By that time the entire body and mind would have to be retrained from having compensated so long from the pain and disuse of the limb. The atrophied muscles would need strengthened and the rest of the body would have to be retrained to allow the eventually-healed leg to return to its natural use. Moreover, all the coping strategies that the person employed in the absence of the functioning leg would have to be unlearned, and that would not be an easy task after 40 years doing things without the leg. The other parts of the body that had tried to take over the loss of a functioning leg would now have to be retrained to allow the leg to do its natural function.*

From our experiences, I really haven't found dissociation of the mind to be much different from that of the body except that with the mind those dissociated areas can take on semi-autonomous-like properties, and, when encouraged as we did,

become full-blown ‘alters’. And let me remind you again, that dissociation is something ***all*** of us experience. It’s just a matter of degrees. As I began to understand dissociation better having helped my wife through it for 13 years, I began to see evidence of it in nearly everyone I know including myself. It’s just a human experience that the mind/body system enables whenever any trauma and/or the resulting pain/fear from it aren’t addressed so they can properly heal.

As my wife and I have lived in the dissociation and learned to heal and deconstruct it these last 13 years, I have begun to associate 5 things with entrenched (that which is systemic and long-term) dissociation. From my blog:

*1) Dissociation causes each person within the system to only have partial access to the personality traits and mental abilities of the overall system. 2) Entrenched dissociation may cause some of the people in the system to become [‘deactivated’](#). 3) As the dissociation prolongs, neural atrophy further ‘hardens’ the separation of each person in the system. 4) Many of the extreme and discomforting experiences of the sufferers and to those around are a result of the dissociation. And 5) the internal working model from attachment theory is the key concept that helped us begin to eradicate the dissociation between the girls.*

Again, don’t let my blog’s focus on d.i.d. detract from our common experience: we all suffer dissociation when trauma and fear are unaddressed: it’s only a matter of degrees. And understanding dissociation is important before we enter the final section of this booklet and learn how to understand and help someone experiencing any of the extreme states that those in mental distress may display. If you want more specifics on the topic, especially the 4 results and key to healing I have found connected with dissociation, please use the links to my blog where I give a number of examples that may help clarify this issue.

## **2) Attachment Theory: The Roadmap to Healing:**

So, if trauma and dissociation are the main culprits when it comes to mental distress and all the symptoms that go along with it, is there any, real, permanent cure?

Let me pick our story back up. The first two or three years that my wife and I were on the healing journey, we just did ‘what comes naturally.’ I tried things to help my wife heal. If they worked, I kept doing them. If they didn’t, then we tried something else. But I also listened to my inner voice that has a definite renegade streak to it. My wife and I never truly accepted the extreme forms of independence and individualism that our U.S. culture has embraced. As the other girls started to join our life, they brought along with them a host of [‘extreme states’](#) such as flashbacks, panic attacks, catatonic states, mini seizures, [night terrors](#), agoraphobia, overwhelming anxiety, mild self-injury, ‘paranoia’ and more. When they began to

display these manifestations from their distress, I just did what I thought any good parent or mate would do for a child or loved one: I went thru it with them, holding them, comforting them, speaking gently to them as I reassured them that they were no longer alone, as I apologized for not being there when it initially happened, reminding them I would keep them safe now, etc, etc.

I made various rules along our healing journey, and one of them is ‘no girl is allowed to cry alone.’ And so anytime one of the girls was crying whether she was on the ‘inside’ or out fronting, if I found out about it, I gently requested for her to let me hold her while she cried. She didn’t have to talk about the source of her crying if she didn’t want to, but I wanted her to realize she was not alone anymore. I would gently wrap her up in my arms, if she felt safe enough for that, because I wanted her to physically feel her connection to me and the warmth of my body rather than feeling the cold, aloneness of her traumatic experience from the past. I repeatedly told her that I heard her, and I loved her, and I would go through whatever she was experiencing with her. And because all of them fronted as little children like they were when the trauma occurred, I pointed out that even though each felt like a little girl, I was a big man who could protect her.

After a couple of years, I began to research the expert literature available online and was surprised to discover what I had been naturally doing lined up with the major tenets of [attachment theory](#) as posited by John Bowlby. I feel a huge debt of gratitude and hope someday the [Bowlby Centre](#) would allow me to share what their founder’s theory has done for my wife and me. It literally has given us the roadmap we needed for my wife’s complete healing as well as what we feel is a better way to live our lives in general: connected and attached to each other as we help each other through the storms that life brings us.

After I discovered the name of the theory I had been naturally following, I began to read up on the theory so I could more fully implement the major tenets to help my wife heal and hold our relationship and family together. I wrote an [attachment theory series](#) on my blog to deal with each major tenet of the theory and how I applied them in the healing process. So, I will only do a cursory overview of them here.

Perhaps my favorite quote of John Bowlby’s is this: *“Human beings of all ages are found to be at their happiest and to be able to deploy their talents to the best advantage when they are confident that, standing behind them, there are one or more trusted persons who will come to their aid should difficulties arise.”* He and Mary Ainsworth are the best-known, early advocates of this theory. It has “become

the dominant approach to early social development” and since the 1980’s it has been used to study adult, romantic relationships as well<sup>1</sup>.

The theory delineates four main attachment patterns in children. Mary Ainsworth developed the [Strange Situation](#) test to observe a child’s attachment style to his/her primary attachment figure or main caregiver. **Securely attached** children feel safe to explore their world even in the presence of strangers because if their feelings change, and they begin to feel scared, they can return to the safety of their caregiver where they will be openly welcomed and attended to. The **anxious-ambivalent**, **anxious-avoidant**, and **disorganized/disoriented attachment** are the other 3 styles. In each of these, the primary attachment figure is inconsistent or unresponsive to the needs of the child in the face of trauma or even basic needs, and so the child begins to develop various coping strategies that will affect it in a myriad ways throughout the rest of its life.

So what? I think the main thing to gather from these studies is whenever a child feels unsafe or in need, if it always meets positive affirmation from its caregiver after calling out or seeking help, then it will be securely attached to its primary attachment figure and will develop the same outlook throughout life: confidently exploring the world because it knows help is only a call away. However, children whose parents couldn’t or wouldn’t help them during times of distress or whose parents were unable to meet basic needs begin to develop the other three attachment styles in light of that reality, never truly expecting anyone else to care for them throughout life.

Fortunately, Bowlby gave us the roadmap to help those who were never securely attached gain that sense of security. It’s not easy, and it’s not quick, but it is possible.

### [Myth of Independence](#)

If you want to help your loved one who is struggling with mental distress, the first thing you will probably need is an attitude adjustment. Unfortunately, here in Western cultures especially in the United States, we have come to idealize independence and rugged individualism. Yes, there has been some pushback on those ideals lately as our society is ripping apart at the seams, and yet far too many people unthinkingly accept the premise that ‘needy’ people should be shunned, that adults should be ‘independent’, that healthy people should be able to ‘pull themselves up by their own bootstraps’ and that truly successful people are ‘self-made.’

Attachment theory tells us just the opposite: that the most healthy, most well-adjusted, and most productive people are those who have a support network and when they fall into distress, they can fall back on that network for help. Some researchers even wonder if the increase in addictions and mental distress are *“precisely because autonomy and independence have been encouraged at the expense of attachment needs.”*

So I want to encourage you to see that it's a good thing that your loved one who is in distress is displaying neediness. He or she is reaching out for help instead of burying it inside. Hurt people are needy people. Hell, all of us are needy. That's human. That's normal. We need to stop pathologizing it!

Oh, one last word about our attitude adjustment: don't be afraid of [‘rescuing’](#) your loved one. Only in the West would we caution someone about rescuing a person who is drowning. We pathologize the natural desire to save our loved one, to be the [hero](#) that they need at that moment. We derogatorily say someone has a savior complex if they respond to the natural inclination we all have to defend and rescue our loved ones. Read the links I provided: things will get better if you invest the time needed to help your loved one feel safe and loved and valued. Shame on our culture that tries to shame those in need. And shame on our culture that also tries to shame those who have the ability to meet that need. And then to make things worse, our culture tries to weaken our desire to save and protect the ones we love by saying, “only rescue someone if you can keep yourself safe from any harm in the process.” We have truly lost our soul as a culture when we are only willing to get into a fight for our loved one's life if we can keep our hands clean and it costs us nothing.

### [Proximity Maintenance](#)

Proximity maintenance and affect regulation are the two main tools Bowlby taught us to heal our traumatized loved ones. Really they are pretty obvious, and yet we live in a culture where we are encouraged to let our babies cry themselves to sleep for fear of them depending upon us, and latchkey children are the norm instead of the exception, and climbing the work ladder is more important than investing in our families. So what seems obvious to me is clearly not obvious or at minimum not obtainable to many others.

Proximity maintenance is exactly what it sounds like. You have to be physically present! Social media won't cut it. Internet survivor forums won't cut it. We humans are wired to need the warm, physical presence of the person we are attached to whether we are in distress or not. If they are experiencing extreme

mental distress and the manifestations that often goes with that, they need your bodily presence. They need to feel your arms wrapped around them, (if your relationship is such they are good with that). They need you physically available 24/7 as much as is possible.

The first 5 years of our journey were utter chaos. Five different girls ('alters') joined our lives. Everything and anything you can imagine happened during that time as they were all so hurt, so lost, and so needy. They weren't really connected to this world yet and so they didn't know how it worked or how to work their own body either. My wife's body was constantly black and blue as they ran into things, fell down the stairs repeatedly, tried to jump out of running cars, nearly got hit by cars because they didn't pay attention crossing streets, wanted to jump off buildings and fly using store-bought fairy wings, and so much more. Sometimes she hid in stores because one was suddenly scared. Other times she hid in stores because another wanted to play hide and seek. She hid in closets because the mailman came to the front door. She hid under tables from panic attacks. And I could go on and on and on and on.

Through all those things, my wife had my presence and our son's. Yes it was exhausting those first 5 years. Yes, it was overwhelming, at times even scary. Yes it limited my ability to do other things. But through all those things our son or I was physically present since he was still living at home while attending a local branch of our state college. In fact, I made a point of never letting her go through those things alone: holding her hand as much as possible or snuggling on the couch. If she didn't feel like being touched at that moment, I just sat close enough to her that she could feel the body heat radiate from me to her so the message that "you aren't alone anymore" was constantly, physically conveyed through her senses.

Happily, most people won't have to go to such lengths to help their loved one heal, but if you want to see long-term healing, you have to be willing to saturate your loved one's need to feel the security of your physical presence in his/her time of distress.

### [Affect Regulation](#)

The second tool that Bowlby taught us is affect regulation. Affect regulation "is the ability of an individual to modulate their emotional state in order to adaptively meet the demands of their environment."<sup>1</sup> Typically trauma victims and/or those experiencing extreme distress have trouble regulating their reactions to things. I'm not suggesting we should be without emotions in life. That would be equally

unhealthy, but when people have extreme emotional reactions in life, the reactions can become destructive or debilitating. In those situations, attachment theory has an answer.

The primary attachment figure helps to regulate the loved one's emotional reactions by providing a 'safe haven.' Think of it as being the calm during your loved one's emotional hurricane. You shouldn't minimize or invalidate their very real feelings. Instead, you need to learn to remain calm, loving, and empathetic, while you validate their feelings. You are not only modeling a good reaction, you are also giving them a safe place to vent and let out the emotional storms that have been bottled within. If they have been abused and traumatized, they have a right to be mad! Don't try to take that away from them by minimizing their experience. Give them a safe place to let out all the things associated with the trauma: feelings, memories and more. Then as the storm begins to diminish, you can help them contextualize that past into a narrative for today.

### [Self-soothing](#)

If your loved one goes to counseling or is part of any survivor, self-help forum on the internet, they are probably going to be taught self-soothing techniques. Unfortunately, most of these attempts don't seem to understand that healthy 'self-soothing' according to attachment theory naturally arises out of a lifetime of soothing experiences the child has with its caregiving parent. You can't learn this from a self-help book.

The great thing is one can gain those same experiences as an adult even if his/her childhood was less than ideal. I've spent the last 13 years pouring myself into my wife. At first she was completely unable to self-soothe and would viciously bite her hands trying to redirect the emotional pain she was unable to process. Now she can do much on her own. However, never lose sight of the fact that we were made with an inherent need for a lifetime of healthy, soothing attachment. Don't let 'self-soothing' just be another way for our hyper-independent culture to push isolation upon you or your loved one. We will always need a kind word, a gentle smile, a squeeze of the hand, or even better, a warm hug from someone who loves and cares for us.

### [Internal working model\(IWM\)](#) (and [here](#))

The last thing I want to mention from attachment theory is Bowlby's internal working model. Now for people with d.i.d. that concept is visually undeniable for some reason: my wife had a visually represented 'inner world' that many others with d.i.d. also seem to have. For me, and possibly most others, it may not be as

readily apparent. And yet as I have walked with my wife and learned from her about her inner world, I learned about myself. I had nothing quite so visual as hers, and yet I began to see that I had definite pictures and images and flashes that my mind often would reference throughout my life. Some of those I needed to change. It may be the same for you. But it would seem for a trauma victim there may need to be a lot of work done in that area. It's something you can't force, though I have learned how to help. I've tried helping her change her IWM before she was ready, and it doesn't work. But at some point the IWM must be addressed because it acts as the foundational prism through which all of life is viewed.



### **Part III: Understanding and Healing Extreme Mental States Caused by Trauma and Dissociation**

In this last section, I'd like to talk about 'extreme mental states'. Now, I'll be honest, I tried to find an exact definition of what people feel these are, but I had no luck. But it would appear that mental states out of the 'normal' would be 'extreme.'

Let me qualify, again, what I'm going to share here about my position on extreme states. Like I've said repeatedly, until 13 years ago, I had absolutely zero experience with any of this stuff. So the first time my wife collapsed on the floor in a catatonic state, I nearly flipped out. And one of the original times she was in the midst of a flashback, I began to freak out because I was unable to pull her out of it...until I took a deep breath and calmed down. But after a while, the 'strange' and 'extreme' didn't seem quite so far out there. A while longer and it started to take on a feeling of normalcy. At that point, when I could look at these various mental manifestations and not be freaked out by them, then I began to see them in a different light. They began to make sense to me. I began to develop mental pictures of them as I tried to figure out what my wife's mind was trying to do or accomplish through this extreme state. And that's when I began to be able to help her heal those emotional storms to the point that the 'hurricanes' of old are rarely much more than a gentle thunderstorm today like most people get.

Please let me be clear in this section: when I paint a picture of how various extreme states work, these pictures were just to help me visualize what was happening internally in my wife so that I could try to formulate a plan to help her in and through them. These pictures are not meant to be scientific statements of what is occurring. Rather, they are pragmatic pictures that enabled me to formulate a way to help her...and they worked well enough for us that she hasn't experienced these extreme states in years. If someone else has a better explanation, I'd love the chance to dialogue about it!

Furthermore, much of what I believe about extreme states and how I helped my wife through them is based upon 13-years of experience living in my wife's dissociation, embracing it, allowing all the girls ('alters') to come and go as they determined, helping them change their internal working model from a trauma paradigm to a securely-attached one, and more. You simply won't be able to understand some of the things I will share without a basic grasp of how I have come to understand dissociation [here](#), [here](#), and [here](#).

One last thing, I understand that extreme states can have various causes. Some are biological like when my FIL nearly bled out from a ruptured artery and he began hallucinating because of it. [Legal](#) and [illegal](#) drugs are also documented to cause various extreme mental states. So what I have to offer will only specifically relate to extreme states caused by trauma-induced dissociation.

### **Extreme States caused by loss of access to mental faculties:**

If you read my blog entry fully, you may remember that for some reason as my wife experienced trauma and her mind became more and more dissociated, those areas of dissociation also had mental abilities and personality traits become ‘associated’ with each sequestered area. And so, those abilities and traits became inaccessible to the person left on the outside to continue living life. Now I understand a florid representation by ‘alters’ in d.i.d. is rare. I have personal opinions why that is the case, but I think even in the absence of ‘alters’ the more a person is traumatized, the more areas of the brain go ‘off-line’ at least partially, from dissociation. And so the person is left with less and less ability to fight mental distress caused by trauma or daily life.

I have watched my wife struggle with things like body dysmorphia, depression, [extreme sexual apathy](#), and self-injury. I think they are at least partially caused by her inability to access other areas of her mind that would help her fight against such things. I also wonder if suicide-ideation, something that I [personally](#) have struggled with most of my adult life, is also related to this factor because of how I have learned to fight against it as I learned from her healing experience.

This is a hard category. Healing the trauma that caused the dissociation and then undoing the related dissociation took years and years of work. There was no easy solution, and even now my wife still struggles with some of this stuff when the girls don’t work together.

The first thing you can immediately do to help your loved one is by using your understanding of affect regulation. You can be as healthy as you can be so that your loved one can use you as a crutch while s/he is healing. I remember when we first started our healing journey, my wife repeatedly told me, “I don’t even know what healing looks like.” That’s when I realized I had to get my act together and be the adult so that even when she couldn’t be the adult, I could help her and she could lean on me during the healing process. It’s no different than someone who is relearning to walk and holds your arm to steady him/herself during the process. Be sure to validate their pain and their struggles, but just as important after you

validate their emotions is for you to ‘turn’ them to their new reality: they aren’t alone anymore. You are with them. You are in this fight together. **I don’t see these extreme states as my wife’s issues: they are our issues and we face them together.**

The second thing to help would be healing the trauma and dissociation. But this takes years. It’s not a quick or easy fix. Slowly as you help your loved one heal and provide a fertile environment for that to take place, s/he should regain mental capacity to fight those issues better on her/his own.

### **Extreme States caused by the overlapping of mental realities:**

Have you ever watched a movie or tv show in which they overlap two scenes at the same time? Maybe you’ve seen pictures where one image is superimposed over another. It can be disorienting. If someone lived like that for a prolonged time, it would only get worse especially if there’s no one in that person’s life to anchor them through what is happening.

I think that’s what is happening to so many people who experience ‘psychosis’, hallucinations, ‘paranoia’, flashbacks, panic attacks, triggers, and more. I put some of those manifestations in quotes, because I personally don’t think those pejorative caricatures by those of us on the outside are accurate or fair. These people aren’t psychotic or paranoid or delusional as if it’s a fantasy. Instead, I think their brain is trying to reintegrate past memories that have been dissociated. The brain is trying to bring those areas back ‘online’ to reach a kind of ‘stasis.’ But if a person doesn’t have the kind of help I provided my wife, it can simply be too overwhelming and disorienting of a task for most sufferers to accomplish alone. To make it worse, if the trauma is from the distant past like my wife’s that occurred 40 years before she began to deal with it, childhood can code a lot of those memories into symbols and childish perceptions which make for ‘bizarre’ perceptions in the present.

If you take the typical stand and deny your loved one’s reality, what will happen? I know the common response I see on tv and the movies is for the person to become more and more adamant, as s/he desperately seeks for someone to ‘hear me.’ Why is hearing our loved ones such a difficult task for us to accomplish? Listen and validate his/her experience even if you don’t have all the information to understand what is going on. But, again, that’s only the first step. If we only listen and validate, then we keep our loved one in the past. **The second step is so important for healing: walk with them in that reality to find a better one based on their positive and secure attachment with you today.**

One time I didn't follow my own advice. One of the girls told me she used to be a spy in Europe when she first joined our family. Of course, that was impossible, and so I thought I'd be rational and reasonable and tell her it was impossible. She became more and more adamant in her insistence. Finally, I realized what was going on. I stepped back, took a breath, and the next time she brought up the subject, I sincerely asked her, "Honey, will you tell me about it?" And that was the last she ever brought up the subject. All I can guess is she just needed me to hear her. Not everything will 'disappear' like that. Most will take constant affirmation that you are there with your loved one, in the experience even if you don't understand it and can't see it.

Let me give you a more-typical example from our experience. When my wife 'ripped the bandage' off her trauma 13 years ago, she was flooded with all the fear that she had bottled up inside. Now I could have pejoratively called her 'delusional' or 'paranoid' like our culture is apt to do. Instead first I simply held her and provided her my physical presence and calming words to soothe her in a way her parents never did. I validated the fear she was feeling from the distant past. I validated the pain it had caused her. I validated the terror from being threatened with death if she told her parents as she saw a kitten's neck snapped to prove her abuser was serious.

But as I sat there with her, I also began to validate her new reality: "You aren't alone anymore. I hear you, Honey. I take care of my girls. I protect my girls. I'm so sorry I couldn't protect you when it was happening." If she needed us to do anything to help her feel safe, we did that. Little by little as she poured out her fears and trauma from the distant past, as I helped her hold it, she was finally able to release it and embrace the new reality that I was offering her, attached with me safely.

And so, as I helped her heal the past trauma and bring those memories into her personal narrative today, her brain no longer was in a fight to bring those areas back online by itself. And so the extreme states of this nature ceased because she had access to everything and her brain was no longer, desperately, trying to re-establish a sort of stasis on its own as it tried to rid itself of the regions of dissociation that had bottled up the trauma and lost abilities and traits with it.

### **Extreme States caused by neural atrophy:**

The last category of extreme states that I will mention are those, I believe, that are caused by actual physiological realities caused from decades of dissociation in the brain. Again, I'm no scientist, so I could be wrong, but they were helpful for me to

see them this way so I could help my wife through them. If you have a better explanation, please share it with me.

As my wife's brain had large areas that remained dissociated over decades, the neural pathways to those traumatic memories atrophied, and she increasingly lost access to them. When we began the process to regain access, we had to overcome that [reality](#).

Three things happened as we reversed the dissociation. First she experienced [extreme headaches](#). I don't get the physiology involved, but the headaches were and sometimes still are incapacitating especially as we began to reshape her IWM to fundamentally change her access in her mind.

The second thing that happened was mini-seizures. The first time it happened, it freaked me out as her eyes rolled into the back of her head and she began gently to shake, but then I tried to visualize what was going on. It helped me to think of a computer that was glitching as it tried to switch between programs. You know, that damn scrolling, circle-y thing that won't stop circling and the screen goes whitish? So once I embraced that picture, it was a simple matter for me to 'help her switch.' Now it's no different whether your loved one has 'alters' or not. Just begin calling out to your loved one, gently and reassuringly. Try to engage him or her on various levels or topics that are important to the two of you until you pull him/her out of the seizure. Once you find what works, it will be easier in the future to help him/her thru the switch if s/he gets stuck again.

The last thing is the catatonic states. In my mind it was another failure in switching. In this case I likened it to a failure to 'pass the baton' in a race. One part of my wife switched 'out' but another part wasn't there to catch the baton and keep running and so she fell, catatonically, wherever she happened to be. Again, I freaked out the first time it happened. But once I took a breath and thought about it, I tried engaging another part of her, and then she re-engaged with me. For about a year, I spent carefully watching her as this happened [over and over](#). I was afraid she would hit the ground and hurt herself. Later I was able to help her bridge the dissociation in that area and the catatonic states stopped...until the next 'alter' joined us and we had to restart the connecting process.

In the end, I'd be happy to discuss any extreme states that you find overwhelming. Maybe you just need someone to listen to you. They really can be frightening the first time you witness it happen to your loved one. I can't promise you I'll have an answer, but maybe we can figure out how to help your loved one through it. Don't

expect quick and easy answers. Sure psych meds may stop these, but they aren't really healing them from the reading I have done. They are just suppressing them. The root causes, if they are from trauma and dissociation, are still there under the surface. I guess people have the right to do that as long as they make an informed decision which the drug makers and psychiatrists, too rarely, help them do.

I wish you all the best and would be happy to dialogue about anything and even expand this if you feel I have missed critical areas that would help your own healing journey with your loved one.

Sam