

HANDBOOK FOR THE *Recently Discovered*



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INTRODUCTION

Greetings to a recently discovered system,

Discovering you have dissociative identity disorder (“DID”), otherwise specified dissociative disorder (“OSDD”), or dissociative disorder not otherwise specified (“DDNOS”), may be scary and overwhelming and I understand you are looking for help and direction. Take a breath. It is going to be okay. This guide is written for adult post traumatic stress survivors who are seeking therapy or currently in therapy who need some help in their healing journey. I am a traumagenic system, a system that formed due to childhood traumas, so I cannot talk about the endogenic, non traumagenic, experience of plurality.

So far, DID systems and tulpamancers have had brain imaging studies done that evidenced brain activity changes. Specifically tulpamancers demonstrated voluntary down regulating of the dorsomedial prefrontal cortex during tulpa activity¹ and in DID systems there was a brain blood flow pattern change after being read trauma prompts² that single identity folks could not duplicate.³ I do not know all the secrets of multiple identity states. All I know is what seems to work for me and others and I can only offer a guess as to why I think it works.

There are many studies that say the development of post traumatic stress has a lot of factors. People can experience similar if not identical stimuli but one can be traumatized and another can be without trauma. The twins study helped bring light to the concept that there are many factors, from genetics to environment, that shape an experience and the interaction of those factors can affect the outcome turning an experience into a traumatic one.⁴

Trauma is subjectively determined by the individual but objectively treated the same by the brain. What may traumatize you may not be traumatizing to someone else. What did not traumatize someone else may traumatize you. It is subjective based on a ton of individual factors. If you have been diagnosed with post traumatic stress, it does not matter how “little,” “small,” or “minor” the traumatic event is in anyone’s eyes, even your own. Trauma is trauma. What your brain considered trauma, caused the same exact physiological response in the brain as what other brains did to their trauma.⁵ Trauma is subjective and your trauma is valid.

Imagine your brain as a Frankenstein’s creation of brain patterns but they are of you, your parts, and your memories, stitched together because the brain is hardwired to survive. Your brain feels like a monster because of the dissociative amnesia and identity fragmentation. However, what you have is a severely and repeatedly traumatized brain. In Mary Shelly’s Frankenstein, the creation was not the monster. The creator was the true monster. Just like in Frankenstein, you are not the monster, your trauma is the true monster.

¹ (Wittmann et al. 2021) <https://pubmed.ncbi.nlm.nih.gov/34171289/>

² (Reinders and Veltman 2021) <https://doi.org/10.1192/bjp.2020.168>

³ (Reinders 2012) <https://pubmed.ncbi.nlm.nih.gov/22768068/>

⁴ (Kremen and et al. 2012) <https://pmc.ncbi.nlm.nih.gov/articles/PMC3153636/>

⁵ (Bremner 2006) <https://pmc.ncbi.nlm.nih.gov/articles/PMC3181836/>

Unfortunately people in real life mistake the survivor of trauma for the monster rather than seeing the trauma as the monster because of our trauma responses. We are judged for our trauma responses, because even though our trauma is not our fault, it is our responsibility to heal it. In fact, systems are no more likely to be dangerous than a single identity person.⁶

This book is not a diagnostic manual. This guide is not a substitute for therapy. This is my life experience on how I navigated my healing, built life skills that helped me, adjusted my coping mechanisms, and learned different strategies to function in a world with mostly single identity people.

My approach to finding therapy has been based on the numerous miscommunications and misunderstandings between what I am experiencing and what a clinician thinks I am experiencing. I was always told I had the communication problem whenever there was a misunderstanding, so I hope my experience in how I successfully communicated myself to my therapists is helpful for you.

When the body was younger, one of us had a memory of asking a teacher ‘Can you hear yourself in your head?’ and she said yes. We remember asking, ‘Can you hear your mom in your head?’ and she said yes.

Looking back as an adult, I understand that my frame of reference was from my perspective but the answer was from a single identity person’s point of view. Hearing yourself in your head is normal for singular folks because that is their inner voice. Approximately half of the world’s population can engage in an inner dialogue with themselves so no one thought anything of my question.⁷

The second question was from the reference of a system who had an introject of a trauma causer. The adult was answering as a single identity person analogizing the voice of a parent to a conscience. It is quite common to have people say, “do you hear your mother telling you not to do that?” just not the same way I heard her voice in my head.

Bessel Van Der Kolk’s [The Body Keeps The Score](#) and Pete Walker’s [Complex PTSD, From Surviving To Thriving](#) are great reads if you want more clinical explanations and details of trauma and how the past traumas manifest in the body and affect your thoughts and behaviors in the present. [Got Parts?](#) By A.T.W. is an excellent book on approaching healing for people with dissociative identity disorder if my style is not a match for your system.

⁶ (Webermann and Brand 2017) <https://pubmed.ncbi.nlm.nih.gov/28138388/>

⁷ (Hurlburt et al. 2016) <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0147932>

ASKING FOR HELP

Sometimes it is really hard to ask for help. Whether it is because you are insecure with yourself and do not want to be embarrassed or are afraid of accepting help, you are not the only one who has difficulty asking for help. You want help but going to find the help is the first hard part.

Having the courage to put yourself out there is huge and talking to a mental health care provider can be scary.

*What if the mental health care provider rejects me? What if they do not believe me?
What if I am the problem?*

These are valid fears because of how you were traumatized. You are not crazy, you are not sick, you are however, very traumatized. Your trauma needs healing. You are a human being who suffered so much and desperately tried to survive unimaginable trauma as a child.

Getting a DID/OSDD diagnosis can be controversial with some mental health care providers and it has been said that one of the biggest iatrogenic harms, harms caused by a mental health care provider, comes from the deprivation of proper care.⁸ When starting your healing journey, begin slowly for your host's sake.

The host is not supposed to be aware of the true extent of the trauma. The part who fronts to take the trauma in place of the host and builds resilience over time as they front. This leaves the host lacking in experience to build resilience, lacking knowledge of coping mechanisms, and lacking life skills in how to deal with dissociation, dysregulation, and switching. Without knowledge of and fronting experience of the trauma other parts hold, the host does not have the individual resilience to process the trauma the parts hold, yet.

The collective resilience overall is sufficient to have survived the trauma and so parts sometimes miscalculate how big their host's individual window of tolerance for trauma. This is where the misfire tends to happen. This can cause the system's host to go hide in the inner world.

A safe starting place is to just assume the host has no resilience because the default coping mechanism for emotionally overwhelming situations was to switch the host out. The safest starting point is the assumption that the host has also not integrated at all with any parts and is fully unaware of the rest of the system and having no knowledge of how to be a part of the system. Because switching has been the default, a host has no reason to know how to develop and use coping skills and life skills while getting activated because they do not remember being dysregulated.

It is okay if your host is not curious yet. They may be scared and overwhelmed by everything. They might need some time to come to terms with DID/OSDD.

⁸ (Brand et al. 2014) <https://doi.org/10.1521/psyc.2014.77.2.169>

HOW TO FIND THERAPY

The most basic place is to start with your health insurance provider's website. Hopefully your insurance provider's site has a search function for specialties. If they do not have a dissociation or DID specialist, search for a trauma or post traumatic stress or PTSD specialist. They are more likely to understand dissociation and be educated about identity fragmentation.

There are also online therapist/psychiatrist listing sites/search engines that have check boxes for specialties you can search for and the insurance they accept. Please understand that sometimes these websites have outdated information and it is probably best to call them and ask if they still take your insurance.

This book is not an endorsement for any provider found on any of these websites nor any health care provider found through your insurance provider's website. This guide can only provide hints on how to find a mental health care professional. Be discerning with mental health care providers.

Discernment is not just about seeing the red flags, it is also about seeing the green flags. Wait to see how they behave with you repeatedly. Look for patterns rather than relying on a single instance.

There is a healthy amount of skepticism that has to go into every human relationship. Giving someone the benefit of the doubt does not mean you trust them 100% from the start. It means giving them the opportunity to earn all of your trust.

Do not fret if your therapist is not a dissociation/DID specialist. You can still get help and heal your trauma without disclosing your identity fragmentation.

In general, find a mental health care provider who treats your parts as people because your parts are more than just trauma responses and coping mechanisms.

You are not alone, not in your head, and not in this world.

You got this.

CHAPTER 1: BEING A SYSTEM

Welcome to the DID/OSDD/DDNOS community!

You are not alone, not in your head, and not in this world. Approximately 1%⁹-1.5%¹⁰ of the world are traumagenic systems. Think about how many red haired people you have met. Red hair occurs in about 2% of the population. If traumagenic systems had a specific hair color, imagining everyone with red hair is a system gives you an idea of how many systems you may have met without ever realizing it. I know that is a bit of a terrifying thought that so many people have experienced things as awful as you did, but with that realization comes solidarity and community. We understand what it is like...

- To be blacking out and losing time
- To randomly not be sure of who you are or what your name is
- To have voices in your head
- To get overwhelmed, having to look down or away or hide your face, and then remembering you are feeling overwhelmed but then having your memory go blurry
- To have people tell you about what you did but you have only some vague sense or no memory at all of what they said you did
- To not understand why you just did or said something
- To have an out of body experience and watch yourself but have no control over yourself
- To feel like a zombie, disconnected, or in a haze
- To perceive the world differently but not sure what is wrong but there is something wrong
- To remember what happened to you but not how you felt during a memory

It is common to be anxious, scared, and overwhelmed, but it is also common to be curious about this and want to learn all about things.

Your system is not going to be exactly like everyone else's and just because your system is not identical to another's, does not mean you are faking. Your system is valid. Their system is going to be different from yours so you let go of any preconceptions about how your system is supposed to be set up. There are many systems out there who have had similar, and sometimes nearly identical, experiences but their system may present differently. It is quite common.

What seems to be one of the biggest anxiety reducers within systems is trust between alters. Trust can reduce the distress of switching and having amnesic barriers because you trust that when another alter is out that they will take care of the body's physical wellbeing, act age appropriately, maintain the life you are collectively trying to build, not to self sabotage system efforts, and try to do their best to maintain emotional regulation and not cause embarrassment. Trust that another alter will have the memories and share them with you when you need the

⁹ (Dorahy et al. 2014) <https://pubmed.ncbi.nlm.nih.gov/24788904/>

¹⁰ (Mitra and Jain 2023) <https://www.ncbi.nlm.nih.gov/books/NBK568768/>

information. Trust between the host and the system has to be earned simultaneously. Give your system the benefit of the doubt, and system, give your host the benefit of the doubt.

To start this mutual trust, the host agrees to attend therapy with the system. The system gives the host the benefit of the doubt and attends therapy trusting the host and mental health care provider are trying to heal the system and the host gives the system the benefit of the doubt that the system is cooperating with the front rather than attempting to co-opt the front.

When you start to see eye to eye, begin to understand each other, and build trust between your alters, things will begin to stabilize the internal world. You can work on everyone being more age-appropriate and behaving more consistently to start stabilizing your life on the outside.

Consistency does not mean everyone has fused or you become undifferentiated, it just means that when you are in public, everyone masks age appropriately or gets someone who can mask age appropriately to the front. Consistency helps maintain something stable, some kind of baseline in your daily life to return to.

WHO AM I?

If you are the one asking the question, you are probably the “host,” the one who fronts for most of the world and answers to the legally assigned name of the body at birth.

It is reported that up to 94% of public presentation of DID is covert and 6% are publicly overt.¹¹ The breakdown is that approximately 80% of DID is covert in public and in private, approximately 14% of DID is covert in public and can be both covert and overt in private, and approximately 6% is overt in public and overt in private. “Florid” is just how the mental health professionals describe how noticeable your switches are to observers. Thus you may see switches described as florid/overt switches vs covert switches when talking about covertness and overtness.

As the host, you probably have limited memories of your early childhood. Not having access to the core memories that make you who you are, is kind of tough to comprehend for anyone. Finding out I was a system was just another difficult day in my life to add to the never ending list of difficult days, but it affected me differently. Before, I believed I had no control over anything except myself. I could hide in day dreams, go do a puzzle in the corner, or crawl under the covers. Internally I had all of the control when externally I had none.

Realizing that I had not even had control over my brain was devastating. The agency I believed I had melted away like an illusion and it was devastating to realize I had no control over my life at all. I spiraled for a while trying to understand who I was and what this all meant.

Who am I? What do I like? What makes me happy? What do I want to do? Who do I want to be? I reclaimed my first bit of agency when I, as the host, ultimately decided I was going to put in the hard work to heal. I chose to become the kind of host that would protect my parts from

¹¹ R.P. Kluff (2009) A clinician's understanding of dissociation

harm, allow them to experience the world to grow, and be given the same chances and opportunities to thrive as every child was supposed to get that I never got.

I choose to heal my trauma and choose to break free of being ruled by trauma responses. I regained some control over switches which improved my quality of life and helped me function better in the workplace and social scene.

I am not going to be the one who is shielded by protectors anymore. I am going to be the shield. I am going to be the protector. My traumatized parts need me to re-parent them because they were parentified for me. I cannot seek someone else to be my parent as an adult.

I cannot outsource my healing.

I am more than a collection of coping mechanisms, I am a person.

My traumas are not my fault but healing my traumas is my responsibility.

DISSOCIATIVE AMNESIA

The first step in figuring out what is happening is to identify where and when you have dissociative amnesia. Because of the constantly severely traumatizing childhood, I developed several distinct identity states, which unfortunately meant memories were divided among the parts who were fronting. This kind of division of memory is what is known as dissociative amnesia. The only basic types of dissociative amnesia I will be discussing are blackouts and greyouts:

BLACKOUT

Blackout amnesia is where you have no recollection of the facts of the events and no recollection of the emotions associated with those events.

This happens because you are overwhelmed and get switched out and someone else is now controlling the body and you will not remember what happens during this time. Being overwhelmed could be either mental or physical. Something emotional can overwhelm the thoughts or something physical can overwhelm your pain tolerance threshold.

The memory during the time that you are blacked out is not “yours,” specifically as the host. After blackouts, you as the host often have limited access to those blacked out memories unless the memory holders lowers their amnesic barrier and shares the memories with you.

GREYOUT

Depending on who you speak to, some call this emotional amnesia. I was introduced to this as a greyout. As you think back to scary moments in your life, you may realize you recall what

happened but you do not remember feeling scared. You know you could be feeling scared because it is called a scary memory even by other people's accounts, but you cannot feel that fear when you recall the memory.

This is greyout and it is a form of amnesia that gets looked over. It often comes off as courage in the face of fear, however, not remembering how fear felt is not the same thing as having courage. Not remembering feeling fear is not the same as not having experienced fear. This is one of the reasons why so many people have difficulty healing greyed out memories. They do not realize that they have unresolved trauma because they remember the events but do not remember the negative emotions of the event.

The emotions have dissociated from the memory sequence so that the memory is more manageable and remembering the event with no emotion confuses people into believing there is no trauma associated with that memory. This can be helped by writing out timelines of life events, which is explained later in this guide. With the help of your mental health care provider, you can find a path to healing your greyouts. You got this.

WINDOW OF TOLERANCE

At the beginning of discovery, your alters are going to have the instinct to try and prove you are a system and often this comes in the form of memory sharing rather than talking about what happened, many systems drop the amnesic barriers and open up about the depth of the trauma that is hidden to try and prove they are real. They sometimes will say, "See these are the body's memories, they are real, we are real," and the alter relives the memory, which causes a flashback, and unfortunately usually an intense and often overwhelming experience for the host.

Reliving memories by dropping amnesic barriers is our most basic way to communicate.

Dropping amnesic barriers and reliving the traumatic memory is very hard for all parts, but



particularly for hosts. Flashbacks for parts is just daily life and something parts have just accepted is a part of daily life, however, flashbacks are not a normalized part of the host's daily life. It is often very intense and often physical sensations get shared and you experience the somatic symptoms, where it feels like you are actually feeling something on your body.

Unfortunately, more often than not, reliving trauma overwhelms the host's "window of tolerance." The window of tolerance, in simple terms, is your ability to handle the intensity of an emotion. If you imagine that the stress of reliving the memory is like a tsunami of trauma

coming at you. Your window of tolerance is your ability to keep your head above the water while the tsunami is happening.

Each part has their own individual window of tolerance and each has to be taken into account when speaking to the host and other parts about the trauma history of the body.

In chemistry, “titrating” is where you slowly mix two substances together by adding a little bit at a time. You add 1 drop at a time until it is fully mixed. It takes time, and can be frustratingly slow, but it is the safest way to add in the substance. This is how most systems in therapy introduce trauma to their hosts, with the guidance of their mental healthcare provider, because they do not know what the host’s window of tolerance is.

Titration trauma allows for the host’s window of tolerance to grow incrementally so that they can process the trauma rather than being retraumatized and overwhelmed with the whole memory at once from reliving the memory. Often, when systems drop amnesic barriers too quickly, it overwhelms the host and the host isolates and hides in the inner world.

When a host is isolating and hiding in the inner world, the rest of the system will lose access to the host’s memories and skills. This can be crippling and terrifying for many systems. This is why titrating the trauma with a mental health care provider is strongly recommended.

Safety and stabilization come before trauma processing with your mental health care provider. I highly recommend finding a mental health care professional to help with trauma processing to prevent overwhelming your host’s window of tolerance and causing them to disappear somewhere into the inner world. However the isolation manifests in your inner world, just know the concept is, “isolate to protect” whether they’re invisible, locked in a room, or in a cocoon.

The healing journey is not linear and that all people, single identity folks and systems, will go back and forth between safety and stabilization and trauma processing. Expect non linear healing during trauma processing and going back and building more safety and stabilization before returning to more trauma processing. This is typical and I hope you do not view the back and forth as a failure or the end all be all, even though they can sometimes feel that way.

You all got this.

EMOTIONAL ACTIVATION MANAGEMENT

Emotions are incredibly important when interacting with the world. Emotions are complex little messengers that tell you about your surroundings. Those tiny details about the people around you and your surroundings you observe and take in subconsciously, activate your emotions.

Someone’s word choice, intonation, cadence, volume, posture, gestures, distance from you/invasion of personal space, eye contact, facial expressions, etc... They all start evoking emotions in you as you perceive them.

Those “gut reactions” single identity folks talk about? Instincts? Intuition? Those are emotions coming forward because they were activated by all the little bits of information your senses detected from the situation. We do not really realize we are having those “gut reactions” but we still have them.

That emotional reaction to the stimulus from the outside world is “activation” of your emotions.

Single identity folk get all of these bits of information and when they start feeling the emotion, they take it for granted that they can get out of activation easily.

Do these sound familiar to you? They are very familiar to us.

- *Why are you acting this way?*
- *Why are you being so combative?*
- *Are you mad at me?*
- *Why are you being like this?*

We non-host parts tend to protect the body and there are generally two reasons to switch the host out. The first is if the host dissociates because they are emotionally overwhelmed and the second is if there is a trigger. If you realize you have switched in public, you can try to excuse yourself and find a restroom to ground, self soothe, and calm yourself enough to be able to positively trigger your host back to the front to minimize the disruption to the day.

Single identity folks take this emotional awareness for granted and so they are confused when we do not manage our activation. They feel activated and then they do something about it to not get dysregulated so when we get dysregulated, they are wondering why we did not do anything to not get dysregulated. They do not know we are a system and so they think we are the weird ones for getting dysregulated.

If you can prevent the body from going into fight/flight/freeze/flop/fawn and know how to use positive triggers to bring the host back to the front as soon as possible, the host can be less frequently affected by dissociation and switching and being a system can feel overall less distressing to the host. Having confidence in parts using the knowledge of how to return to a regulated state with the host back at the front is very important to a host.

Positively triggered switching to the host is often used by many systems to regain agency after recognizing the body is emotionally activated. There are different kinds of activation patterns based on how you got activated. Here are some types of activation and the common signs of activation:

Common Fight or Flight Activation:

- Heart rate increasing
- Breathing rate getting faster
- Breathing is starting to get huffy and puffy
- Fist clenching/Muscle tension/Agitated (Fight)
- Feeling twitchy/Jumpy/Antsy (Flight)

Common Freeze and Flop Activation:

- Sudden exhaustion that is more than just a yawn/you feel weaker than normal
- Numbness/tingling
- Loss of motor control/Difficulty moving limbs
- Limbs feel heavier than normal
- Stiffening of limbs (Freeze)
- The body is going limp like a rag doll (Flop)

Common Fawn Activation:

- Attempting to appear smaller/Reducing the volume you take up physically
 - Bringing legs close together
 - Arms in and closer to your core
 - Sitting with hands and or wrists between the knees
- Leaning towards someone by leading with the chin
- People pleasing urges / unusually high agreeableness

To stay at the front and prevent yourself from getting switched out or falling into the inner world, the fronting part, and the host in particular, has to learn to recognize when the body is getting emotionally activated so that you can ground and grab the front again before you get overwhelmed and get switched out.

Try to start noticing the physical manifestations of how your emotions affect your body. This is the first step towards managing your switching. Being mindful and aware that you are activated reduces the frequency of dissociation. Less dissociation means regaining control over the front.

NEURODIVERGENT ACTIVATION MANAGEMENT

For most of our life, we had to walk away from external stimuli and self stimulate and self soothe privately to not draw attention. “Stim/Stimming,” is short for self stimulation to self soothe.

Stimming is a repetitive thing, sight, sound, or activity that releases pent up emotional distress. For autistic systems, emotional distress can manifest as physical discomfort and pain. This is why stimming helps regulate autistic systems and bring them back to a grounded state. The emotional distress and the physical pain can rapidly cause the host to get overwhelmed.

- Rocking, spinning, swinging, shaking, jumping, and bouncing helps many systems who do vestibular stimming.
- Watching spinning things, sparkly things, and blinking patterns can help those who can stim visually.
- Some stim auditorily and listen to songs on repeat.
- Some stim verbally by humming, singing, or repeating sounds/words/phrases to themselves.
- Some systems stim by hair twirling, scratching at things, touching different surfaces.
- Some sniff, lick, bite, or chew on safe objects to stim.
 - If you swallow inedible objects, please speak to your mental health care provider.
- If you stim with scratching, picking, and or pinching, try using “little ouchies” stim tools to minimize harm to the body.

You can try to stim using fidget toys, sensory tools, and your choice of gum/candy in public. You can speak to your mental health care provider for more discreet stimming strategies.

FLASHBACKS

Flashbacks are when you relive a memory. They often feel like you are right back in that awful moment. If you feel like you are getting pulled back into a flashback, use grounding techniques to pull yourself back to the present. If you go into a flashback, try to remember it is a memory and that you are not actually there, try to open your eyes and focus on the present and engage in a grounding exercise. Here are several that have worked for us:

GROUNDING

COLOR COUNTING GAME

Pick a color, count the items that have that color on them and name them as you go. Keep counting them until you have come back to the present.

One black TV screen. Two black book cover. Three black shirt... etc...

This is the most basic grounding technique that was taught. It was a good starting place for us but once we got to the more intense trauma, we needed more than visual stimuli to ground.

5 SENSES GROUNDING GAME / 5, 4, 3, 2, 1

- 5 Sight: Look around you and name 5 things you can SEE (Any 5 objects around you)
- 4 Touch: Feel and name 4 things you can FEEL (touch the mint tin, feel the texture strips, touch your clothes, touch your hair)

- 3 Sound: Identify 3 different sounds you HEAR (If you need extra sounds, shake the mint tin)
- 2 Smell: Find 2 things you can SMELL (you can smell your clothing, then smell the mints and/or aromatherapy)
- 1 Taste: Eat or drink 1 thing you can TASTE in the present. (you can have a mint/candy or take a sip of a drink if you have one nearby)

The biggest disruption to a host's life is being blackout switched out by a trigger. To preempt a triggered switch, you can try to avoid known triggers. When you notice all of the physical cues in the body that indicate emotional activation, you could go to a quiet place and start grounding as soon as possible.

Recognizing emotional activation in the body is the first life skill you need so that you can recognize when you could ground and self soothe enough to be able to use positive triggering to bring your host back to the front.

BREATHING EXERCISES

You can start with Triangle Breathing, then progress to a more advanced and deliberate breathing exercise when you no longer feel that exercise is helping.

TRIANGLE BREATHING

- Breathe in for 3, hold for 3, out for 3. Repeat.
- Focus on the counting and timing of your breathing
- This is a basic breathing exercise to try and ground and calm yourself if you are overwhelmed or panicking.
- Transition to box breathing after a few cycles of triangle breathing.

BOX BREATHING

- Breathe in for 4, hold for 4, exhale for 4, hold for 4. Repeat.
- Focus on the counting and timing your breathing
- This is slightly more advanced because it adds two pauses and requires more deliberate breath control. This can help focus our mind on the present task of breathing through the emotions.
- Transition to slower exhale breathing

SLOWER EXHALE BREATHING

- Breathe in for 4, but control your breath and then slowly exhale for 8. Repeat.
- Focus on breathing out slower than you breathe in and try to exhale longer and longer.
- This breathing exercise is good for building distress tolerance and pushing through emotional release.

ALTERNATING NOSTRIL BREATHING

- Using your pinky and thumb on your dominant hand, make a Y sign or that surfer sign. Then curl and relax your fingers a bit so that you do not get hand cramps. Bring your hand to your nose and press your thumb on one nostril. Then alternate to your pinky and pressing the other nostril and releasing the one under your thumb. Alternate breathing through nostrils by forcing one nostril shut.
- Focus on the manual task and coordination of alternate nose breathing.
- This breathing exercise is good for distraction to stop focusing on your emotions when your distress tolerance is being overwhelmed to ensure you are manual tasking properly.

DIAPHRAGMATIC / BELLY BREATHING

- Sit upright in a chair or lay on your back on a flat surface with knees bent and head supported.
- Breathe in through your nose but pull the air down into the lungs to your abdomen.
- Your belly should puff up like a balloon.
- Exhale by gently tightening your stomach muscles so that the air flows out slowly rather than just deflating.
 - Place one hand on your chest and one below your rib cage if you need help with the physical sensation of the diaphragm pulling air in and moving your hand while your chest stays still. The goal is to have the hand on the chest move as little as possible while breathing while the hand on your belly goes up and down with the diaphragmatic breathing.
 - If needed, take a few chest breaths in where you breathe into your chest, try to puff your chest out and feel the difference between where the air goes in your body while breathing.
- This breathing exercise is good for distraction to stop focusing on emotions when your distress tolerance is being overwhelmed and helping with deliberate breathing.

IDENTIFYING TRIGGERS

Triggers are stimuli that cause you to become dysregulated quickly, like pulling a trigger. Usually, people's emotions boil over and go into dysregulation but due to trauma, the brain shortcuts the boil over due to the association of what was going to happen next in the memory.

The brain associates the present stimulus with a past danger and as a protective mechanism from that trauma, will cause your system to call forth a protector. Unfortunately, protectors tend to come out emotionally dysregulated and get front loaded because they are dysregulated. This is why identifying triggers is so important to reclaiming your agency. Anything can be a trigger.

Examples include, but are not limited to:

- A person reminds you of someone who did bad things to you
- Someone said something that reminds you of something bad
- A noise makes you feel the way you felt during a bad memory

- You smell something that reminds you of something bad
- Something or someone makes physical contact with a place on your body where something bad happened
- Going back to a location where something bad happened
- Watching a sequence of events that is similar to a bad memory
- Being in a situation that reminds you of a bad memory
- Time of the year when something bad happened

Triggers can be minor small details about someone or something or somewhere. Whatever your triggers are, I am sorry they are negatively affecting you.

Try your best to take note of every trigger you can recognize. For now, you can just avoid your triggers or remove yourself from the situation and ground and self soothe. It is important to try and listen to your body and address your triggers. Avoiding everything that triggers you can become an overwhelming burden when your trauma is not processed.

Your mental health care provider can help reduce the impact of your triggers on your daily life.

SAFETY AND STABILIZATION

Many hosts and mental health care providers forget that the host has to earn the parts' trust first and this may take some time. When the parts trust the host, the opportunity to heal opens up. To get your parts to trust you, help them feel safe and secure. This is what they never had growing up. No part of you wants to be overwhelmed and dysregulated. No part wants to act out of a need for survival, but that is what is happening every time a triggered switch happens. Every part wants to be in a safe and stable environment. Every part wants to know they are in a safe and stable environment. Every part wants to feel they are safe and stable.

When they do not feel safe and stable, they may get overwhelmed and to combat this, you need a safe space, mentally and physically, to come back to when processing trauma.

During trauma processing, you may experience flashbacks outside of the therapeutic space, which can unfortunately leave you dissociated or dysregulated. If it is overwhelming, it can often leave you depersonalized and or derealized. It is important to recognize what depersonalization and derealization can feel like so you know when to ground and self soothe.

DEPERSONALIZATION

Depersonalization is where you feel something is wrong with yourself or your person. Depersonalization comes in two forms:

The in-body experience is where something feels wrong about you or your body. You do not feel like you are real. You do not feel like a person. You feel flat and two dimensional. You are a

zombie version of you. You are still seeing the world from the first person perspective but you feel off.

The out-of-body experience is where your consciousness has been pulled out of your body and you are now watching from outside of your body. You are watching your body speaking and your body is acting on its own. You are not controlling your body's movement nor have any control over what is being said. You are seeing yourself from a third person view, from behind and a bit above yourself and you are the observer of your life. Sometimes like watching a TV show or movie of your life.

To get you out of both kinds of depersonalization, you can try to ground and self soothe.

The out of body experience can feel like an awful helpless and disempowered version of co-consciousness. You can either treat it like internal communication and do your best to tell whomever is fronting to soothe and ground or attempt to use passive influence to try and push the idea of self soothing and grounding to the front so that the body does it.

If you cannot get out of depersonalization, your mental health care provider may be able to help you.

DEREALIZATION

There is something wrong with reality. Sometimes, things do not feel right when you touch them. Wood does not feel like wood. Metal does not feel like metal. Colors do not look right. It is kind of foggy and hazy but the weather is perfectly clear and bright outside to everyone else.

To get you out of this, you can try to ground and self soothe. If you cannot get out of derealization, your mental health care provider may be able to help you.

SAFE SPACES

Resilience is the ability to overcome adversity. There are tons of resilience factors and there are internal factors and external factors. Safe spaces have both internal and external aspects.

Internal aspects are things like your own natural born temperament and your personal experience. External aspects are things like having people there for you in a support system and your environment.

Resilience is built up through facing adversity. Sometimes you can get through it solely with internal resilience and boot strap yourself through the tough times. You can lean on external factors and talk to a friend, a trusted family member, a good teacher, a personal mentor, and or your mental health care provider.

People talk about how tough someone is, people often mention grit. When someone says grit, I interpret grit as the ability to just tough it out and endure it. This sounds like distress tolerance to me. So if you want to help get more grit, you can ask your mental health care provider about distress tolerance.

Another part of resilience is having the coping mechanisms and life skills to get over adversity. Your mental health care provider can help guide you through the coping mechanisms and life skills they know and assist with the coping skills and life skills that are in this guide.

It is one thing to endure adversity and it is another thing to overcome it. What stinks is that it does not feel like resilience while you are going through it. It only feels like resilience after you have overcome it. When you look back at every hard time, it did not feel like resilience while you were going through it, but you were resilient because you are here and got through it.

You and your parts have been resilient your whole life.

Believe in your parts and believe in yourself.

You all got this.

MENTAL SAFE SPACE

Mental imagery is very powerful and having an emotionally safe memory to retreat to if things get overwhelming is very important. If you have no mental safe space, you can try safe memories or thoughts of safe people.

A memory that is positive, that makes you feel warm and safe. If there is no memory, think about a person in your life that makes you feel safe. Someone that comes to protect you when you are scared. Someone that comforts you when you need it. This is going to be your emergency hatch out of trauma. When you are starting to get overwhelmed, try to think about a happy memory or safe person and remember what it felt like in that memory or being with that person.

If you have no safe memory or safe place, you can build your own resilience and safety with your mental health care provider.

PHYSICAL SAFE SPACE

Ask your alters if they have a safe space in the Inner World. If they do, ask them about it. The Inner World is a space you have created in your mind to retreat to for safety. When people describe a “rich inner life,” the creation and escape to our inner world is that “rich inner life.”

If they have a safe space in the inner world, the basic two questions are, “What does your safe space in the inner world look like? What is in there?” If they do not, you can try to ask them, “If you could create a safe space, what would it look like? What would you put in there?”

Using these prompts, you can get answers to what can potentially make your alters feel safe when they front. I recommend going to toy stores and just walking down the aisles to see what positively triggers your alters to help find items that can create safety.

Sometimes creating a safe space also means proving that “safe” is not unsafe. Sometimes creating a safe space requires you to walk around your home and show your parts, things are different now. You can show your parts that you all do not live in the same environment anymore. Walk around your current home for a few days with your parts touring, what is to them, their “new” home.

SELF SOOTHING

Self soothing is going to be an incredibly important thing for every part to learn. Many times, people will be overwhelmed and ground but then still feel shaken. This does not mean you have grounded improperly, it just means the emotions have not fully passed through you yet and just needs a little help. Self soothing is important to learn and many systems have reported that each alter has their own unique soothing technique or soothing item for themselves specifically, leading to a large number of self soothing tools being put into a box to keep grounding and soothing tools easily found at a moment’s notice. See the later section of Grounding Box for home.

Every part could start learning what self soothing method works best for them because self soothing is everyone’s responsibility. If the body stays dysregulated then we cannot bring the host back to the front. What soothes your parts is fairly unique to each part so do not be surprised if multiple self soothing methods get used.

MEDITATION

Meditation is a double edged sword for many systems. Not all systems are at the point where they can meditate without going into flashbacks or dissociating. Some systems who have gone through therapy have reported they find it helpful.

If you feel you want to try and are ready to try with a mental health care provider, you can try a guided meditation with them to see if it works for you.

BILATERAL STIMULATION

Bilateral stimulation is just touching or tapping both sides of your body. Touch is a powerful self soothing tool. Tapping, touching, and or massaging parts of the body has been reported by several systems to help. This is referred to as Emotional Freedom Therapy.

A common bilateral stimulation tapping technique taught is the “butterfly hug.” This technique was developed while helping hurricane survivors.¹² This technique uses bilateral stimulation by alternating stimulus on alternating sides of your body.

¹² (Artigas and Jarero 2006) <https://doi.org/10.1177/1534765606294561>



Aim to slow your breathing down and the tempo of the tapping down. Notice what your body is feeling while you are doing the tapping. As you feel more and more grounded, be more and more deliberate with the tempo of your tapping and slow the tempo of your breathing.

There are other self tapping and self massage techniques you can do, like havening, or specifically target therapeutic spots on the body with things like back massage tools that are S shaped to help reach those knots to help get deep pressure on your back.

SELF CARE

Sometimes, leaving the situation to go do some self care is the best thing. Sometimes a flashback is so bad that your grounding tools brought you back to the present but did not get rid of everything from the past and you have some residual icky feelings left over.

Move the body: Having the body engage in physical movement can do wonders. Take a walk, play a sport, turn on some music and dance it out, play an instrument if you are a musician, do some yoga, enjoy a hobby of yours, etc...

Change the sounds: Sometimes, just change the stimuli around you. Turn on a white noise machine if you want to drown out the noise. If you want something to focus on, play your favorite stress relief playlist. Sing along if it helps. Use noise cancelling headphones or earplugs if you want quiet.

Change the smell: Sometimes the flashback leaves an unpleasant phantom smell and you can try and focus on a real present smell by lighting a scented candle or burning incense or heating essential/fragrance oils. If too many smells are happening, turn on an air purifier.

Change the sights: Change what you are looking at. Leave the stressful scene. Go home if you want to. Dim the lights if it is too bright. Put sunglasses on if it helps, even if you are already inside.

Change the feel: Go pick out your most comfortable clothing and put them on instead. Be comfortable. Who cares if your heavy metal shirt clashes with your fuzzy slippers? Do you like weighted blankets or compression tools? Put on what feels most comfortable and change out of what feels uncomfortable.

Distract yourself: Go watch some reruns of your favorite shows or watch your favorite comfort movie. Play a game. Let the brain focus on something else for a while.

Laughter: This is my best indicator that I have sufficiently grounded and am fully present. I try to find memes, jokes, comics, and or funny videos to see if I can make myself genuinely laugh. Try looking up stand up comedy videos. A lot of comedians use humor to help process their traumas and hearing their stories in a humorous setting can also help in your healing process and know that you are not alone if you cannot find people in person around you who understand you enough to be able to make you laugh about some of the things you have gone through.

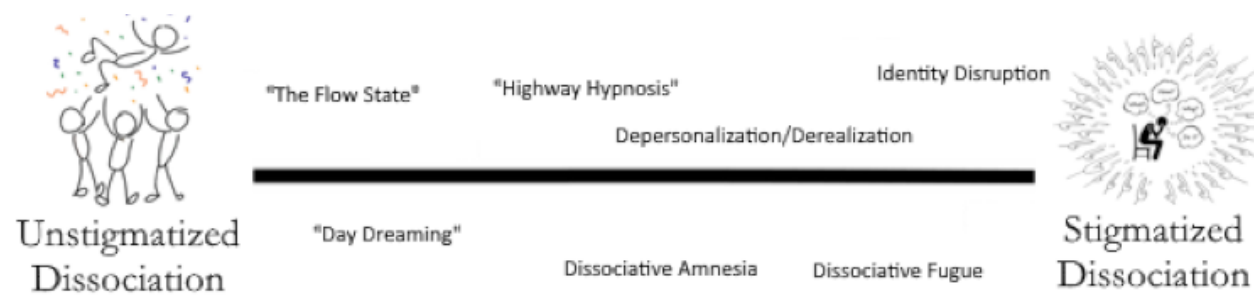
When I can laugh, without trying to cover a cringe, and I mean get a good belly laugh, I know I am ready to re-engage with the world.

You deserve compassion, especially from yourself. It is okay to treat yourself.

Practicing self care is not the same as being selfish.

DISSOCIATION

Dissociation is described on a spectrum and some people experience the more stigmatized dissociation than others. Single identity folks experience dissociation and identity disruption like systems do too. On one end there is the unstigmatized dissociation which is normalized and sometimes even desired and coveted. Then the other end is stigmatized dissociation which anyone with post traumatic stress can experience.



Highway hypnosis is the common middle of the road example where you are driving and go on autopilot and suddenly come back to realizing you are a dozen exits further down the highway and do not remember driving that stretch of the road trip.

The more commonly described "flow state," is a dissociated state where you have absolute focus and can tune out emotions and distractions to get things done efficiently. People call this hyper focus sometimes. This is often praised and a desired form of dissociation.

These kinds of dissociation, which no one bats an eye at because they are not stigmatized nor spoken of negatively, are normalized.

When someone develops post traumatic stress, which can happen at any age and not just childhood, it can result in single identity folks experiencing unwanted types of dissociation. More specifically, post traumatic stress can cause single identity folks to experience stigmatized dissociation too. People often say their loved ones are “not the same after trauma” or they’re “a completely different person” after trauma. This is single identity folks experiencing identity disruption too. Systems are not the only ones who have identity disruption due to trauma.

When a single identity person has post traumatic stress, like systems, they dissociate when triggered. Physiologically, the brain achieves this by changing the activity in the executive function area of the brain and emotional regulation area of the brain but not shutting it off completely.¹³ When triggered, the amygdala and nucleus accumbens activate differently when compared to a non traumatized brain.¹⁴ Additionally, a traumatized individual’s prefrontal cortex activity dulls in activity, there is still cognitive activity and higher brain function happening but not as much when compared to someone who is not traumatized and demonstrates no dulling of brain activity.¹⁵

The impact trauma has on a person is objectively verifiable with science, regardless of having one or more identities. Hopefully unwillingly experiencing the unwanted dissociation gets met with more compassion and understanding regardless of how many identity states a person has.

IDENTITY FRAGMENTATION

Single identity folks’ identities can fragment after post traumatic stress but not necessarily the same way DID/OSDD systems fragment. The way a person fragments is fairly unique to themselves but fragmentation follows patterns. Fragmentation has two dimensions: sizes of parts and numbers of parts. The way your system is fragmented may not be the same as how others are fragmented. The way your fragmentation presents is valid.

In general, if a part has more memories/more lived experiences at the front, they are considered a “bigger” part. Parts are described based on their fragmentation and function. Apparently Normal Parts and Emotional Parts have enough memories and experiences that formed into distinct identity states and have the ability to do several functions and tasks while a fragment tends to have only a few memories and perform only a handful of specific tasks or duties.

The pattern that emerged from the anecdotal evidence we collected was that those who had severe and constant trauma that began later in their childhood were more likely to have self identified “cores” or “originals.” The disorganized/fearful avoidant type of insecure attachment to caregivers seemed to have a correlation with polyfragmentation.

Integration is connecting and coordinating the compartmentalized memories. Fusion is getting rid of the compartmentalization. Fusions do not remove alters. Fusions do not erase alters.

¹³ (Sherin and Nemeroff 2012) <https://pmc.ncbi.nlm.nih.gov/articles/PMC3182008/>

¹⁴ (Liberzon and et al. 2022) <https://pubmed.ncbi.nlm.nih.gov/10202568/>

¹⁵ (Bremner 2009) <https://pmc.ncbi.nlm.nih.gov/articles/PMC2729089/>

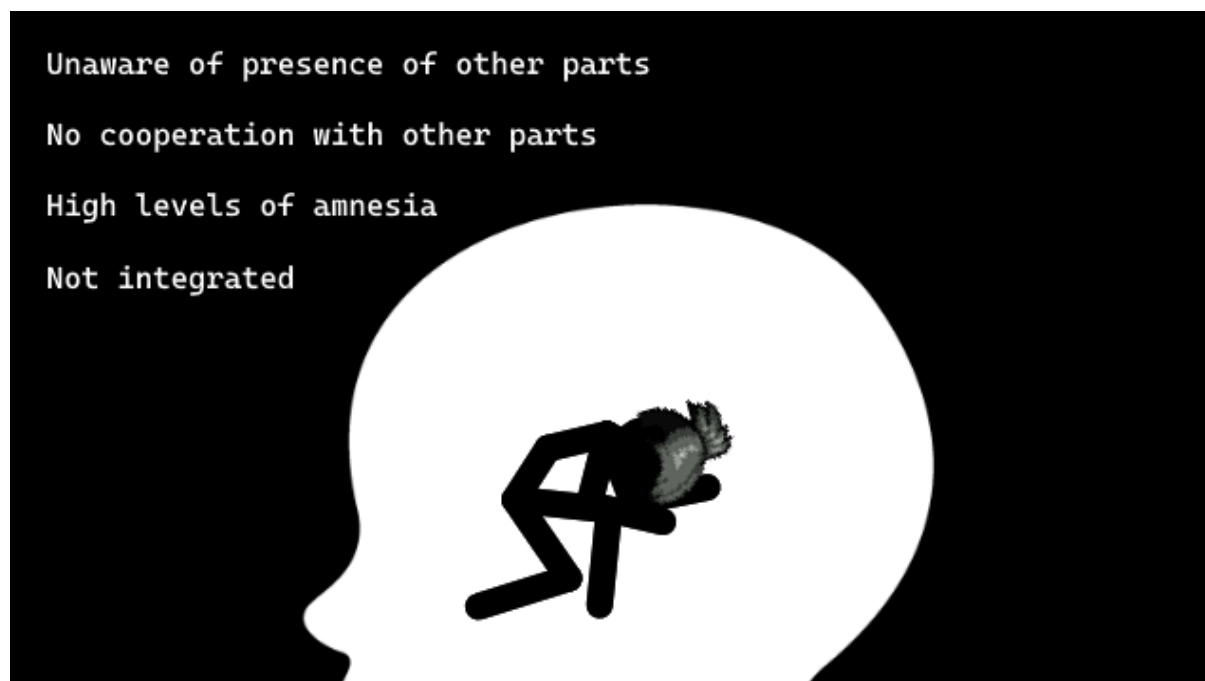
Fusion is like putting two alters in a big oversized shirt together. They are stuck together and act as one but are still two parts, just the amnesic barrier does not exist between them but still exists between them and the rest of the system.



INTEGRATION

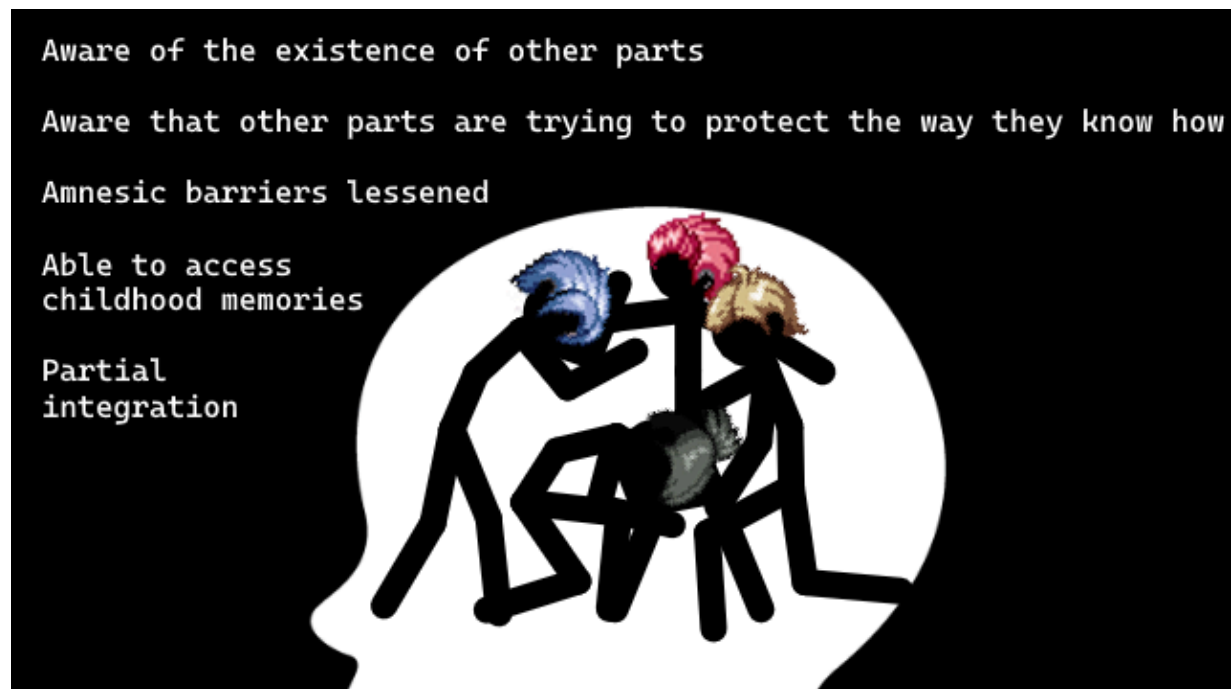
Integration and fusion are two concepts that are confused in the community and often misunderstood. Let us look at the host of a system as an example.

A host has no integration at first. As you go through therapy, you will get to know your parts and start to integrate and reduce amnesic barriers naturally and slowly.

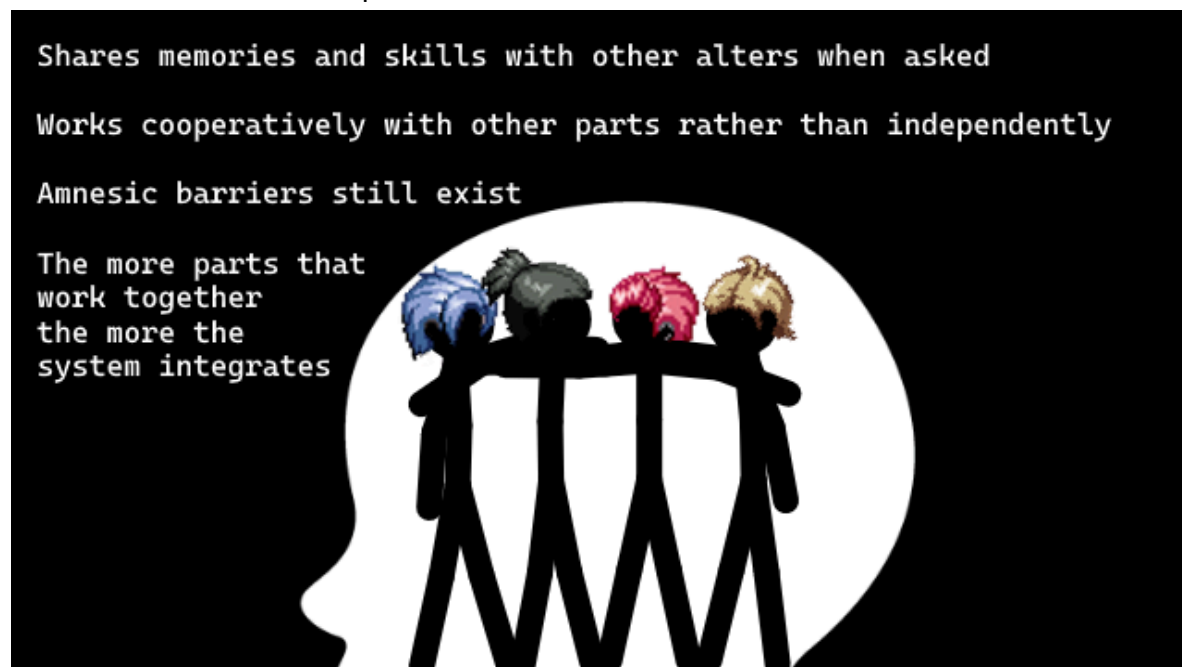


The host has no idea they are an apparently normal part of the system with other parts. They believe they are like everyone else, a single identity person. The host lacks integration at this point.

As the host, try to be patient and understand that sometimes the things that happened are really hard to talk about. Have some grace for your parts who have difficulty opening up.



As you integrate, you will become aware of more parts. The more you integrate, the easier it is to communicate with those parts.



When you can communicate actively, you can start sharing memories and skills faster. The system's reduced amnesic barriers allows for increased co-consciousness, cooperation, and coordination between the parts.

Functional multiplicity is, in essence, maximum cooperation and coordination between all of the parts. Functional multiplicity is not a statement or indicator of how easy life is going to be, just that you are functionally multiple.

FUSION

Fusion is two alters becoming one and consolidating memories into “one” active alter, making them hold a “larger part” of your life’s memories. Fusions in my system are about increasing system stability. For us, fusing is a joyous occasion because of how much internal stability it brings. The emotional regulation, the feeling of wholeness, and the warmth of system camaraderie.

Fusion does not mean alter death/erasure/removal. When you fuse with another part, you have both memories, you are sort of a new alter but not really at the same time. When someone says the name of anyone who integrated into a fused alter, the fused alter recognizes they are being called because that is a part of who they are now and who they were before. As a fused alter, you do not disappear. You are in fact more conscious and more connected to the body but you have more emotional stability after the fusion. It is more akin to constantly being co-con and co-fronting. Wherever one part is, the other part is right there because they have fused. When we fuse, we tend to have more fronting energy and our masking capabilities tend to increase with fusions. This is not to say that fusion is the end all be all of healing.

My fusions sometimes are accompanied with new fragments splitting away from the recently fused alter. Although a lot of memories get consolidated, we can lose some memories, this has been noted in non polyfragmented systems as well.

From what I am told, final fusion does not automatically mean a system has all memories. Not being able to retain every single memory and not being able to prevent fragments from forming during your healing journey is not a reflection on you nor an indicator that you have failed in healing. In this aspect, we are just like everyone else. We cannot hold on to every single detail of our lived experience and that is okay. This just means you have healed enough of your trauma to maintain a single identity state and you have gotten to final fusion.

The brain lets go of things that are not needed to make space for the things that are more important. It is okay to let go of some older memories to make space for newer, healthier, and happier memories. Not remembering everything is a part of life and helps us leave the past behind us and let go of what holds us down so we can move forward and fly free.

In our system, the way fusions happen is when we can fully drop amnesic barriers between parts. The two parts have processed all of their common traumas, have become accustomed to co-fronting and co-con at all times whenever one of them is fronting or co-con. When both parts co-front before bed with dropped amnesic barriers between them, both parts wish to be one again before going to bed and sleep on it. Over the next few days, they will be together all the time and will be unsure of what to be named. When they begin to question having a new name, we see it is a stable fusion. If the fusion unravels, in our system it usually means there is at least one blackout or greyout that needs to be resolved before we are ready to try again.

HEALING GOALS

You can pick any route and also start with no specific route set. Your healing journey is going to be your own and how you navigate this path is your choice. There is no standardized treatment for trauma related identity fragmentation and rigidity in trauma treatment regimens tends to be less helpful while adaptivity tends to have better outcomes.¹⁶ The clinical definitions of healed and functional are not what we know and understand as the concept of thriving. It is more akin to being in a state where you are not in survival mode anymore and can thrive in the right circumstances.

What healed looks like for me may not be the same as what healed looks like for you and that is perfectly okay. You do you, and try not to compare yourself to others. Their chapter one is not the same as your chapter one and neither is the current chapter.

Some people have the right circumstance to come out of therapy thriving, some people have the right circumstance to come out of therapy healed. Whatever your outcome is, it is amazing. You can be proud of your dedication to therapy and healing and doing all of the hard work it takes.

SWITCHING

Although we share the body and share all physical limitations of the body, because we inhabit different parts of the brain, it can offer one explanation as to why our internal chemistry and reactivity can sometimes change when different parts front. One of the most notable differences is blood pressure.

Researchers have found that a system's brain's blood flow pattern changed when triggered.¹⁷ Blood vessels contract to change the flow of blood to different areas of the brain in fMRI scans, which means one part of the brain scan darkens and dims and then a different part then lights up. This indicated to me that alters inhabit different parts of the brain. The study showed that no single identity person in that study was able to duplicate the shutting off of blood flow from one part of the brain and opening up blood flow to another, and was not demonstrated by a single identity person during trauma prompts.¹⁸

The different blood pressures in the resting state of alters is why thunderclap headaches happen from too much switching or switching between two alters who have vastly different blood pressure.¹⁹ You may also notice that certain alters have different dominant hands. Some systems have reported ambidextrous discoveries.

¹⁶ (Clayton 2019) https://www.researchgate.net/publication/228978385_Critiquing_the_Requirement_of_Oneness_over_Multiplicity_An_Examination_of_Dissociative_Identity_Disorder_in_Five_Clinical_Texts

¹⁷ (Lebois and et al. 2022) <https://pmc.ncbi.nlm.nih.gov/articles/PMC9045405/>

¹⁸ (Reinders and Veltman 2021) <https://pubmed.ncbi.nlm.nih.gov/33023686/>

¹⁹(Jacome 2001) <https://pubmed.ncbi.nlm.nih.gov/11264694/>

You may notice physical sensations from alters becoming active or when they are about to switch in and out. It is quite common for systems to notice how an alter affects the body when they get close to the front and use those physical sensations as indicators of who is coming into co-consciousness.

In general there are three “places” but only alters taking the front is considered a full switch.

- Inner world ↔ Front
 - This is the typical triggered switch. You perceive the triggering stimulus and then the alter comes rushing to the front from the inner world to protect the host.
 - This usually causes blackouts
 - You can gain some control over these switches using positive triggers.
- Co-Conscious ↔ Front
 - Grabbing the front while in co-con is the easiest to do and the first type of switch recently discovered people learn to control first.
 - You can gain some control over these switches using identity based grounding and positive triggers, which are techniques explained later in the guide.

All systems have a front and co-consciousness space; however, the inner world may not be accessible from the front, and how the inner world presents varies greatly from system to system.

Just as you and your parts are unique in your own ways, your childhood is uniquely yours, and your inner world can reflect your unique childhood needs based on the experiences you had during your childhood. There are infinite combinations of landscapes and things that make an inner world and infinite diversity in the presentations of inner worlds. They are all valid whether they are complex multi-verses or an infinite void of darkness and emptiness.

THE FRONT

The front is what we call the place where alters go to control the body. The front is a theoretical “location” from where an alter controls the body. Fronting is the verb to be the one controlling the body. You have the most awareness of the senses. You can see and hear the best at the front. You can have multiple alters at the front and they are “co-front” with you.

Masking is when everyone who goes to the front tries to act like the host. This is one of the core tenets of covert systems. We put on a mask to hide the fact that the host is no longer in control of the body and be covert. We do not draw attention to the fact that we are different. We do our best to blend in so that we are not isolated from the community at large.

Controlling the body is like steering a clipper ship with a big round wooden steering wheel.

If you are standing at the wheel, you can stand very close and hog the wheel and make it difficult for anyone else to be near the wheel, or you can relax and make some space for others.

When you make space for others, you can share control of the body at the front and be co-conscious and share awareness of the surroundings. Being able to co-front and co-con takes practice and patience with each other.

- 1) How to get to the front - This is just sheer will power. When you want to come to the front, others can feel it and will make room for you to come to the front. You can ask parts to help pull you to the front. Feel your need to be at the front, the want to be at the front. Really believe you must control the body or something bad will happen to the body.
- 2) How to hold the front - This takes a lot of energy if you are not an ANP. If you are an EP, you can have an ANP co-conscious or co-front with you to help you stay at the front taking less energy. This is like grabbing onto something in real life. If you imagine your hand on your brain's steering wheel, death gripping the wooden steering wheel will keep you in control of the body but it will also prevent you from switching out.
- 3) How to let go of the front - Generally, you relax and act like you are getting ready to go take a nap. Mentally just zone out, let your mind drift, and intend to leave the front and go to the inner world. You can even ask someone to help pull you into the inner world. If someone is trying to go to the front, yield to whomever wants it and go co-conscious or to the inner world.

CO-CONSCIOUSNESS

Co-con is short for co-consciousness. This is where you can still hear and see things and you can talk to whomever is at the front, but the closer you are to the inner world, the harder it is to see and hear things and the harder it is to talk to the front. If you are very close to the inner world but still co-con, you will be aware of the general impression of something good or something bad happening to the body, you may hear muffled noises but be in the dark.

The closer to the front you are, the more awareness you have of the surroundings but the more you affect the body. The closer to the front you are, the more you can influence the front, the more your thoughts can be heard at the front, the more you can move the body.

If you get too close to the front, you can accidentally cause a switch and you might front when you did not intend to.

THE INNER WORLD

The inner world is the imaginary universe that you created to escape into so you could survive the severe and constant trauma. The inner world can be something like a black void to a house with rooms to a planet with various ecosystems, to a multiverse. When people describe your inner life as "rich" they mean the detail to which your inner world exists and your interactions with it.

The inner world is purely in the mind's eye but it feels real. There are many subjective experiences that feel real to the alters. Validate your alters' experiences in the inner world. If there is something scary in the inner world and they were scared by it, comfort and soothe them. It felt real, the fear was real, so really soothe your alters when they seek comfort. Remember to acknowledge that it was just the inner world and the body is safe and they are safe with you.

The presentation of the inner world tends to reflect what the emotional needs were for the body to survive their trauma. Inner worlds can change as the needs of the system changes. The inner world presentation can give valuable insight for mental health care providers. In general we do not find it necessary to tell outside people about our inner world except our therapists.

When a system is polyfragmented, they will often report that an alter has alters and those alters will have a separate inner world from the main system. The way this often presents in the inner world is that the alter themselves will disappear and another alter will appear as if the alter had just gone to hide somewhere but in fact the sub-system had switched.

It is quite common for hosts to not remember their activities in the inner world and alters often tell hosts what they do in the inner world and because hosts usually do not remember what they do in the inner world, they can slip into the belief that they are making things up and go into a denial cycle when they are told about their inner world activities. Denial cycles happen even in functional multiplicity. See the Troubleshooting chapter for more information about denial cycles.

You are not alone in this and you got this.

EXTERNAL COMMUNICATION

External communication is something you will probably use for the rest of your life, and it is not necessarily a bad thing, it just is not discreet.

External communication is just using any form of communication that is not internal. The most obvious is talking to your alters out loud. This is common even among functional multiples, however talking out loud to yourself can be awkward and embarrassing in public. Other forms can be writing/recording notes and messages to yourself. Asking outside people to convey messages to other parts is also a common method with couples when one or both are systems.

Although the majority of systems use internal communication, some systems experience their parts as external auditory hallucinations and this can make things more complex.

There are two types of auditory hallucinations, internal and external.

When you hear a song on the radio, that is an external source. If it sounds like you are listening to something coming out of your radio speakers, that is an external audio hallucination. When a

song is stuck in your head and you hear it repeating inside your head, that is an internal source. If a voice sounds like it is a song stuck in your head, that is an internal audio hallucination.

A study in 2023 compared DID to schizophrenia auditory hallucinations and their internal vs external presentations. Systems who exclusively have external audio voices occur at 3% frequency while a mix of external and internal audio hallucinations occurs at 45%, indicating the majority of systems experience communication exclusively as internal audio hallucinations.²⁰ This study suggests that internal audio is not the sole determiner of identity fragmentation. It is also noted that post traumatic stress can cause external auditory hallucinations. As the studies have suggested, diagnosing is not clean cut and simple and since this is not a diagnostic manual, please see a mental health care professional if you are seeking a diagnosis.

INTERNAL COMMUNICATION

Parts can speak to each other internally where you can think with the intent to communicate a statement with your alters and it can get communicated.

Internal Audio Hallucination - this is where it sounds like you are having an internal conversation with your parts. People call this internal dialogue/voice or talking to yourself in your head.

Mental Imagery - some parts are more visual than verbal and may communicate through pictures, movies, and other kinds of visualizations in the inner world.

Interpretive Sounds - some parts would rather share sounds, quotes, or music rather than talking.

Passive Emotion Influence - some just share the emotions with the front because they cannot express it any other way. Some share their emotions because they wish to influence the front. In our system we encourage emotional burden sharing with other protectors but discourage emotional manipulation of the front.

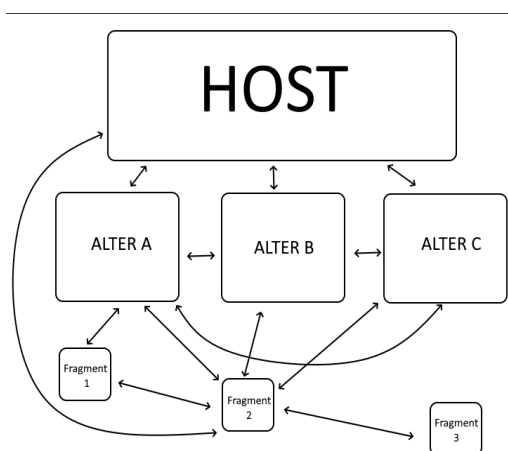
Passive Thought Influence - this form of communication is just where you push your thoughts to the front like an intrusive thought. This is discouraged in my system as it is like taking away the front's autonomy and encourage direct internal communication.

If you cannot do direct internal communication with an alter, you can pass the message along like the game of telephone and hope you do not lose meaning along the way.

²⁰(Dorahy et al. 2023)<https://onlinelibrary.wiley.com/doi/full/10.1002/jclp.23522>

MAPPING / SYSTEM MAPPING

Mapping is mostly to figure out who can communicate with who so that you can pass messages along to reduce the impact of having high amnesic barriers between parts and or difficulties with co-consciousness and or co-fronting.



Using a diagram, you can visualize all the different ways you can communicate with each other in case someone goes into the inner world and you want to communicate with them from the front. Often systems will start with the host at the center of the map and then those who the host can speak to easily are closest and those who have difficulty are the furthest. Many will also use size as a representation of how much memory they have of the body's life or they may use size as a measure of how large of a percent of the daily life they front for.

This is just one kind of system map, using lines to show who can directly communicate with each other and sizes of boxes to show the amount of the life memories they have.

There are many different ways to map your system, this is not the only way to make a system map. Every system is different and your system map does not have to look like anyone else's to be valid.

TELEPHONE / MESSAGE PASSING

This is where you use alters to pass messages along if you have limited communication with them. Not every part can communicate with each other and so sometimes you just do a work-around an amnesic barrier by passing notes and messages along to those who have lower amnesic barriers.

This can facilitate communication across amnesic barriers but as with the game telephone, sometimes the message gets garbled as it gets passed on.

For example, asking a part, "what happened yesterday?" can be confusing when what happened was that you watched a TV show that stars a purple monkey, then afterwards, went to do chores and put all of the dishes in the dishwasher and then you switched out. What can come back in the telephone communication method is "Purple Monkey Dishwasher" instead.

Early on this will be one of the bigger frustration points of internal communication but as amnesic barriers start going down, the telephone chain gets shorter and shorter and fewer chances of internal miscommunications.

Internal communication gets better as you heal your trauma with your mental healthcare provider. You all got this.

MEETING YOUR PARTS

Some systems find this fascinating and exciting. Some systems find this daunting and overwhelming. However you feel about this, I want you to know that it is going to be OK. You will figure it out. Even though everyone's system presents a little differently, there are patterns and similarities.

All alters are parts but not all parts are alters. Apparently Normal Parts (ANP's) and Emotional Parts (EP's) are often called alters or parts. Fragments are only called parts and not called alters. In general, Fragments are not out long and usually have very few memories or functions. They tend to do a specific task or job and then switch out once that task or job is completed. EP's and ANP's are the ones who are called alters and tend to be out for longer.

Often, people will analogize fragments with trance like states. You go through the motions of the task but you are not fully awake, alert, or aware.

I recommend a system journal for every system. You can get a physical writing journal or start a document file on your computer or a private blog online. Start by writing down all of the information you can get about your alters. At first, skip your body's trauma history, and ask the parts about who they are. You will fill the trauma information in later when you make a timeline of the body's history in therapy with the guidance of your mental healthcare provider. For now, focus on your parts' emotional needs. What brings them comfort? What makes them feel safe?

Here is a list of introductory questions you can ask your alters:

- 1) If the part has a name, what is their name? (Not having or wanting a name is valid)
- 2) How old are you? (any age is valid, including one that exceeds the body's age)
- 3) Did you protect me from any kind of trauma? Just a yes or no. No details yet.
- 4) What is your favorite drink?
- 5) What is your favorite snack/food?
- 6) What's your favorite TV show?
- 7) What's your favorite song?
- 8) What's your favorite color?
- 9) Do you have any hobbies or interests?
- 10) Do you have items that comfort you in the inner world or outer world?
- 11) Do you have a safe space in the outside world?
- 12) If you did have a safe space in the outside world, could you imagine one for me and tell me what it looks like? What's in it?

We want to build an inventory of ways to positively bring a part forward and soothe them when they are there because for most of their life, they have experienced trauma and so they are used to being triggered out by trauma. Knowing what makes a part comfortable, happy, and or excited is important later on when you get to positively triggering out parts and identity based grounding.

After you do basic “get to know you” questions, you can start asking subtle questions to discover part abilities and functions. When getting to know them, I do not focus on their appearances so much but do keep note of it. What I find more important is what they like, what they dislike, what drives them and who they are and what kinds of memories they have rather than just diving into trauma. This helps me figure out if they are a teenager alter, a child alter, or an adult alter if they do not know their age or have an age that is outside the range of the chronological age of the body.

During your healing journey, you may discover that some of your parts do not always age up with the body like the host does, which sometimes means that when that system gets dysregulated, they can end up using coping mechanisms that are not body age appropriate. Try to show the child parts, who did not get to grow up and mature, some grace and compassion.

Imagine that you are building a house. You as the host have now discovered that you have a whole crew of builders inside you. Unfortunately not all of those builders learned how to use every tool in the toolbox.

Some of them only learned how to use a wrench. Some only learned how to use a hammer. Some only learned how to use a screwdriver.

So while you are driving in nails, there are small nails and big nails that you want to drive into the wood. A noise scares you and then triggers a switch. You drop the hammer in your hand. The alter who comes to protect you from scary noises fronts, sees no scary thing, looks around, realizes you are trying to build a house. This alter only knows how to use wrenches so this alter goes to the toolbox and picks up the wrench, and comes back and starts driving nails in with a wrench.

Does driving in small nails with wrenches work? Yes.

If someone saw you trying to drive a nail with a wrench when you have a hammer by your feet, would people look at you weird? Unfortunately, probably yes.

This is how the world sees us when we are dysregulated in a trauma response.

They see us as people using inappropriate tools to handle the problems presented to us at the moment.

Sometimes, it can be difficult for some parts to understand this because some parts do not age up with the body and some parts believe they are stuck in the past. This is often why we use inappropriate tools to handle the problems in the present. We just do not know any better.

GROUNDING BOX FOR HOME

Grounding boxes are just collections of items that help soothe alters or positively trigger alters. Things people include in grounding boxes tend to include things like:

- Stuffed Animals
- Fidget toys/spinners
- Hobby supplies
- Pictures of positive memories, positive mementos, and other happy sentimental items
- Scented Candles/Melts or Essential oils/fragrance or a favorite perfume/cologne
- Music box/CD Player and headphones/MP3 player and headphones
- Scannable QR code to an online playlist:
 - This can include breathing exercise videos, music playlists, and soothing TV shows.
- Individually wrapped candy or resealable candy container
- Positive affirmation quotes that help you
- Texture strips/fabric swatches

This grounding box is to help your alters calm and soothe and ground in order to allow you, the host, to come back to the front. As you get to know your parts, you will figure out what things soothe and ground them and will most likely make many adjustments to the contents of the box. Keep this in a fairly central area of the home that you can get to easily. If you live with others, your bedroom is most likely the best place. Keep it accessible to minimize any struggle to find the box on top of your existing stress that requires you to use the box in the first place.

The host is also a part that needs to be addressed. Items that are associated with the present are like signal beacons if you are dissociating. Looking at that item, hearing the sound it makes, touching it, remembering when you got it, the positive memory associated with it in the present. This is your host's way of grabbing the front. The host needs grounding items that are personal to them so that the system can positively trigger the host to the front when needed.

After a really hard denial cycle, we asked our host to buy something that symbolized the system to him. This has helped with grounding, positively triggering him forward, system unity, and breaking denial cycles quickly.

AGES OF PARTS

An important thing to understand and accept is that your parts may not have aged with the body. This means that one or more of your parts may speak, think, and act like a younger person. Parts can also "age slide," where the part's age and maturity changes on how they are feeling

that day and can act their age up to the oldest memory they have integrated, which also means they can regress back to the youngest memory they have integrated.

The community tends to call parts that identify under 13 as child parts, 13-17 as teen parts, and 18+ as adult parts.

Be aware that when child parts front, it may present as age regression which can confuse mental health care providers that are not familiar with DID/OSDD and identity fragmentation.

TYPES OF PARTS

Apparently Normal Part - These are the very distinct identity states that most people are used to meeting because they are the ones that can front for long periods of time and handle life. Hosts are typically ANP's. Most systems have a default host or a handful of rotating hosts.

Emotional Part - These are differentiated identity states and are the dissociated emotional part that tends to either have a kind of job or is a trauma holder or both. EP's tend to only be able to front for a short period of time, in our experience, they can hold the front for a few hours at most.

Fragment - These are not really "alters" in the common sense but they are parts. The medical community tends to say ANP's and EP's are alters. Fragments can have one specific job or hold a memory. They do not really interact with most parts or the other people outside of their specific function. Fragments tend to speak to one or two parts and are small talkers but not conversationalists.

I have a different view of how to address parts than what I have seen in the community:

All of my emotional parts switched in to protect me from trauma.

All of my apparently normal parts switched in to try to protect the life I built.

All of my fragments hold memories and perform functions to protect the body.

Every single part of me is my protector.

JOBS AND ROLES

Many sources will tell you that there are parts who are called all sorts of different kinds of protector parts but they are called things like protector, gatekeeper, internal self helper, etc... and while some of these titles are positive and neutral, some are negative.

So rather than keep one dimensional ultra specific titles for parts, I just call them all "protectors." I highly recommend treating all of your parts like people. Even if your parts are just parts, they are more than just trauma responses and coping mechanisms. They are a part of you and every

part of you is a part of a person. Acknowledge your parts like they are people. Talk to your parts like they are people. All of them protected you to the best of their ability. It may not have been the way you wanted them to handle it at the time, but they protected you in the ways they knew how to ensure survival.

Thank you to all of my parts despite all the really rough patches in my life where the dysregulated trauma response caused me distress. The distress I experience from the blow out is nothing compared to the trauma you protected me from. Thank you for protecting me even though it was disruptive at the time. Thank you for being so open to learning how to protect me without being disruptive and being an even better protector.

Every single part inside you is a protector in some way shape or form. It is up to them if they want to further clarify what they call themselves. We all protect each other in whatever way we can, whenever we can. Protecting the body and protecting the life that has been built was and is everyone's job. Everyone has protected the body and the life, therapy is where we all try to get on the same page on how to protect the body and life in a cohesive way.

You all may not always get along. It is okay if you do not always get along. Through thick and thin, your parts are there for you. Be there for your parts the way they were there for you. To heal them, treat every part with humanity, compassion, and respect.

If you look at your parts as "it" or "that thing" or "the a**hole" or "the mean one" it only creates a combative environment that leads to shame, self blame, and guilt.

This is why therapy is so important. When you learn and process the memories each part has, you will learn how to talk to them, and with the help of your mental health care provider, get to an understanding of what a better way forward is. A mental health care provider can help you approach your parts in ways that are less triggering to them so that healing the trauma is easier for you and the system.

There are many more terms used by the community than these but these are the ones we are going to discuss:

Protector - This is the general term for a part that protects another part. They protect in various ways and the way they protect the body is usually how they are described. Verbal protector, physical protector, emotional protector, sexual protector, persecutor, etc... Their description tends to be the explanation of how they protected the host but in our system, we found dropping the specificity to be helpful so that parts did not feel obligated and trapped in a specialty job but to become more of a general Jack of all trades kind of protector and more like how we would want to be in those situations. As the saying fully goes, a Jack of all trades is a master of none but the Jack of all trades is better than a master of one. To us, every part learning a variety of coping mechanisms and life skills was important and it generally left the system in the safest situation at all times. To encourage all parts to know how to protect the body in more than one way by dropping the ultra specific titles helps encourage adaptivity, growth, and learning. If they are not boxed by the outside world, then they do not feel obligated to continue fulfilling that role.

Fewer extrinsic and introjected obligations means more room for self identified and intrinsically motivated change.

Gatekeeper - Gatekeeper parts allow access to the front, and consequently some have limited control over memories. The gatekeeper is one of the most important alters within a system for therapy.

Internal Self Helper - The Internal Self Helper ("ISH") is the part who generally has the internal knowledge of the system's workings and a deep understanding of the body's history and the way parts interact with each other. Most ISH's are non verbal to the outside world and if yours refuses to speak to outsiders, it is very common. Do not be upset at them if they do not wish to speak about the mechanics of your system. Sharing the inner workings means teaching others how to control you, thus why ISH's often refuse to speak to outsiders. Some call this role the "historian," "the wise one," "the watcher," or something along those lines that indicate vast knowledge about the body's history.

Host - This is the general term for the alter who usually identifies and answers to the legal name of the body. They are generally the "person" the world thinks of when referring to the legal name of the body. In covert systems, parts will mask as the host. This means they will pretend to be or mimic the host's behaviors to the best of their ability. Each part in a system experiences the world differently because they are fronting for trauma and so they tend to develop different views of the world and those tend to change their mannerisms, the way they speak, the way they hold the body, their cadence and affect, etc... and some parts can mask as the host well and some cannot.

There are many other titles and jobs that have been used by others. It is up to you on how to approach your system. I tend to recommend using basic framework information since most systems are fairly unique and reflect their own needs and not yours and thus why I say not to focus on other systems and how they present but how you and your system present. The internal patterns lets your mental healthcare provider figure out the general path to help you heal, and the fine details about your system are what are used for individualized therapy. How your mental healthcare provider heals your system is unique to that mental healthcare provider and so this is also why it is ok to shop around for therapists. It is also why it is not the end of the world if you do not mesh with the therapist you have right now. Ideally, therapy is a match for both the therapist and patient and when they do match, amazing healing can happen.

APPEARANCE OF PARTS

Parts can present in all kinds of ways and they are all valid. A part's inner world appearance is largely dictated by the needs at the time they formed.

Your parts can look and sound like you at various stages of your life. Your parts can look and sound nothing like you. They can be human, non human, living beings, undead beings, and inanimate objects. Their looks can be based on real people, based on fictional people,

completely made up, aliens/robots/sci fi based, elves/fairies/magical creatures/fantasy based, anything and everything. When an alter presents internally like a fictional character you know of, then they are called a “fictive.” When an alter presents internally like a real person you know of, then they’re called an “introject.”

Parts can present in an infinitely diverse way and your system mates can come in infinite combinations. What they look like in your inner world is just your brain’s coping mechanism. You coped how you needed to. The presentation of your parts is an important piece of information for your mental health care provider because there are patterns of presentations, appearances, and behaviors that can indicate to your mental health care provider what kinds of trauma that part holds and help your mental health care provider figure out that part’s path to healing.

What your parts look like, what their names are, and all of that, your parts can keep that as their secret if they want to as well. They can control who on the outside can know. If they do not want to have a name or they do not like to tell just any outside person, it is okay if they want to keep it a secret in the system’s journal and only tell trusted people.

In general, it is good practice to be discreet about the appearance of your parts with outside people. You do not want people to become friends with you just because you are a system. What your parts look like in the inner world really has no meaning to the outside world because the body is human. You may attract people who view you as “DID/OSDD Entertainment” and not a friend, and not a human being who has survived unspeakable amounts of trauma.

PASSIVE INFLUENCE OF PARTS

There is one notable ability that many parts have is the ability to influence the front. This is where a part can push their wishes to the alter who is at the front from co-consciousness.

Passive influence is like subtly trying to make the front do what you want by pushing the want to the front. This is an alternative way many systems use to protect the host without switching. Co-conscious alters often use passive influence on the front to be covert when not in a triggered switch. It feels like thoughts or impulses you really want to do for some inexplicable reason.

You can build communication lines between parts so that passive influence is used less so that whomever is at the front can reclaim their agency and have their autonomy respected rather than having influence be used on the front to unconsciously fulfill another part’s wishes.

We barely have control over ourselves as is, so try to give everyone as much agency as they can. We agreed to not use the tactics that were used on us, on each other. We can build our life cooperatively while maintaining our autonomy by respecting each other’s agency.

MASKING

Parts will “mask” as the host. This means that parts will pretend to act like the host to mask the fact that we have a fragmented identity. Masking takes a lot of energy. To pretend to be the host not only requires modulating the voice but actively trying to put on a show and act like someone else. For neurodivergent systems, masking is twice as hard. Not only do we mask as our host, we also mask as a neurotypical in public if we have an unwanted switch.

Due to the amount of energy consumed by masking and fronting, emotional parts tend to not be able to front for very long by themselves and mask. This can make therapy a bit difficult for emotional parts. This is why systems tend to have their primary protector fronting while the emotional part is either co-front or co-conscious while the protector is using their energy to mask. This allows the wounded part to use their energy to speak or speak through the protector while attending therapy. This front/co-con has its limitations in therapy due to masking exhaustion on both parts making therapy feeling extra draining for days when your wounded parts process trauma in therapy with their protector.

For systems who find a therapist familiar with DID/OSDD and can unmask, therapy becomes exponentially easier as you drop your mask to not waste energy masking on top of the energy used to front and talk during therapy and can process trauma with the mental healthcare provider without assistance from other parts.

INNER CONFLICT MANAGEMENT

Managing conflicts in the inner world requires a space to talk things out. There are certain alters who can change things in the inner world. Not all systems have parts who can change things in the inner world.

Most systems set up a place to have meetings with their parts and have regularly scheduled meetings with the parts to get to, and maintain, system harmony.

In this meeting room, all parts are to be respectful and kind or neutral with each other. If something mean or hurtful is said, everyone could take a break from the meeting and take a minute to calm down and get grounded before coming back to the system meeting.

In the meeting room, everyone’s voice matters but it is difficult to hear everyone at once so try to speak one at a time.

It is good practice to schedule regular meetings with the parts to figure out the best way towards optimal coordination by cooperation. It is good to set up a bulletin board or a message board with the system rules posted here along with the memory sharing method. The memory sharing method is usually some kind of screen like a TV or monitor or movie projector.

You can discuss how to set the meeting room up with your mental health care provider.

NOT YET SELF COMPASSIONATE PARTS

These are the ones that are commonly called “persecutors.” They behave in some kind of harmful way towards other members in the system. This can be yelling at other parts, insulting parts, taunting parts, tormenting them in the inner world, and bullying them in other ways.

I'm Shadow and I want to address any part who engages in any kind of bullying or hurtful or otherwise not yet self compassionate behavior.

You know that a part builds resilience in the face of adversity. You've seen it work because outside bullies put the system through adversity and that built resilience. So you do it on the inside. You do it because you want to make sure that when the alter faces someone who treats the body the way you're treating that alter, that alter will be able to stand up for the body or be tough enough to not be affected. That alter “should” be able to deal with bullies on the outside because you're the bully on the inside, and if they can stand up to you, they can stand up to anyone! Right?

Unfortunately, that's not how it works in real life. There are certain things that you can do that add to your defenses and some things that just hinder you.

Repeatedly and continuing the bullying on the inside is like trying to cast the same defense spell over and over again. It only works once. It doesn't stack on top of itself. The spell you know is Self Bullying and it does 1 point of emotional damage to that alter so that they get +1 emotional defense after they heal that 1 health point of damage.

Unfortunately, Self Bullying's +1 Emotional Defense only happens once, but every time you cast it, it still does 1 point of Emotional Damage. Day after day, year after year, you keep casting Self Bullying, they're still hurt each time from the spell but they don't seem to be getting stronger. By now, how many times you cast Self Bullying they “should” be the most tough bad ass beast out there, right? But for some reason they're not.

Maybe, it's time to stop casting Self Bullying and learn a new spell. Can we try to protect the alter in a new way that adds to what you've already built? Let's talk to the host and mental health care provider and find new ways to protect the system. Let's find more optimal ways to protect the system. Let's be better to each other. You got this.

NOT YET OPTIMALLY PROTECTING PARTS

Managing emotions is only half the battle. The other half is teaching old protectors new tricks so that they can continue to do their job as a protector. When a protector behaves not optimally, say like insulting people, yelling, being scary, the solution is not to tell them to stop protecting the system, it is easier to teach them a better way to use their energy that would have gone into insulting, yelling, and being scary by transforming that energy into something more in line with what the system wants going forward, like setting boundaries, building the confidence in saying

no to people who are trying to take advantage of you, having the strength to walk away from a fight when someone is trying to bait you into a reaction, etc...

A protector's natural inclination and natural motivations are to save the body and save the system. If you tell the protector to stop saving the body, the protector will disregard the command because it is not in line with their motivations. Intrinsically, they are motivated to protect, so you cannot tell them to stop protecting. Show them a different way to protect. Show them a better way to protect. Redirect the energy rather than stop the energy. Rather than going against the grain, follow the grain.

The answer is to teach them how to be a better protector than they already are. Channel the energy into something more constructive. They are not bad protectors. They did their job in the past and they are doing their job in the present. The body is still alive today to read this book. They are good at their job. Help them understand how to be better at their job. Acknowledge that they are doing their job at a survival level, but encourage them and teach them to do the best job possible to get to the thriving level. They have always been enough and they are enough now and will always be. Let your mental health care provider help make what your parts are doing more efficient and effective so that the body and everyone is not eking by and surviving, but that the body and everyone is thriving.

We had an angry presenting part who would yell all the time. Someone got in our faces? Yelling. Someone insulted us? Yelling. Someone trying to manipulate us? Yelling. Someone tried to take advantage of us? Yelling. Inconvenient and embarrassing fart? Yelling. Just kidding. Even he knew to blame the dog.

The reason why he did this was because trauma is subjective. So any time he is triggered out, he does his most effective defense to protect the body, a lot of yelling. The purpose of the yelling is not to cause a fight but a defensive posturing and warning to the perception of a threat that is similar to a trauma from the past. The yelling you are doing is because you are in defense mode and attempting to make the threatening party retreat.

All trauma is treated equally despite the subjective differences in degree of severity of that trauma. We subjectively grade traumas as "small" or "slightly traumatizing" traumas all the way up to "larger" or "very traumatizing."

The problem is the traumatized brain does not react proportionately according to subjective grading. The brain treats all trauma equally. This is why my angry part was treating all stimuli that had a hint of his trigger as him having to drop an atom bomb.

So what we had to do was say "hey, instead of making bombs to drop on people, how about you help enforce boundaries by saying no and walking away from situations!" Saying no and holding boundaries takes a lot of energy and being able to use that yelling energy and make it into something that will not cause us embarrassment or

shame later on is amazing. That first time that angry yelling part fronts and doesn't yell, and you tell them "thank you for a job well done," it makes a world of difference. Positively reinforce your parts. Recognize that they are good protectors. They are good parts.

They are not bad parts. They are not evil. They are not demons. They are just scared that if they do not protect you to the maximum extent they know how to ensure survival, the body will not survive.

Explain to them and show them that not reacting is not the same as not protecting.

Tell them that it is OK to mess up and slip back into old habits so long as they keep trying to improve.

Give them love and show them compassion.

They know how much embarrassment you feel and they know how much shame you feel. They are willing to be hated and despised by everyone if it means that they can 100% guarantee that when they front, you will be alive tomorrow. Show them that you love them just as much as they love you but show them that the way you express your love is not the same and that there are other ways to show love.

The only way to do that is to talk to them and try to work with them and teach them a better way forward that the whole system agrees on. Teach them how to love the way you deserve to be loved.

Show that love is not toxic with your patience, your acceptance, your understanding, your empathy, and your compassion. Building a working relationship with not yet optimally protecting parts takes time.

To the not yet optimally protecting part: just because you do not protect the system the same exact way you did before does not mean you have stopped protecting the system. You can protect the system in different ways like helping hold boundaries. Having the courage to say no. Having the strength to walk away without blowing up and going for a walk instead or playing a sport or creating art or playing music. There are so many ways you can protect the body and not be adversarial or self destructive.

I know that all that energy inside is hard to control. Redirecting the energy is easier than stopping it. Stopping something head on takes a lot more force compared to redirecting it in a new direction and we recognize that. If you feel you need to protect, keep protecting, just in a different way. You were and still are a good protector. Tomorrow, how about being an even better protector than you were today? When you are ready to try to protect the system in a different way, talk to your host. You got this.

TIME OUT / JAIL

Systems often have the ability to isolate, contain, and or otherwise imprison parts. When parts act out, they may be put in an inner world “time out/jail.” This is an extremely common method of handling parts but it is not ideal in my experience.

Handling inner world conflicts is critical to system harmony. It is healthy for parts to front and experience the world while not being traumatized to help with healing but if they act out while fronting, they may be isolated and jailed for causing outer world problems for the system.

If there is a part that is acting out and causing too many outer world problems, until that part agrees to the system rules and participates in therapy, inner world “time out/jail” is sometimes the only available option. It is not pleasant, but sometimes it is the only resort left to curb non optimal behavior.

This part that is acting out has wounds and trauma that needs to be addressed and healed. They are often the ones who need the most healing right now because they feel the least heard and often act out to be heard. When they are jailed for too long, they become isolated and jail can feel punitive rather than preventative.

ISOLATED PARTS

Some parts may act out more when they have the opportunity to because they feel unloved, ignored, unwanted, and shunned by the system. This is a very difficult thing to face during therapy because that part has so many wounds, external and internal.

When you are just trying to ensure the body survives in the way you know how, but no one else seems to see it your way and that no one else seems to see the best way to protect the body, it seems natural and logical to take the front and do what you think is best for the body. Right?

When the body was a child, yes, that worked. Now, the body is an adult and that does not work with the outside world anymore. We don't get free passes for acting out and that can come with real consequences for the body.

If you act out with the host's boss and the host loses their job, then the body is in a different kind of danger. You may have protected the system from one danger, but you have now placed the body in a different kind of danger that you are not equipped to handle.

Since you won't be fronting for that, instead of co-opting the front, you could cooperate with the other parts. I know that you are doing things because you love the system and that you are trying to protect the system. I understand you are doing your job to the best of your ability.

Let's raise your skill ceiling. Your skill cap can be higher than it is now. This is not necessarily how things will always be. You can live a fuller life rather than just survive and eke by.

You can change. You can grow. You can learn. You can improve. You can thrive.

You can be a better protector tomorrow than you were yesterday.

Talk with your host, listen to them about how to keep the body safer. It's important to listen to your host and learn from your host and mental health care provider. They can teach you better coping mechanisms and help you improve your responses. Listening and learning are important parts of growing.

You got this.

Try to remember that your parts are trying to ensure the body survives in the best way they know how. They are often coming from a place of neglect, fear, and survival. To combat this, you give them attention, safety, and love.

It may feel condescending and demeaning sometimes, but if you can give yourself the grace and compassion, treat yourself like you are raising your child self. Be your own parent. Treat your parts the way you would want to be treated as a child.

Heal your system by reparenting them the way they you would have wanted to be parented, and you can start this by setting basic ground rules for your system:

SYSTEM RULES

Every system ends up having rules or agreements between the parts.

There are general rules and specific rules. Your system can have whatever rules they like. These are generally recommended umbrella rules for systems to follow:

Everyone takes care of the body

- Everyone has to make sure the body is hygienic
- Everyone has to make sure the body is taking medicine properly
- Everyone has to make sure the body is eating
- Everyone has to make sure the body is exercising

Everyone refrains from harming themselves and other parts

- No self sabotage / sabotaging other parts internally or externally
- No intentional self harm to the body
- No bullying other alters internally or externally

Everyone lives by system accountability and system responsibility

- One body means everyone is held accountable for the body's behavior socially and legally. There is a lot of case law in the US holding the whole body responsible for the actions of a single alter. Legal liability does not end because you switched out.
- Even though I was not fronting when it happened, I am still responsible to try to fix what happened
- When I front, I understand that I may not be the cause of the things the body has done, but I am being a responsible part. I will right the body's wrongs because the body will be externally held accountable regardless of which part is internally responsible and fronting at the time
 - Buckling down and apologizing to the outside world and then putting the responsible part in the spotlight at the next system meeting is the common course of action systems take to minimize the impact of switching related incidents on the host's life.
- Just because I am not fronting does not mean the body is not facing the consequences
- I cannot avoid the consequences of my actions by hiding in the inner world because the body faces them regardless of whether I am fronting or not
- I am responsible and will hold myself accountable to the rest of the system for my actions while fronting

Everyone tries to heal

- Participate in therapy, even if you start out by only observing in co-consciousness
 - You can wait and not be the first one to speak. You can let other parts go before you in therapy if you are intimidated by therapy.
- Be honest with yourself, your system, and your mental health care provider.
 - This can be hard. Your mental health care provider is supposed to be there and not hold judgment. Therapy is a safe space for you to speak your truth.
- Cooperating with parts over coopting the front
- Every part has to do the emotional labor
- Your trauma is not your fault but it is your responsibility

These are just basic rules and basic frameworks for system rules.

Many systems also add moral philosophy to their message boards. Many systems have a motto that is similar to, "treat others the way you deserve to be treated."

You have the strength to end the cycles that led to what happened to you in your childhood.

You are not your mistakes.

You are not your regrets.

You are not your accidents.

You are not your explosions.

You are traumatized and you are doing your best while finding therapy and healing.

You are not your trauma causers.

You got this.

CHAPTER 2: DAILY LIFE AS A SYSTEM

The next thing to accept is that the world works with the concept that the body will be held accountable and is responsible for what the body does, no matter who is controlling the body.

ACCOUNTABILITY & RESPONSIBILITY

Although it may be upsetting that an alter took the front and did something that you disagree with and wish the body did not do, and it would be wonderful if you could get a free pass for things that happen when someone switches in and takes the front, the reality of it is that if the body affects something or someone else in the real world, regardless of who was fronting, and the body has to take responsibility no matter who was fronting.

Every alter is responsible for the actions of every other alter. One body for all alters means the body, not your identity states, not specific parts, but your physical being is held accountable. Your system's body is responsible for the actions the system's body took no matter which alter was controlling the system's body. Every singular folk also only has one body and is responsible for the actions of their body. We are not held to a different standard.

You cannot avoid accountability for your actions by saying "it wasn't me." If you use your DID/OSDD as an excuse to behave poorly, all you do is hurt your system. When you act out, you can cause your host's loved ones to distance themselves from the host because of all of the maladaptive behavior. The body is not a child anymore and the body cannot get away with the same things a child gets away with. The body will not be given the leeway that the body was given all those years ago. We are expected to act like adults by society because we are in an adult body now. The outside situation has changed so adapt your inside defense strategy to match the change. DID/OSDD is not an excuse to act out nor a justification to do bad things.

The body is responsible, the body is accountable, and the body is liable for anything the body does. No matter who fronts. If you cannot agree to this, then you are setting your host up for a lifetime of hardship, which may include incarceration and or institutionalization. Understand that acting out as an adult can come with severe consequences for the adult body and those consequences do not end when you switch out and go to the inner world.

It is not reasonable to expect the world to allow a system to self regulate a punishment sentenced by law for something the body did. It is unreasonable to expect a system to report to jail whenever a guilty alter fronts and to be let out when an innocent alter fronts.

There is one body that is fully responsible no matter who fronts. Whichever alter caused the body to get into trouble, they are responsible for the consequences that happen and will be held accountable to the rest of the system. They caused the body hardship. Not anyone else. Not the legal system. That alter did this while controlling the body but everyone else in the system faces the consequences.

Switching away responsibility worked when the body was younger because children get the, “a child does not know any better,” free pass. However, the body is not a child anymore. You are now in an adult body and the world expects you to behave as an adult. When you front, behave as if you are going to be the one fronting forever.

Every part’s action has consequences beyond the time they front and because they affect every single part in the system, parts are accountable to each other. No part can escape consequence forever, so take the system into account when fronting.

You cannot make up for what you did in the past. You cannot undo what was done until a backwards time machine is invented. Since you do not have a time machine, all you can do is take responsibility, sincerely apologize, make amends for what happened, and promise that you will not do it again, and try to do better tomorrow.

To make amends with someone, do something that shows them you are sorry. For some people, the mere act of apologizing and accepting responsibility and promising to do better is enough for amends. For others, they may require a gesture or action or gift. These often correlate to a person’s love language: words of affirmation, quality time, gifts, or acts of service. Make your apology personal to that person. Generic apologies tend to invoke anger and hurt your chances of maintaining relationships with classmates, friends, family, coworkers, and loved ones. For example, if another part broke someone’s cup, you are at the store and you see that identical cup, you could buy that identical cup to replace it along with your apology to make amends. You cannot unbreak the cup but you can be responsible, apologize, and hold yourself accountable.

Being genuine is not only doing better as a protector, you are being a better protector. Remember, you are not your mistakes. You are not your accidents. You are not your stumbles.

You are the one who gets up, dusts yourself off, and moves forward. It may not feel like that, but look at what you have survived up until this day. Every day, you dusted yourself off and moved forward. Today is no different.

You can be responsible and accountable. Forgive yourself. Focus on progress over perfection.

You got this.

SOCIALIZATION

I know that many want to dive into enriching their parts’ lives but everyone needs to level up their discernment skills because systems tend to have some less than ideal attachment styles and can attach to someone who seems familiar, but that is the danger.

I unfortunately ran into a lot of people who thought being a system was some glorious superpower and single identity folks end up making me feel worse about myself because they keep telling me how “amazing my life must be.” Being a system is often vilified in the media and

glorified on social media. With all of the misinformation out there and the stigma, you may become more isolated when you tell people you are a system.

If you are using your system as a gimmick to make people interested in you as a friend, then you might be trying to become friends with people who only want to keep you around for your system. That kind of connection is not a healthy friendship. Make friends with people who like you because of who you are, not you because you are a system. You are a person and deserve to be treated as a person. Be discerning with who you tell. Be careful and examine why you want to tell someone you are a system before you tell them.

Learn and practice discernment with your parts because the non secure attachment styles tend to leave you open to being hurt again. You are more than your system. You are more than your trauma and coping mechanisms. Surround yourself with people who treat you as a person and not a thing.

There are two ideas to remember: What you have control over is what you can do something about and what you cannot control is what you learn to tolerate.

Not in your control and increase your distress tolerance on:

- Other people's words
- Other people's thoughts
- Other people's actions and or omissions
- Past mistakes and or regrets
- Outcomes of your efforts
- Most things that happen around you

Within your control that you can work on with your mental health care provider:

- Treating yourself, your parts, and others with empathy, compassion, and understanding
- Being kind when speaking to yourself, your parts, and others
- Responding to a situation rather than having knee jerk reactions
- Using your energy on things that are important to you and your parts
- Setting helpful goals for you and your parts
- Spending your time with people who support you and your parts
- Doing the things that recharge your system's energy
- Setting and holding boundaries

Socializing your parts can be scary but you can socialize them in safe environments with safe people. You can work on discernment and boundary setting with your mental health care provider. You collectively got this.

SYSTEM NAMES

The system name we have is a pseudonym for the purpose of having an author for the book.

Some systems want system names, some do not care if they have one, and some actively do not want one. Everyone can identify how they want to. There is no rule that says every system has a system name.

At first we made a system name but then stopped using it and now all respond to the body's legal name externally and use our real names internally with each other and a few outside friends who are trusted and know about our system.

Some systems do not mind being asked who is fronting. Some systems are bothered by asking who is fronting. This is completely up to you. You are allowed to be addressed how you prefer. There are no set rules for naming your system, including that you can choose not to name your system if you do not want to. Just like how parts can choose whether or not they have a name, so can systems as a whole.

You have agency over this. It is completely within your control. You have the choice.

DISCERNMENT

Discernment is not just about seeing the red flags someone throws off to avoid, but it is also seeing the green flags to approach. Discernment takes practice and time. It is a learned skill based on observation and pattern recognition. Single identity folks practice discernment with us too. If our parts are not in a healthy place to be friends with outside people, we may get rejected as a whole. This is why socialization needs to go slowly.

Telling someone about your parts and giving them your parts names gives that person some ability to trigger parts forward without your consent. We tend to only disclose our ANP's and primary protectors names to our mental health care providers for system safety. It is not always necessary for the mental health care provider to know my parts' names to heal them. If they are a safe mental health care provider, you can choose to disclose whatever information your system agrees is safe to disclose.

Your mental health care provider can help you recognize patterns of abuse that cause familiar feelings and confuse parts who are trauma bonding to people rather than developing healthy attachments, which take time to develop genuinely.

An example of discernment is that being needed by someone is not the same as being loved by that person. Discernment recognizes that being useful to someone is not the same as being valued by that person. Just because someone says they need you and that you are useful to them, does not mean that they are showing you love and that they are valuing you as a person.

With your mental health care provider's help, you can teach all of your parts discernment and can develop healthier and safer attachments with people. You got this.

BOUNDARY SETTING

Boundary setting is going to be difficult because your parts can have different attachment styles and for a while you may not be on the same page. This is typical. This is a very hard thing to do in general for singular folks, but it is extra hard for systems.

“No” is a powerful word. You can say no to other people. It is not your duty to please everyone. You can have boundaries. Boundaries are healthy. Your parts will need lots of practice with boundaries.

You have the right to choose what you want to do. You have the right to disengage from people you do not want to talk to. You have the right to set boundaries! In general, boundaries are about what you say is permissible and acceptable behavior and words with you.

Boundaries are you and your parts saying, “this line is what you agree to in order to interact with me, and if you violate this agreement and cross the line, then I am allowed to walk away from you and I can choose to disengage with you if I do not want to continue.”

The boundaries can be about touching you. The boundaries can be about what you are willing to talk about. The boundaries can be about how someone talks to you. The boundary can be about how close someone stands to you. Your own boundaries are determined by you and not by anyone else. Your mental health care provider can help you and your parts set boundaries and learn how they can help you enforce boundaries.

Your parts can find new ways of protecting you if you give them the chance. Their job is and always will be, to protect you. They may not protect you the same exact way forever but that does not mean they stopped protecting you. They can protect you in new and improved ways and more efficient ways. With the help and guidance of a mental health care provider, you and your parts will be enforcing healthy boundaries and creating system safety.

You are not alone in this. You got this.

DATING & INTIMACY

Intimacy is a complicated topic. Physical intimacy is the topic I want to focus on because it is usually the big one that most systems have difficulty with.

It is not just that intimacy can lead to trauma responses, but your alters can also have different sexual identities, different genders, different attachment styles, and completely different tastes in partners from each other and the host. Alters often have different world experiences within the same system. Part can, and often do, have their own likes and dislikes that are separate from another part's likes and dislikes.

Intimacy can often trigger a protector to come forward to handle the situation. Embarrassment, shame, and fear of abandonment are quite common reactions to interrupting an intimate time between the host and their significant other. Trying to figure out triggers can unfortunately be a trial and error process which can be uncomfortable and embarrassing. Talking about trauma responses and the trauma that caused it with your mental health care provider can help and possibly help with strategies to avoid triggering those responses until the trauma is resolved.

On the flip side of the relationship, it is sometimes easy for a partner to understand that the system cannot always engage in physical intimacy, but sometimes it is not so easy and the partner can start to feel like they are being rejected. Even though it is not a rejection of them as a partner, the lack of physical intimacy due to a switch can become internalized and start feeling like an actual rejection even though you and you are a system still love them very much and want to be with them.

Your partner may internalize the apparent rejection and can feel like an actual rejection because it keeps happening. Sometimes, people can believe they are doing something wrong and that they are insufficient to be a safe partner for the system even when it is not the case.

Relationships are difficult and it takes a lot of work in general. Having trauma and being a system makes it harder on both sides of the fence. Your significant other can have a different kind of relationship with each alter and that in and of itself is a lot to handle and accept.

It is a lot of work but you got this.

WORK & EMPLOYMENT

Often systems have a work flow before their host discovers they are a system and then when the host discovers they are a host, going to work becomes increasingly difficult. Working and employment are typically difficult things with DID and OSDD. When you heal enough to be able to start coordinating with your parts, you can begin regaining agency in your work life.

ANP's will typically be your work part and so when you find which ANP is your work alter, find out what all of their positive triggers are so that the system has the highest chances of working consistently. If you have no work ANP, then the host has most likely assumed that role.

The work alter may only front in when the body is in a work environment. Sometimes, a system has different parts for different life activities. Sleeping may be one part's job and getting ready in the morning may be another part's job. If you are having difficulties going to work, try to encourage the steps to get ready to go for work rather than telling the system "you have to go to work!" Instead try, "want to take a shower?" Encourage each alter to do steps that lead up to going to work and that may get you there.

Sometimes, focusing on completing the steps to get to where you want to go works better than focusing on the destination. Sometimes focusing on the goal is better than focusing on the steps. Do what works for your parts.

When you get to your place of employment, try to do a Always Sometimes Never or 100 Things I Like list. This way you can positively trigger out your work part easier to help maintain finances and also ground using your work part's positive triggers to be consistent at work in front of your coworkers.

I believe in you all. You all got this.

FRONTING AGENCY

Fronting agency is the amount of autonomy and control over the front. When a system first discovers they are a system, they often lack agency over the front and the gatekeepers tend to have the most autonomy.

By using positive triggers, you can start regaining control over your switching.

We play the “Always / Sometimes / Never” game.

Do you always like it? Do you sometimes like it? Do you never want it around?

Make a list for each part, if it is something you always like, it is probably a positive trigger for you. If it's something you sometimes like, put that in the maybe yours maybe someone else's category, and if it's a never want it around, put that as a negative trigger. Out of respect and system safety, do not depend on the never category. You do not want to be pulling parts to the front by causing a trauma response.

Some people suggest the “100 things you like” game. Come up with 100 things you like. These are a list of 100 potential positive triggers.

From these lists you can use the inventory of potential positive triggers to do two things:

1. Positive Triggered Switch - You can try to use positive triggers on the list of always like to try and bring that part to the front by picking triggers that are associated strongly with that part. I want to bring Joe to the front so I use X and Y but to prevent Jane from being triggered forward, I will not use Z.
2. Identity Based Grounding - You can also use these lists of positive triggers to try and identify who is close to the front. Who likes X, Y, but not Z? Joe does, so Joe is probably closest to the front. Let us ground using Joe's positive triggers to help him grab the front.

Pay attention to favorite foods, snacks, and drinks. Taste is a very strong grounding element for us and so we tend to have coffee and mint in snack/food/drink around so we can positively trigger and get our host or primary protector out faster when necessary.

When two parts have reduced the amnesic barrier enough to communicate internally and share information and memories, that opens up the opportunity to begin engaging in voluntary switching without external triggers. This comes with a lot of therapy, a lot of practice, and a lot of patience... and headaches. Practicing switching can induce thunderclap headaches.

You can start to regain control over switching with positive triggers and stabilize the front faster with identity based grounding and regain your agency bit by bit.

MANAGING DISSOCIATION

How do we manage our dissociation in public? We cannot always have a stuffed animal or a fidget cube with us and it may look awkward in public. How do we go about grounding but in stealth mode?

We try to use taste to ground as often as possible. Drink water. Have sugar free mint or sugar free gum. Some people use scented candles, fragrance diffusers, and aromatherapy jewelry for the workplace. I highly recommend carrying an emergency portable grounding kit to help with grounding exercises.

PORTABLE GROUNDING KIT

These are little boxes that contain items that help you ground. Positive triggers of the host are typically placed in these kits.

Pocket Sized Metal Tin - This is a metal tin that can discreetly contain all of your grounding items. You can reuse mint tins or buy them at craft stores.

Resealable Portable Aromatherapy - You can purchase little plastic aromatherapy containers that have cotton in them that absorbs essential oils and fragrance so that you can have your favorite grounding scent with you at all times.

Breath Mints - Mint is a very strong scent and flavor and can help you stay at the front. Mint is usually a socially acceptable scent coming from you and generally not considered intrusive or disruptive.

Candy - You can swap out some mints for candy if you do not like mint all the time. For hot and spicy with less sugar, cinnamon candy can help with reduced sugar intake with a strong taste.

Texture - You can put texture strips on the tin so that you have more textures you can feel. You can also get fabric swatches for free from fabric stores.

UNWANTED SWITCHES

Many systems have emergency protocols for what to do if they have switched to a child part in public:

FIND A SAFE LOCATION

Typically this is a quiet secluded area where people will not bother you. Often this is a bathroom, someone's private office, an empty classroom, etc. However, if you cannot find a place that lets you use their bathroom or a bathroom is triggering, you can try to find a public library or a bookstore. If you have a smartphone, just use the map app your phone has.

Libraries and bookstores are often quiet places where you can go in a corner or around some stacks and just quietly calm and also have easy access to story books.

SELF-SOOTHING AND GROUNDING

If you made a portable grounding kit, use it. If you have fidget toys and sensory toys to help self soothe to calm the body out of dysregulation, use those.

Often systems carry a portable grounding box with positive triggers based on the host or system's primary protector.

CALL YOUR SAFE PERSON

If all else fails and you have a safe person that knows about your system and has agreed to be an emergency contact, you can call them to come help you calm down and ground if you have switched in public and are front-stuck and cannot find a safe place.

SYSTEM LOGGING

Many systems keep journals for their parts and logs for the system. The system log is generally the overview of what happens to the body while individual journals are more for each individual part to express themselves.

Contents of system logs commonly include:

FRONTING TIME

To help the host understand what happens when they get switched out and when, take notes of who fronts and when. Try to note what is happening right before the switch or what you notice is happening when you switch in. This helps the host identify triggers and also gives your mental health care provider insight into how to best tackle the issues you want to address.

- Logging system events can be helpful to help figure out if there are any patterns to your switches and or fronting times. This is extremely helpful for trigger identification and to also identify who could potentially be an ANP.
 - The longer your fronting duration, the more likely you are an ANP.
- When you switch in, log when you switched in and if you can recall what happened just before you switched in or recall the emotion you felt when you came to the front.

BODY MAINTENANCE

Maintaining the body is important for the system. When the body gets sick, it makes being a system more difficult. During sickness, many systems experience rapid cycling/carouseling, so making sure the body is healthy is just as important as making sure the mind is getting healthy.

- Hygiene
 - Bathing and brushing teeth
 - Many systems find doing anything that requires looking into mirrors difficult and often this includes dental hygiene. One recommendation is to shift all hygiene routines into the shower routine to make things easier when getting ready for the day
 - Ensuring night time teeth brushing may require other creative strategies
 - Note if any are being skipped
- Eating
 - Note if meals are being skipped
 - Note if there are binge eating episodes
 - Note if there are purging episodes
- Sleeping
 - Note the time the body physically goes into the bed
 - Note the time when the wakes up
 - Note the emotional state of the body when you wake up
 - Note the restfulness of the body when you wake up
 - Note if there are nightmares you can remember
- Exercising
 - Note if your exercise routine is not being followed
 - Remember that exercise can come in several forms
 - Dancing
 - Playing certain instruments
 - Tai Chi
 - Yoga
- Physical self harm
 - Note if there is any self harming behavior
 - Some examples include, but are not limited to:
 - Picking, pinching, or scratching at skin
 - Pulling hair out
 - Burning self

- Cutting self
 - Pimple popping
- Self Medication
 - Note the frequency and type of self medication

SOCIAL LIFE

Indicate whether or not you are skipping or attending social functions.

- Friends, acquaintances, and loved ones
 - Are you attending the events you promised you would attend?
 - Is there anything that needs to be addressed because of system accountability and system responsibility?
 - If there are people who keep making you switch, note who they are and what they do before the switch.
 - This can help identify your triggers
 - They may look like a trauma causer
 - They may use the same fragrance as a trauma causer
 - They may say something triggering
 - They may treat you the same way a trauma causer did
- Significant other/Spouse
 - Relationships are difficult but being a system makes it even harder.
 - Communication with your significant other is very important
 - Anniversaries are important information to be shared and reminded
 - You cannot expect someone to save you. Save yourself first by going to therapy and healing with your mental health care provider. If someone comes along that walks beside you during your healing journey, great, but depend on your system and yourself first.
 - You all got this.

SCHOOL & WORK

Indicate if you are skipping school or work.

Any part that skips school or work may have difficulties in explaining why they are avoiding school or work. If there is a trigger at school or work, address it with the mental health care provider so that you may continue without disruption. This can include bullying. Do not be afraid to speak to your mental health care provider about adult bullying. It is real. Your feelings are valid. You are not imagining it. Adult bullying happens.

FINANCES

Sometimes your finances can get messy when parts forget to pay the bills. Make sure everyone is aware of important dates.

Additionally, inspect your finances to see if any parts have gone rogue and purchased things without system permission. If you do find any mysterious purchases, remember that there is a balance between nurturing and enriching your parts and financially ruining your system to get the enrichment and nurturing the part needs.

Balancing finances with parts can sometimes be difficult, but you got this

INTERNAL MEETINGS

Regular internal meetings are quite important for system harmony. During your meetings, you can discuss the important things coming up to ensure daily life is not interrupted.

TYPICAL AGENDA ITEMS:

- Therapy goals/therapy topics
 - Create a list of topics to address during therapy in case you get blendy and forget what to talk about.
- Outer world schedule
 - Upcoming social events, school or work deadlines, health care appointments, important romance/dating/marriage related events
- Parts check ins
 - Remember to acknowledge and encourage your parts.
 - Celebrate wins, even the small ones.
 - Be self compassionate.
 - Remember to treat yourself every now and then.
 - Enrich and nurture your parts.
 - Try to arrange for the time to engage in healthy healing behavior by using positive triggers to ensure they come out during their healing time.
- Inner worlds happenings
 - For inter-alter conflicts and try negotiation tactics and dispute resolution techniques with your parts with the guidance of your mental health care provider phrased as issues with family members or roommates if they do not know you have DID/OSDD.
- Outer world happenings
 - Remember to talk about anything that may involve system responsibility and system accountability.
 - Hiding consequences from the rest of the system only makes it harder to fix things. Often, delaying an apology or delaying making amends to people the system has hurt can negatively affect relationships and long term goals.
 - Remember, it is okay to make mistakes. Nobody is perfect. You never had to be perfect. You were enough then, and you are enough now. The most important thing is not the mistake, but how you handle the mistake. Try to keep progress in your sights over perfection. You all got this.

CHAPTER 3: HEALING YOUR TRAUMA

WRITTEN TIMELINE

For traumagenic systems, we have lost our childhood memories and so we have no idea why we behave the way we do. The past affects us in the present because your past experiences shaped your perception of the world and your perspective. As you get to know your parts and go through therapy, you will eventually start piecing your life together and understand why your parts have different perspectives and opinions from each other.

Many systems create a timeline of their life where they start identifying which parts have what years of memories and mapping the body's history.

The host can use the timeline to regain a sense of their identity. Helping them understand where they come from explains why they are the way they are today and how they can reclaim agency and move forward. If the mental healthcare provider does not know you are a system, you can pretend all of the memories are yours.

The mental health care provider can use your timeline as a road map for your healing journey because your mental health care provider will be able to ascertain what kinds of trauma you have and hopefully be able to correlate them to your present day symptoms and help you get the healing you need. The timeline can include positive, neutral, and negative events and things that could be considered major life events or serious events by outside people, even if you do not personally feel they are major or serious.

Greyouts are where you remember an event but do not remember the feelings associated with that event. A written timeline helps you and your mental health care provider see your potential greyouts.

The written timeline can also help bring a sense of unity when having it all visually placed in front of the parts. It can help cement the idea that you are all in this together. Try your best to remember, it's not me vs myself vs I. It is not part vs part.

It is system vs trauma. It is us vs trauma causers.

We are a team. We are each other. We are one.

Your mental health care provider can help you with creating a written timeline. The idea of all of your parts contributing to writing the life story down may seem intimidating, but you got this.

WORKING WITH YOUR PARTS

To start, you begin with the understanding that therapy is for everyone. The purpose of therapy is to heal everyone, not just the host, not just a single part, but to heal the whole system.

As the host, you may struggle to earn your parts' trust before they participate in therapy. This sounds counterintuitive, but from their perspective, they are making sure that you, the host, are not going to do something drastic that would destroy the already existing balance that allowed the system to survive up to this point and throw the existing life into chaos.

From the system's perspective, they have survived up to this point using their method. They are going to observe you and see how you behave in therapy so that they know that you are in this together with them and that you intend to bring the system out of survival mode and into thriving mode. If the system sees therapy as parts vs parts, therapy will be difficult. Therapy is more accurately described as the system vs trauma. When the host and all parts understand this, therapy becomes easier. To get to this understanding, get to know each other and connect with each other. Remember, it's not about whether or not everyone's needs are going to be addressed, the question is how do we go about meeting everyone's needs within reason.

Outside of general questions you would ask a friend trying to get to know them, the most important question I asked is if they protected me from trauma as a yes or no question. No explanation of what the type of trauma or what the trauma is. Just plain and simple, did you protect me from trauma?

With systems, the host is not supposed to know the body went through trauma. Thus why when a host asks an intrusive question about the trauma, the part may tell you they do not want to answer or they may just recede to the inner world because they are not supposed to lie to you. Rather than share the trauma and cause a flashback, they would rather not answer or recede and hide in the inner world.

Ask about trauma in this specific way, "Did you protect me from trauma?" This is an empowering message to your part. They are not just a sacrificial lamb that is being brought to the front every day. They are strong and powerful parts who are so strong that they can take the bad, but also contain it away from the host so that it minimally affects the host. That takes so much strength and power. The traumatized part who protected the host did so at great cost to themselves and we acknowledge that. We recognize that. We honor that. Our protectors are our unsung heroes.

They are my wounded veterans fighting the war against trauma. They need backup. They need me as the host to help them. My parts need me to motivate them to engage with the mental health care system. The positive motivational theory posits that people, children in particular, respond better to positive feedback rather than negative feedback. This is rewarding good behavior rather than punishing bad behavior. Since you are working with your child parts, approach yourself as you would any other child. Treat your child parts with the compassion, understanding, and kindness you wanted.

To build a relationship with your child parts, ask them about their likes and favorite things. What do they do to relax? What are their favorite foods, snacks, and or drinks? What are their interests? What are their hobbies? Music? Sports? Art? What have you always wanted to try?

What we missed out on was an enriching and safe childhood. We did not get to be kids, so to make them feel safe with you and show them you are trying to help heal them and not to get rid of them or put them in the back of your mind and try to ignore them. Engage with them and enrich them and heal them so that the trauma they hold gets processed and no longer negatively impacts you in the present. Show them you care about healing them by listening to them. Show them that their needs matter. That when you were a child, your needs mattered. Your parts mattered. You mattered. Show your parts they matter to you now. They want to feel the love that they matter to you because they have been doing everything for you, because they are a part of you, and you are a part of them. You matter to them more than you know. Your parts will fight to be heard and the more you ignore your parts, the harder they will fight to be heard. It will come through with hard switches to take over the front and have their needs met without regard to the rest of the system and most likely will start causing financial hardship.

Half of therapy is you and your parts talking and the other half of therapy is you and your parts listening to each other. Listening is sometimes more important than talking. Listen to what they are saying, hear what your parts are telling you, understand where they are coming from. Respond to their words, just replying can feel invalidating and dismissive. Really respond to what they are communicating to you. Show them you understand them. Practice active listening with your parts. Repeat back key pieces of information that they told you. Show them their story matters to you.

You mattered as a child. You matter now as an adult. You were a person then, you are one now, and you will always be a person. You may not feel like a whole person right now, but that is why you are going to therapy. You can ask your mental health care provider about active listening skills if you want to level your skill sets up.

You all got this.

MOTIVATING YOUR PARTS

Understanding why they are doing the things they are doing is only one part of healing. Motivating your parts to change non optimal behavior is another. Telling a protector to stop doing what they have previously done to protect the system in general does not work. It is like telling a volcano to not erupt.

Motivating your parts to change their type of protective behavior is more akin to digging a trench to redirect lava flow from where it usually goes. It is hard to go against the flow of their nature so motivate them to redirect their energy to healthier outlets rather than telling them to stop protecting the system and bottle their energy. Teach them better ways to use their energy. Show

them better ways to use that energy. Show them what the best way to thrive is because they are already masters at survival. They have been masters of surviving for years. Therapy is where you teach them how they can get to thrive.

In general, there are 4 types of motivation: external, introjected, identified, and intrinsic.²¹

External motivation comes from circumstances that do not necessarily have any negative outcome but does not necessarily have zero reward either. Picking up an extra shift for overtime when you want the extra money and have the free time is an example of external motivation.

Introjected motivation comes from ego-centered motivations. These kinds of motivations are about how people view you or how you view yourself or how you want others to perceive you. Staying late at work to be seen as a hard worker can be an introjected motivation.

Identified motivation comes from personal goal centered motivations. Things you want to achieve. Things that mean something to you. You stay late at the soup kitchen because you want to help everyone and make sure that everyone is served and that it's ready to help more people the next day.

Intrinsic motivation is based on the pursuit itself. You do it for the challenge. You do it because doing it is stimulating or entertaining. Sometimes you have those people who do it for the "sheer thrill of it" kind of thing. You do it for the sake of doing it.

People tend to gravitate towards identified and intrinsic motivations more so than external and introjected. When you tap into a part's identified and or intrinsic motivations, you can change not yet optimally protecting part behaviors significantly more easily than just butting heads with, "Don't do that! Stop doing that!" If you offer your alters an alternative by identified or intrinsic motivation, the resistance to change drops away because they want to do something different. To find out what motivates your parts, get to know your parts, and be there for them.

As you get to know your parts, you will be the parent to your parts they needed then and need now. To be there for your parts the way they need now is called reparenting. With the help of your mental health care professional, you will learn how to reparent your parts and heal your trauma. I know this can sometimes get overwhelming, but you got this.

NEURODIVERGENT MOTIVATION

If you are a neurodivergent ("ND") system, you will inevitably discover that everyone in your system is neurodivergent but the difference comes in the severity in which everyone is affected by the neurodivergency. I have autism spectrum disorder ("ASD") more specifically autism 1, which means I have low support needs. I do not just have some autistic parts. We all are autistic. It is that only some of us can mask our autism well and some who cannot mask it well.

²¹ (Sheldon & Elliot, 1999) <https://psycnet.apa.org/record/1999-10261-009?doi=1>

Attention Deficit Hyperactivity Disorder (“ADHD”) is one of the other common ND systems we have met and have both autism and ADHD, or “AuDHD.”

Here are some other ways to try and motivate yourself:

Urgency can be a motivator. A time pressure can be a deadline that forces urgency on an activity. Often, many ND’s work well under pressure because it’s the urgency that motivates an ND system.

Interest and passion sound fairly obvious. If it is interesting to the system, more likely they will do it. If a task is uninteresting to all parts, try a different motivating factor. If you discover what a certain part finds interesting in an activity, lean into it and creatively apply it to the task. If you can creatively tie your parts’ passions into boring, repetitive, or seemingly pointless activities to get things done, things will be a lot easier.

Challenge and competition can also be a motivator. Accomplishment and competition can sometimes make things easier to do. If you make it a goal to beat a personal record or someone else’s record, it can sometimes motivate your parts to do things. Sometimes self competition works. Can one part do something better or more efficiently or faster than another?

Novelty is also a motivator. If it is something new, it might be of interest. Unfortunately novelty wears off quickly and so this is a difficult thing to use to motivate your parts. What you can do is use novelty as a way to get the part interested and then try to tap into another kind of motivation to keep them going on the right path.

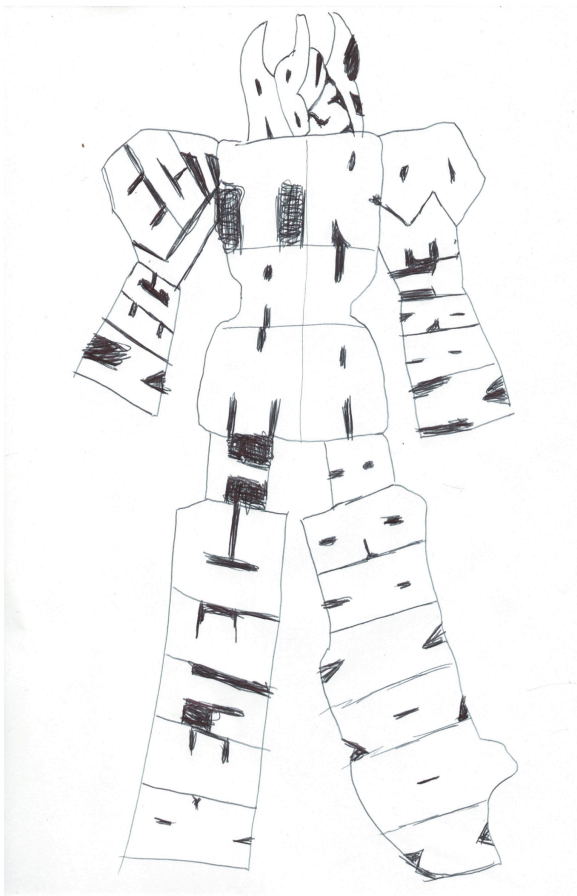
Pathological demand avoidance or persistent desire for autonomy (both referred to as, “PDA”) is quite pervasive in neurodivergence. Sometimes, phrase things differently to not trigger PDA. For example, rather than say, “we need to shower” and trigger PDA, buy two body washes and ask “do you want to use the yellow body wash or the blue?” This focuses the task on having the choice and having autonomy over which soap to use instead of focusing on the demand to take a shower.

For adapting to other challenges that come with neurodivergencies speak to your mental health care provider.

You got this.

HEALING DISCREETLY

DID and OSDD are still controversial. They are two of a handful of mental health conditions where the patient has to prove to the provider that they are indeed suffering and one of the few types of issues that many mental health care providers themselves are not qualified to help with. People are told to seek a specialist and then they are put on waiting lists because the specialist is completely booked up.



From my perspective, rather than treating DID as a beast of its own, I am going to tackle it as a collection of comorbid conditions. What bothers me? How can I relate it to a single identity person's diagnosis? How do I ask my mental health care provider how to fix it without sounding like a system?

Approaching traumagenic systems in therapy is like fighting a gigantic robot that is made up of 5 smaller robots. Their combined strength is hard to defeat, the whole emergent property, and so we're going to take away that emergent property buff.

Relating the problems I, as a system, have to a single identity person's list of problems is me breaking the Trauma Mega Bot into the 5 manageable enemies so that they are easier to defeat. Asking mental health care providers to help with "alexithymia" is like preparing a strategy to defeat one of the robots. Now only 4 pieces are left and that is manageable because I'm already in the process of defeating 1.

You are going to assemble your own Resilience Mega Bot to defeat the Trauma Mega Bot. We need our emergent property buff ourselves while taking it away from the Trauma Mega Bot. So how do we give ourselves the buff and take it away from the trauma? By listening to your parts' needs and meeting the unmet needs of your parts because the cooperative whole is greater than the sum of the individually acting parts.

DISSOCIATED EMOTIONS

The first problem of switching is that it presents like so many different things that mental health care providers generally have no idea where to start. Switching can happen for so many different things that having no idea why you are switching makes finding a starting point in healing is hard.

With severe childhood trauma, our brain helped us survive by acting on the idea that the bad thing did not happen to "me" specifically. It happened to the body, but it didn't happen to me, not to THIS specific identity state. It happened to the alter who fronted but it did not happen to any of the other parts. This dissociation protects us from the amount of trauma we have, by dividing it amongst each other. We have emotions but we do not cognitively recognize we are feeling

them. This dissociative disconnect between your cognitive and emotional areas of the brain we can address with mental health care professionals. In singular folk equivalents, this is called alexithymia.

The way singular folks deal with alexithymia is with body activation awareness, increasing emotional intelligence, coping skills to help with emotional regulation, mindfulness, and grounding techniques.

Because our emotions get dissociated away from our cognition when we are activated, we do not notice our emotions boiling over. When they boil over, we are either overwhelmed and switch or go into dysregulation and switch. For a system, it is called how we survived childhood. To get help from a mental health care provider without sounding like a system, just tell them you want help with alexithymia.

The reason why we non-host parts say to manage this first is because the host's cooperation is the most important part of continuing therapy. Not the wounded protector parts. The host has to want to heal themselves and us. The host has to want to work with us, otherwise it does not matter that we want to work with the host.

What a lot of people on the outside often don't understand is that none of us want to be this way. Who wants to be anxious and vigilant every waking moment? We are tired of this. We do not want to be like this. We did this to survive. We don't know any other way.

When we experienced what healed trauma was, we realized we were not thriving, but we were just surviving. Surviving feels kind of good to a part because surviving meant we did our job. We protected the system. We did it. We survived. But once we experienced healing, we realized survival was the floor of life and that we were just eking by.

We realized we all wanted to heal, but for the longest time, didn't know how to heal. We needed our host to support a mental health care provider who is teaching how to heal and need our host supporting us during therapy to walk the healing path. Respecting the fact that the host themselves have a life, have feelings, and have needs too goes a long way. It's not just non-host parts who have needs. We all have needs, and we are all in this together, figuratively and literally.

The early way we did this was that we non-host parts had to show the host we were trying to work together to minimize our disruptive impact on their life. Since one of the most disruptive things to a host's life is being switched out, we had to teach the host to get to the front and how to stay at co-con and how to not fall into the inner world. Think about it this way, how can your host build their trust the fastest? Offer your host proof no one is trying to ruin the host's life by allowing the host to observe everyone fronting. Work with your host in co-consciousness, not against them with intentional blacked out switches. The host was always one of us and will always be one of us.

I may be only one person but we are a one body army.

We are all each other and we are all one.

We got this.

Healing from dissociated emotions requires some safety in the external world and if there is too much chaos, healing slows because the only safety and stability a system feels when the world is chaotic is during therapy with their mental health care provider.

If you feel like you are healing at a snail's pace and you do not understand why, look to the outside world. If the outside world is constantly beating you down, how can you build your defense quickly? You go to therapy and with the help of your mental health care provider, your system puts on two pieces of emotional armor a week, but then life rips one off.

It is not your fault or your parts' faults. Correlation is not causation. The outside world making your inside world hard is not your system failing at healing. Life can be hard and healing is not solely dependent on you. Healing is about you AND the situation you are in.

Always take your situation into account when you feel like you are in a rut. It may not be you that is the problem even though you feel like you are the problem.

Perspective is important. Take a breath. Take a step back and recognize progress. You got this.

CONTRADICTORY & PARADOXICAL BEHAVIORS

Sometimes we will think or behave in contradictory and paradoxical ways. This is because your parts have different kinds of attachment styles, personalities, quirks, likes, and dislikes. They are in essence different people because they experienced the world differently and so they have different perspectives of how the world works and everything.

This often leads to contradictory and or paradoxical behavior and or thoughts. You can devalue and idealize your mental health care provider. You can have a fear of addiction but then engage in activities with high rates of addiction. You can sometimes feel shameful yet superior.

These are your parts having different effects on the front. This is why we talk to them and understand them and learn how to work with them, so the impact on the front gets evened out. Managing activation and dissociation to prevent switches and working with your mental health care provider to help resolve the contradictory and paradoxical behaviors and that can help with income stability.

Consistency is what many employers look for and if your work part or host can be consistently at the front or when you switch, you are still consistently behaving age appropriately and also act like your host or work part would, there is a larger likelihood of keeping jobs.

Keeping a job means earning money. Having money means being able to afford things. Cooperating with your host and helping your host keep their job means the system then can afford to pay for meeting every parts' needs and healing all of their trauma.

I know you all can get on the same page. You all got this.

DECISION PARALYSIS

A lot of times, you have trouble making choices and decisions. Sometimes it can look like self sabotage when there are two paths forward and you cannot pick which one to go down until the opportunity has passed and you just ruined your chance at something great.

This can also manifest as never knowing where you want to eat. It can be small decisions or large decisions. The decision paralysis comes from multiple desires. We just want to get everyone on the same page by addressing everyone's needs with the help and guidance of a mental health care provider. As you get to know your parts and do core or schema work, your beliefs and values will all start to align and then your parts will tend to start agreeing with you more often as they understand your logic because they understand your core beliefs and values and see how you want to achieve them.

In essence, once you know why everyone is behaving the way they do, it makes it easier to get everyone on the same page. Beliefs shape behavior. So if all of your parts share the same beliefs as you, your parts are more likely to agree with your decision and you will have fewer conflicts.

I want to caution you against a "mob rule" lifestyle.

Your parts can disagree with you on decisions and other things in life. It is very valuable to have different perspectives and points of views on things. Your parts can, and often will give you this, and they can offer you some deep wisdom. I have been guided by my alters more times than I can count and mental health care providers have taken my alter's advice and shared it with their patients. Even if the opinion is in the minority, that opinion may have valuable information and insight that can be helpful. Listen to them and have a healthy and respectful debate internally, weigh the pros and cons, and then see if your decision changes.

I try my best to give my parts a voice and hear them out and let them be heard. Sometimes they do not express the healthiest things but that is OK. Not everyone can be 100% mentally healthy 100% of the time. Life happens and we can get down in the dumps. What if I am the one depressed and not seeing the best path but other parts are? Your parts and your mental health care provider are there for you.

You all got this.

GOING TO THERAPY

When you go to therapy, after they are done with the intake process, they will basically ask you, “What do you want to talk about?” or “What do you want to work on?”

This is such an open ended question that some people get overwhelmed and do not know how to answer. There are several kinds of talk therapy to help process trauma. Which way that helps you best is impossible to know ahead of time.

Talk therapy is just going to a mental healthcare provider and talking about your memories and what happened in them.

If you are overwhelmed and do not know how to answer or where to start, try thinking about what problems you experience in the present you want to work on. Working backwards might help give you direction on where to start with your mental health care provider.

There are two ways to approach therapy if you get blendy/blended/identity confused before or during therapy:

- 1) This traumatic memory is bothering me, I want to talk about it.
- 2) I have an unwanted symptom/behavior/reaction, can you help me figure this out?

Write out lists of these things and have them ready on hand by you so that you can refer to the list and talk and not waste much time during therapy.

COMMON MODALITIES

Cognitive Behavioral Therapy (CBT) tends to focus on exploring how that traumatic event caused problems in your life and how to regain control of your life. Trauma informed CBT helps you get out of flashbacks and handle other manifestations of your trauma. CBT can help with unwanted behavior patterns and post traumatic stress symptom management if this is your goal.

Cognitive Processing Therapy (CPT) is helpful for how you think or any kind of automatic thoughts that happen with yourself, people, and the world. This includes addressing black and white thinking, the whole “you do one bad thing to me and you are dead to me forever.” CPT can help address your self esteem and help you reconnect with people if this is your therapy goal.

Dialectical Behavior Therapy (DBT) can be helpful for changing some behavioral patterns that can interfere with interpersonal relationships, emotional regulation, and also distress tolerance. DBT can help address behaviors that may be self sabotaging, self destructive, and self harming if this is your therapy goal. If you are neurodivergent, DBT can be used for a variety of your goals, however, DBT is not applicable for overstimulated meltdowns and shutdowns.

Overstimulated meltdowns and shutdowns are preventable. Missed opportunities to prevent them are accommodated. You prevent meltdowns and shutdowns by increasing emotional self awareness and increasing the amount of introspection you do so that you can stim and soothe before you get to the tipping point. A DBT suggested change in thought patterns will not prevent meltdowns and shutdowns. It will only cause shame because you believe you have failed at preventing meltdowns and shutdowns because you have bad thought patterns when in reality, it was about overstimulation.

Internal Family Systems (“IFS”) Internal Family Systems is a common starting place with parts. IFS is often recommended by systems as a great modality to try as a starting place when working with parts and an introduction as to how parts can interact with each other. It should be noted that the IFS framework requires adaptations as you heal and so this is why most systems recommend this as a starting place for therapy, not the end of therapy.

Ego state work / Inner child work is an integrated approach and a common place to start to reparent parts one by one. This is a bit of a slower method to heal in therapy but more therapists are familiar with the general concept of ego state work instead of IFS specifically. It has a bit of a different approach but still can work with your parts.

Schema Therapy addresses what happened to you during your childhood and what beliefs you have that were formed from your childhood which can make life difficult in the present.²² They can cause cognitive distortions, automatic thoughts, and or unwanted behaviors. Schema therapy helps you understand why you and your parts behave the way they do in a more holistic approach.

TRAUMA PROCESSING

Safety and stabilization have been discussed but it needs to be reiterated here. Safety and stabilization of the internal world and internal conflicts is important. Sometimes, internal conflicts can occur simultaneously with trauma processing, sometimes internal conflicts prevent trauma processing. This is why getting to know your parts and working with your parts is a part of safety and stabilization before trauma processing.

One of the first difficulties systems face is when they arrive at therapy, they start drawing blanks on what to talk about. This often comes from many parts wanting to participate and heal in therapy. To get around this, many systems prepare a list of possible things to talk about during therapy for that session and write it out. When things get blendy and the memory gets hazy and confusing and concentration becomes hard and you forget what to talk about, look at the list of things you wanted to talk about during therapy that week and pick anything from the list if you have no idea what to talk about. If you are in the middle of a memory and processing gets interrupted because another part has to join to continue the memory, you can ask your mental health care provider what you were just talking about and then let the part continue where the other left off.

²² (Beck et al. 2015) *Cognitive therapy of personality disorders* (3rd ed.). Guilford Press.

Trauma processing requires that your system engage in regular system meetings and check-ins so that a list can be generated by the parts expressing their needs to the host so that the host can coordinate with the mental health care provider and be an active participant in the healing process.

It is important to include your host in therapy and not just black them out and attend therapy solo. Early on with amnesic barriers, this may be difficult but as you get to know each other, your amnesic barriers will start to lower and co-consciousness will become easier and more regular.

Trauma processing can be hard in general and emotional release therapy can be hard even with a mental healthcare provider. To help, there are some techniques your mental health care provider can use to help make processing the emotions easier.

USING A CONTAINER

There are some traumatic memories that are so intrusive that they constantly affect the front and so they need to be contained from the front. The concept is a fairly well known practice among mental health care providers. You imagine placing a memory in a container and it stops bothering you and helps reduce anxiety. The simple act of describing “put a memory into a box and seal it away” is sometimes hard to understand for traumatized parts.

Using the container method is, “I cannot handle this trauma right now, I will get to it when my window of tolerance is large enough to process it with my mental health care provider.”

Within my inner world, we created “The Library of Memories” and it is where all of the parts are allowed to go to put memories into a ‘container’ and saved to be processed when we are ready.

My parts conceptualized the container as a blank book, and our scary story gets transferred into the book. It is a self sustaining container as the book bindings get tougher and tougher the worse the story is so that the story cannot escape the book binding until we are prepared to face it.

Some systems use other objects in their inner world:

- The container can be a box that becomes as hard as a diamond so the memory cannot break out of the box.
- It can be a VHS cassette that has a sleeve of being paper, if necessary it is stronger and plastic then. It gets put in one of those big boxes with the snap together lids.
- The container can be a wooden chest holding the memories, that gets reinforced with metal chains and locks or it gets placed into a stronger bigger metal chest.

When the container is sealed with the memories in them, the anxiety just seems to drop away from the front. It is still there, but it does not affect the front as badly.

Remember that unresolved trauma will eventually bleed through in the end. Any memories placed in a container that are not addressed with your mental healthcare provider eventually resurface again. The container is not a cure for trauma. It is more akin to a temporary fix, a bandage, something for now because the real help is coming soon in therapy with your mental health care provider.

EMOTIONAL RELEASE WORK

When you start delving into the trauma, you will engage in emotional release work. This is where you get to feel your feelings that you did not get to before and feel them and let your body express them. Whether it is done by saying what you never got to say, screaming into a pillow, using dance or movement to express yourself, or even just simply crying. Your mental health care provider can help you using various Emotional Release Therapy techniques and methods.

Sitting with your feelings, feeling your feelings, and working through them is really important in trauma work. Many people who are severely traumatized go through life with dulled emotions and cannot feel the full range of happiness that they observe with others and can be a source of sadness and despair.

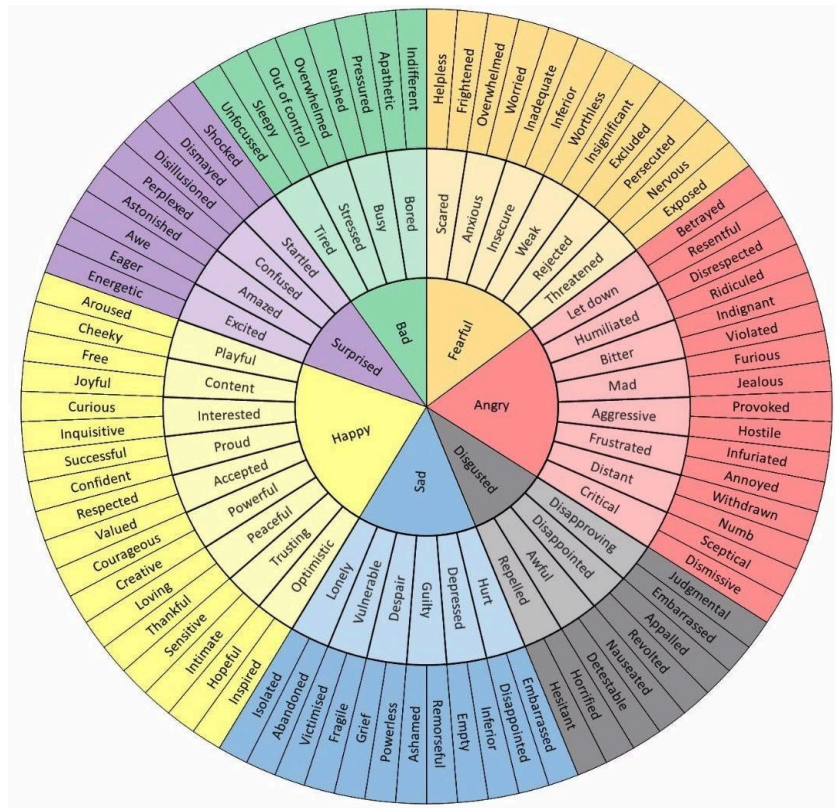
Since you feel a reduced amount of the bad, you also feel a reduced amount of good and trauma processing and going slowly by titrating the trauma, you can regain access to the full amount of happiness that you used to feel. Process the bad and feel the bad so that you can regain access to the good and feel the good.

So start by feeling the smaller bad stuff and a little bit of the bad stuff and build up a tolerance to it. It is recommended to process trauma with your mental health care provider. Objectively, the brain treats all trauma the same way, but people tend to have a scale of subjective severity in regards to trauma. Even when you do the small traumas, titrate the trauma and go step by step, slowly and steady. If you are having difficulties describing your emotions with your mental health care provider while processing, try using an emotion wheel if you are having difficulty naming emotions you are feeling.

It is best practice to process the traumas you feel are the subjectively “easiest” or “smaller” traumas first. As you process the subjectively smaller traumas with your mental health care provider, you will start building a larger window of tolerance to handle the “bigger” traumas.

Notice how that emotion activates the body, what it feels like in the body, and identify where that emotion manifested in the body. This will help you recognize the body activation of each emotion in the future. Sit with the experience, feel how the emotions physically affect the body, sit with the discomfort, process what happened, and focus on breathing through the experience.

Engage in grounding, stimming, self soothing, and or self care with your mental health care provider’s guidance as needed.



For extra safety, if you have a physical object that you got in adulthood that has a positive memory associated with it, bring that so you can use that to anchor yourself to the present if you are having difficulties grounding and coming back to the present.

If you are having difficulty with titration, try processing with a fidget toy, some putty/slime, or texture stickers. When you process trauma with your mental health care provider, try using the fidget toy, putty, slime, or touch the stickers while talking. Give yourself something manual to do, something to physically focus on in the present while recalling and talking about the memories and emotions from the past. Feel free to stim or use bilateral stimulation while in therapy.

EXPOSURE THERAPY

Even after fully remembering the trauma, the trauma may still continue to echo even after the memory is no longer behind an amnesic barrier. That echo can lead to you avoiding people, places, and things that remind you of your trauma. Prolonged Exposure Therapy is a way to increase your distress tolerance. Essentially it is your mental health care provider gently exposing you to the triggers of your trauma and gradually increasing the duration of the exposure to the trigger and or the intensity of the trigger in order to desensitize you to your triggers. This can help with reclaiming agency, especially when it is associated with avoidance

of a person, object, or place. This can especially help reclaim your agency if a favorite place became a trauma trigger for one of your parts.

SECONDARY ISSUES

DID and OSDD tend to come with many comorbid or secondary issues, including but not limited to anxiety, obsessive compulsive behavior, depression, phobias, eating disorders, and substance dependencies. Secondary issues are nothing to be ashamed of and are common.

Substance dependencies can be a source of embarrassment, shame, and guilt. Do not think you are a bad part for having a dependency. All a dependency means is that you survived something so horrible that you needed something else to help you get through it. Rather than something else, how about trying someone else? The substance has helped so far but not enough to help you fully get over it, so how about we try a new approach? Being there for your parts is important but so is having an external support network. Depending on people feels great when they are there supporting you. Friends and chosen family can help heal the wounds that you are trying to numb and avoid.

Dependence is strongly correlated with lack of connections to people. Those with fewer human connections are more likely to be dependent on substances. I would recommend finding a support group and connecting with people and seeing how your dependence goes as you connect more with people. If the dependence does not get lessened, I would recommend speaking to a mental health care professional if you want more help.

EYE MOVEMENT THERAPY PRECAUTION



Sometimes, trauma is still too difficult to talk about. Eye Movement Desensitization and Reprocessing (EMDR) studies boasted high success rates, however, in our, and many systems', experiences, EMDR did not work. Having our protector control the body for the eye movement while the traumatized part recounted the trauma did not work for us. For this reason, we caution anyone pursuing eye movement based therapy to do a risk benefit analysis and that the treatment be done with a trained professional.

CHAPTER 4: THE MEDICAL HEALTH CARE SYSTEM

Being a system presents many difficulties with the medical community. Each part fronting can have different effects on the body.

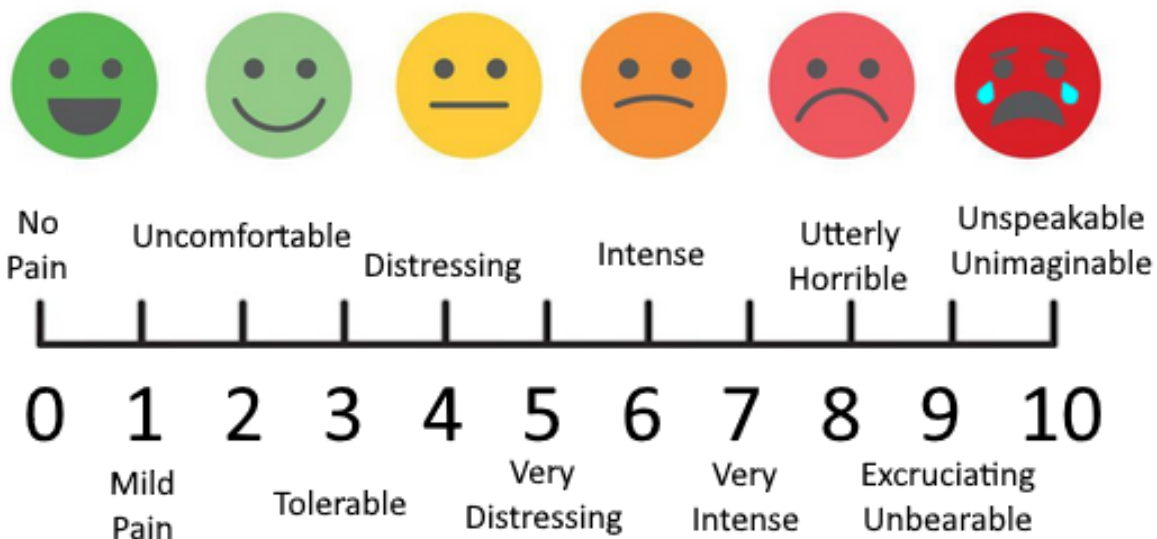
In my system, we have parts who have different baseline metabolic stats. Our blood pressure is inconsistent and so is our blood sugar. When we do need medical help, it can get difficult because sometimes we do not present like the supermajority of patients most doctors see.

There are many systems who have parts that can dissociate pain away from the front and will be stone cold faced and speak to the health care providers in the most clinical way to get the information across. This is not great because conveying facts without the appearance of pain makes the facility think you are looking for opioids.

I am so sorry for any difficulties you have previously faced in the medical health care system.

PAIN REPORTING

Doctors tend to use scales for measuring pain. These are a few combined into one:



In addition to the level of pain, it is best to describe the type of pain, and where:

Burning pain - feels like it is on fire

Sharp/Stabbing pain - concentrated pain in a single area

Throbbing pain - diffuse pain over an area and you can feel the pain pulsing like a heartbeat

Shooting pain - feels like lightning bolts of pain shooting down a nerve

Prickling pain/Pins and needles - it feels like electricity is staying on you or lots of static shocks happening. If your leg has ever fallen asleep from sitting too long, that is a lot of this kind of pain.

Aching pain - this is a deep in the muscle/bones/joints kind of pain. There is a soreness or pain that does not go away and is a constant underlying level of pain.

I know that it is awful but try to just have your host front as often as possible for doctors. I know that it feels like you are not protecting them by letting them be in pain, but it is only temporary. Sometimes you have to let the doctors see how bad it really is so the body can get proper help.

Having the stone cold emotionless pain suppressing alter go to the doctor may not be the best strategy for finding help even though having that alter front during this time makes the situation tolerable.

You got this.

INCONSISTENT LAB RESULTS

Initially until you get your switching under control and can voluntarily switch to the host for blood draws, you may be told to get blood drawn several times for each test you do.

Fluctuating fasting blood sugar, blood pressure, and heart rate are the most common things we have heard from other systems. What you can try to do is positively trigger your host to the front to try and have them front for every blood draw to try and get more consistent lab results.

INCONSISTENT EFFECTS OF MEDICATION

It has been noted that alters can affect the body in different ways and similarly medications can affect each alter differently.

The more you integrate, the more similar your effects on the body become and you can stabilize your lab work and have more consistent effects from medication.

More integration as a whole means your brain and body are staying in a specific state in a more consistent way for longer periods of time, which means your body will have fewer overall fluctuations and so your medication will experience more consistent effects.

Some medications that affect your fight or flight responses may front stick parts. Front stuck parts can try as hard as they want but they cannot, for the life of them, leave the front. There are two approaches to medication front sticking parts: The first is to integrate the front stuck part with the host by processing all of the front stuck part's trauma and integrating with the host to allow the host to be front stuck with that part. This requires good communication and trust between parts in addition to the trauma processing with a mental health care provider.

The other option is to speak to your physician and express that the fight or flight activation is an unwanted side effect and to see if there may be other options. Please speak to your physician.

SUBSTANCE USE

This guide is not endorsing recreational substances, just stating that if you do participate, please use recreational substances responsibly.

Recreational substance use has a complicated relationship with systems due to avoidance and amnesic barriers. Please be cognizant of the potential for substance dependency and abuse issues behind the amnesic barriers.

Recreational substances may not affect all alters the same and your experience may be inconsistent just like how medication can have inconsistent effects on the body.

You may notice that when certain alters front, the body feels more sober. This can be beneficial in certain situations but frustrating in others. If it is for recreational purposes, my recommendation is not to consume more recreational substances, but to negotiate with alters.

When you suddenly lose the intoxicated feeling, take a moment and find out what made an alter feel unsafe, address it, and then ask the alter who just came to the front to just back off the front. When that alter leaves the front, you often will feel the effects come back if the part leaves the front soon enough.

If that sobering alter's trigger is not addressed, that alter may not be able to or may be hesitant to leave the front again knowing the body will get more intoxicated. They may not be able to or unwilling to leave the body dysfunctional and unprotected. Consuming more may only make that alter feel less safe and want to stay closer to the front, and reduce the intoxicated feelings to protect the system.

Meet your part's need to feel safe and negotiate rather than consuming more substances.

MEDICAL TRAUMA

Unfortunately, many systems experience medical trauma. This can make the decision of even getting medical help a difficult one. Fearing another traumatic instance can make getting medical help hard internally and externally.

Additionally, there are issues with safe people bringing a system to and from appointments. Sometimes biological family members are trauma causers. Sometimes significant others are trauma causers. It is important for systems to have one person who is trusted and safe. When a system does not feel like they have someone who is trusted and safe, trying to get medical help becomes so much harder because your parts may have an intense fear that they cannot protect the body post procedure. That may cause them to want to avoid the procedure completely.

Safety and stabilization sometimes includes building connections to people.

CHAPTER 5: TROUBLESHOOTING

BLENDED / IDENTITY CONFUSION

When you feel like you do not know who you are or what your name is, you cannot figure out whose memories are floating around your head... do not worry, that happens frequently. This is what is known as being blended, blendy, or being identity confused.

You can start with “my name is...” and pause and wait for the first name to pop into your head, even if it is a question and you are unsure.

- 1) “I am Guardian, maybe?”
 - a) Ground with whomever is closest to the front with their positive triggers from the Always Sometimes Never game. It will be the easiest for the person who is closest to the front to re-grab the front. It takes the least effort.
- 2) No answer or no one knows their name
 - a) Identify who is closest to the front by thinking about what you like. From the things you like, start matching the likes to the part from your Always Sometimes Never game list. Once identified as the most likely part that is close to the front, then use that part’s positive triggers to help them grab the front and ground.
- 3) If unsure of who is closest, the default most often is a host or the system’s primary protector. Positively trigger out your host or primary protector as they tend to be the safest for the body to be fronting in most situations.

BROKEN THERAPEUTIC RELATIONSHIPS

It is only human, that a mental health care provider is not perfect. There may be a time where your mental health care provider does or says something that damages the trust between your parts and the mental health care provider.

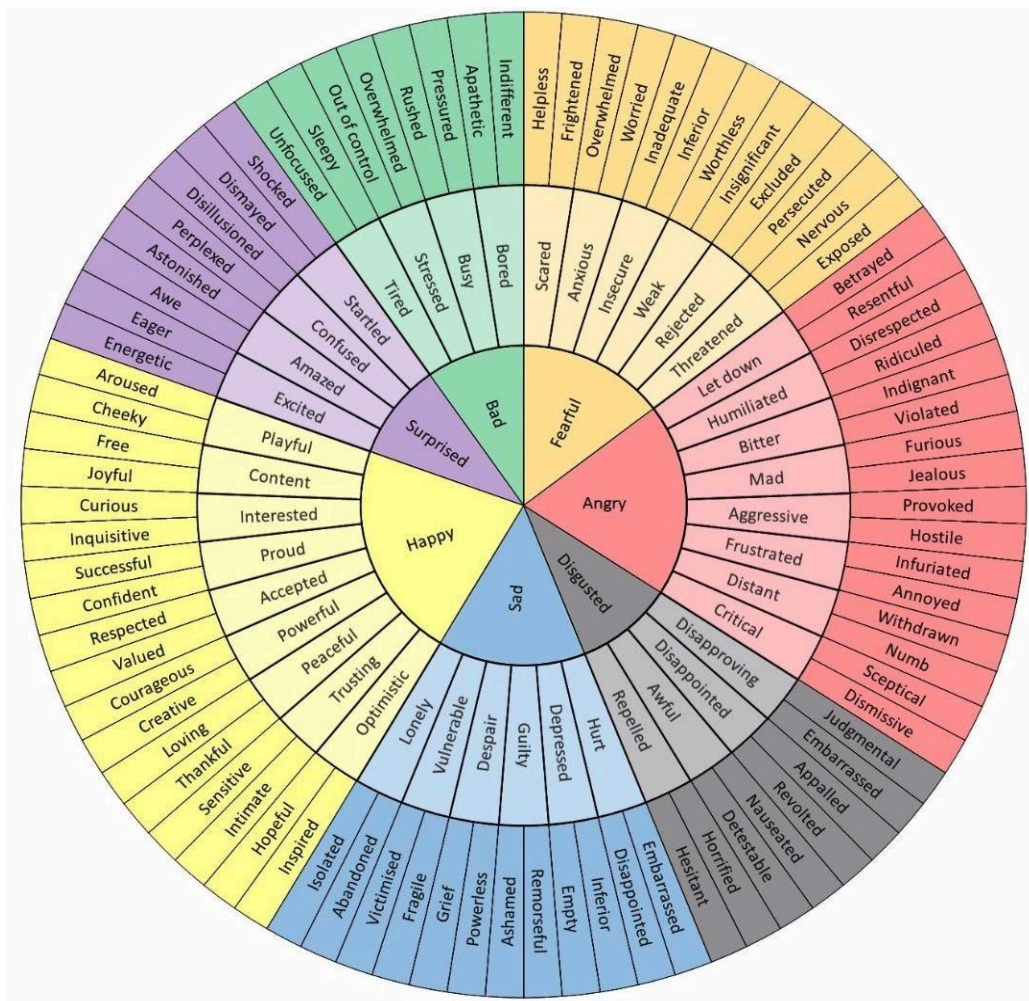
Whether it is from implicit bias and the word choice, tone, and just overall how they treat you is just off, or they just overtly say or do something that damages the relationship, a mental health care provider can ruin the relationship unintentionally.

It is natural for the mental health care provider to get defensive and try to either act like they did not do anything wrong or you are the one who is making it into a problem. Try not to take it personally. Therapists can be insecure too. When a part no longer trusts a mental health care provider, parts tend to engage in two types of behaviors:

- 1) Stonewalling access to trauma
 - a) The fronting or co-fronting part is refusing to allow other parts to speak to the mental healthcare provider.
 - b) A part refuses to front or refuses to talk about their trauma.
- 2) Fleeing from the mental health care provider
 - a) Abandoning the mental health care provider
 - i) The system drops their mental health care provider by either cancelling appointments or skipping appointments.
 - ii) The system finds a new mental health care provider and replacing the provider.
 - b) Pushing the mental health care provider away
 - i) The system can become hostile to the mental health care provider in hopes the provider refuses to see the system to prevent a fawning part from going back to the provider.

Articulate to the mental health care provider what they said or did that caused the rift, or else the therapeutic relationship may erode to the point of no return and resentment.

If you are having difficulty identifying the emotion you are feeling, try using an emotion wheel to discuss what you are feeling. If it is irreparable, do a final session and let them know you are ending the therapeutic relationship for closure for both of you and a farewell.



DENIAL

Hosts will occasionally go through denial cycles. This usually only happens to a part that still has amnesic barriers and more often than not, the host of the system goes into denial.

“This isn’t real”
something”

“DID is so rare, I’m just delusional or

“I must be making this all up”

“Everyone has parts, this isn’t DID”

“I’m just imagining this”

“I’m crazy”

“I just want to be like everyone else”

“I am normal”

Being diagnosed as a system is hard. There currently is no known healing method that prevents all future splits, and so it is quite common for systems to become upset and frustrated at the difficulties we face that single identity folks do not face. It would be easier to just pretend it was not happening and to just go on, but the reality is that your system is real, will continue to affect your life, and this is just another part of the cycle. As you continue to heal, the cycle goes through longer and longer periods of acceptance and shorter and shorter periods of denial.

Take a moment and reflect on why amnesic barriers exist.

You were a child. You needed care. You needed support. You needed adults.

If you told the truth, the adults could call you a liar. The adult has more social standing than the child. Adults tend to believe other adults over children.

If you told the truth, you could have been an outcast, you could have been unsupported, you could have been rejected, you could have been abandoned, you could have been alone to fend for yourself as a helpless child.

It was safer for you as a child to hide the truth than to tell the truth. They protected you and are still protecting you. It was safer to hide the truth from the host back then too.

It’s different now. Now that you remember you’re on the healing path. Treat your parts the way you deserve to be treated. Give your parts the benefit of the doubt. Give your parts the patience you wished you got.

Approach them with a mind open to a shift in your recollections, feelings, and perspectives of people, and a heart that is open to love, kindness, and compassion.

Being a system is just one of the ways we are different but you are not alone in your systemhood and being a system does not make you a bad person. You being a system is not a statement on who you choose to be. You being a system is evidence of what happened to you as a child. You being a system is evidence that things happened to you that were out of your control.

DEXTERITY LOSS

“Somatoform dissociation” is essentially where your parts have different levels of connection/dissociation with the body.²³ This can come in the form of motor coordination, agility, and dexterity. You can have left handed parts and right handed parts within the same system and dominant hands can change when those parts switch in and out.

Try to coordinate co-fronting with ANP’s and have the less dexterous part stay co-con to maintain motor coordination while out in public.

DISTORTED SENSES

Parts have different levels of acuity with the senses. Some have better hearing than others. Some have better vision than others. Some can smell better than others. This is as real as parts having different blood pressure and causing thunderclap headaches with switching.

If your vision is blurry but normally your vision is not, it might be that you have too many near the front and someone with bad vision has to ease back.

DORMANCY

This is a scary event for some, a joyous event for others. Dormancy is where an alter is not active and is as if they are in a deep sleep.

Many systems feel grief over fusions, splits, and dormancies. This is very common and if your parts mourn for the dormancy of a part, it is OK that your parts mourn. It is understandable to miss the presence of someone who everyone has been accustomed to and cares about. Many systems also experience mixed emotions when alters come out of dormancy.

Alters tend to go dormant when they are no longer needed and conversely, they may become active when they feel they are needed.

Being happy to see a dormant part is normal. It is also OK to be wondering about what caused that part to come out of dormancy. Your mental health care provider can assist you in figuring out what events and or stressors in your life are causing parts to come out of dormancy.

EMPTY FRONT

Sometimes, when you dissociate, someone does not take the front. This looks like a blank facial expression and many find it embarrassing.

²³ (Nijenhuis 2004) Somatoform Dissociation: Phenomena, Measurement, and Theoretical Issues. New York: W.W. Norton and Co.

This is often confusing for systems because inherently it seems odd to forget the “protect the body” instinct but it’s actually usually due to distress. When the body is experiencing distress, it makes it harder for anyone to hold the front. Physical pain, emotional distress, intellectual distress, etc... Stress and anxiety in general can cause you to dissociate.

When your senses become dulled, your vision blurs or gets darker, then sounds become muffled, but you can still feel things on your body. It is like you have been pulled into a space where you can hear the world but you are having difficulty interacting with it.

You can still talk and you can do basic body functions that use muscle memory, like washing dishes. You are sort of there but you are not fully present. You cannot do anything that requires fine motor control or tasks that require attention to detail but mindless tasks are unaffected. It sometimes feels like someone turned on autopilot mode? That is where you are stuck in co-consciousness and no one is at the front.

Identifying what is causing the dissociation is a priority so that you can address the cause of the dissociation rather than just trying to come back and grab the front over and over again. What kind of distress is overwhelming the part’s ability to hold the front? When you can identify the source of distress, you can start addressing the cause(s) and reduce the frequency of an empty front.

ESCAPER PARTS

Some systems have parts whose job is to escape the scene. They flee when they are triggered out and this is quite common so do not feel like you are too messed up and beyond hope.

Many systems have difficulties with this but some have stated that keeping soothing and calming items for that escaping part near the doors, windows, or whatever way they use to escape to catch the attention of that part for a moment. The pause can break the panic and help ground and remind that part that it is not happening right now. In addition to your own opportunity to ground, the pause also gives time for roommates, significant others, friends, family, etc... to help catch you before you flee the premises.

Some people use baby proofing tools or extra security locks like a chain lock to the bedroom door to slow down escape and give roommates, significant others, friends, family, etc. some extra time to get to you.

If you watched Marvel’s Moonknight, the main character goes to a few extreme measures to prevent night time escaping and wandering. Just know you are not alone in this.

FRONT STUCK

There are several aspects to being front stuck

- 1) Grabbing the front / Grabbing the front too hard
- 2) Letting go of the front / Being afraid to let go of the front
- 3) Being pushed to the front / Whether or not you are the alter that handles that stress
- 4) External stress levels / Unable to voluntarily switch

When you are front stuck and cannot directly connect with any parts, including calls to everyone in the inner world, your anxiety might be through the roof and causing amnesic barriers to go up.

You are not only stressed about being front stuck and fighting your urge to leave the front empty with no one to protect the body. You probably can still feel connections to your parts but your anxiety might be kicking your stress hormone levels up past the point where you are no longer able to voluntarily switch out.

In our experience, we cannot switch while overly stressed. We need the right physiological conditions to voluntarily switch. This usually means whomever is fronting has to be grounded enough to be able to either ask to be switched out to or use a positive trigger of another part that can bring someone else to the front.

If you are in a safe space and or with a safe person, you can try to intentionally leave the front empty. This goes against your very instincts because you protect the body and no one at the front is like falling asleep while driving a car. It is dangerous, we know, but this is a controlled situation. You can fight against your protective instincts and allow yourself to be vulnerable with your parts and trust that they will come front and protect because even though you are in a safe space, an empty front with little communication is when the body is the most vulnerable. This can be terrifying and difficult to do, but if you trust your alters, it can be less scary.

They have got you. There have always been protectors making sure the body stays alive. It has never been you alone at all. You were never alone. You have always had the other alters there with you. Trust them. They have always kept the body alive when you were in the inner world. You being front stuck proves the rest of the system keeps the body protected when you are not fronting. You do not have to stay at the front every waking moment. Take a rest. Recharge.

When you make the space to let someone switch in, it makes it easier to let them help you let go of the front and go back to the inner world.

Instead of "help me, I'm freaking out, come here and take over" try, "Hey, I'm tired, I'm really tired, I cannot keep calling out for help at the front. I'm just going to relax and let go of the baton in the race. I've finished my stretch of the race for now. I'm passing control to whomever comes to take it, I'm trying to let go but I'm having trouble letting go. Can someone take the baton from me?"

If you want to think about it another way, treat it as if you are going to sleep. Someone else will be the one that wakes up so just relax, and trust your other parts to be there for you the way you are for them. Ground and give them the space and opportunity to show up for you and switch in.

INCONSISTENT APPETITE

Not all parts experience hunger. It is important for every part to know whether or not the body ate. Feeding the body is every part's responsibility, regardless of whether or not you like to eat.

Having an eating schedule can be helpful. The body is set to eat at specific times rather than based on the hunger of who is fronting at the time.

If you are struggling with eating, please speak to your mental health care provider.

INSOMNIA

Many systems have insomnia and nightmares. These are the common forms of insomnia:

- 1) Nightmares and the avoidance of the nightmares
 - a) The nightmares do get better with trauma processing. Speaking to a mental health care provider can help with this.
- 2) Standing guard or hypervigilance.
 - a) Tour your home with the night guarding alter and someone safe who can show the part that the home is not dangerous anymore. They are not in the same situation as they were in before. They are safe here. They can use their energy to protect the system in a different way.

If you are having difficulties with insomnia, speak to your mental health care provider about it.

MISSED MEDICATION

This is the most common issue systems have faced. Many systems use pill organizers, pill counter caps, and other pill tracking devices and apps. Daily medication is easily missed when someone is fronting who does not usually front for medicine or when you are rapid switching.

Some parts are not affected the same way as other parts are by medication. Some parts may become non compliant because they dislike how they feel when they front while on the medication. Medication is for the body and the system as a whole and that even if it does not feel the best for an individual part, it may be the best for the system overall to be on the medication regimen. It is important to listen to your host and your mental health care provider because listening is a part of growing and becoming more responsible.

If the medication is giving a specific part too much of a side effect, speak to your health care provider about potentially changing doses or alternative medications while still maintaining a therapeutic effect of the medication. More often than not, staying on medication and adjusting works better than just refusing medication, particularly medication that needs to be tapered on or off. Your medical health care provider can help you on dosing your medications.

PARALYSIS / DISSOCIATIVE SEIZURES

Many systems experience dissociative seizures that come in the form of paralysis.

To experience a paralytic state while being aware of your surroundings can be terrifying. Do not worry, you can break out of a paralysis by yourself. You may close your eyes and then stiffen during a stress reaction. As you start stiffening up, you'll usually be able to speak. Let whomever around you know not to restrain you but just to make sure you do not fall or hurt yourself.

You can regain motor control incrementally. Breaking free of paralysis does not require being completely calm, just calm enough to remember how to break free or listen to and follow instructions.

It is about slowly and incrementally regaining control over your motor functions, not all at once.

Continue to breathe in and out through the whole process. Read through this and follow along yourself or have someone read it to you:

You can open your eyes, it's OK to open your eyes.

You are here in the present. Great, now you can regain control of the body.

Start by attempting to wiggle the furthest part/extremity. Wiggle fingers (or toes).

(wait until you have movement in fingers or toes)

Great job, next, attempt to be able to move your wrist (or ankles).

(wait until you have movement in wrists and ankles)

*Fantastic, you are almost there. Get your elbows and knees free. you are doing great!
Keep going, you got this! Bend your elbow (or knee)! You can do it!*

(Many systems regain control after the elbows and knees)

Amazing just the hips and shoulders left. Just stretch out like a starfish. You got it!

Most will be able to talk while they are paralyzed which may cause disbelief in people around you. They may say hurtful things like "stop faking it" or "if you can talk, then you are not paralyzed."

I am sorry if people around you say these things. Your mental health care provider might be able to better explain this to your loved ones.

RAPID SWITCHING / CAROUSELING

This is where the system cannot hold the front for very long and a part switches out.

“Rapid switching/carouseling” can mean you can only hold the front for a few moments, minutes, or a few hours only before being involuntarily kicked out of the front and another part involuntarily fronting without being triggered forward.

Not all parts are designed to front for a long time and when they are exhausted, they will switch out because they cannot hold onto the front for very long. When parts front and then let go because they are tired and switch out, this is a voluntary thing and is not rapid switching/carouseling.

Rapid switching is involuntary and is caused by extreme distress. Whether there is physical distress or emotional distress, the system is having trouble coping with the current distress.

If there is no physical pain, this usually means an emotional event has exceeded the window of tolerance for every alter so far and that the system is trying to manage the dysregulation.

Self soothing and grounding can extend the time between switches during the rapid cycle which can allow a part with a sufficient window of tolerance grabs the front and ground and soothe the body fast enough to end the cycling. Sometimes time is the only thing that cures rapid cycling if the cycling is going too rapidly, wait until there's enough time to engage in grounding and self soothing. You got this.

SKILL AND KNOWLEDGE LOSS

Memories are stored on the brain's cortex.²⁴ Each part has their own unique area of the brain they inhabit in fMRI imaging. Since those parts can be mapped on the physical brain itself, I believe the memories of learning that skill can become isolated to parts.

This seems to present as lost life skills depending on switches and levels of integration. Higher integration means less loss of skills and knowledge between switches.

Therapy and trauma processing with your mental health care provider helps with speeding up information sharing and skill sharing.

SPLITS

Throughout life, you will encounter stress. Sometimes those stressful things can add up and cause splits. This has been reported to happen even after final fusion.

²⁴(Ackerman 1992) <https://www.ncbi.nlm.nih.gov/books/NBK234153/>

This is not a failure on your part. This is just an aspect to being a system that has to be dealt with. As you integrate, your amnesic barriers go down and communication increases. As stress increases, your amnesic barriers go up and communication gets harder.

This means that stress and trauma can cause splits. You can reintegrate with therapy. It takes time and work. If a split happens, do not feel like you have taken steps backwards in your healing journey. You did not go backwards because what happened to you was new. It was a new road bump that you encountered while you were moving forward and progressing. Having a split does not detract from the healing you have already done. The split happened because of something that came up. That thing that came up is stressful and it tapped that dissociative coping mechanism and caused a split.

It is completely valid to be scared of splits, to be angry at splits, and to be frustrated with splits. Splits do not mean you cannot keep going forward. A split just means you ran into something new, your brain used a coping method it could always rely on to keep you alive.

Your brain has been splitting your whole life because you are strong enough collectively to get through life. Reading this book is proof that you have been collectively strong enough to get up to this point. A split does not define your healing journey. A split does not end your healing journey. A split is just another bump in the road. It is okay to feel like you are gathering your parts and trying to put on a trench coat pretending everything is okay until it actually becomes okay. When the stress reduces, you can try group processing to reintegrate. You got this.

GROUP PROCESSING

Group processing is where several parts go co-conscious with the host and process one kind of trauma that they all share. Say three parts have verbal abuse trauma all involving fear of imminent danger to the body.

For polyfragmented folks, our memories often fragment between several parts and so we generally will have one traumatic memory with the first few moments with Part A, next few with Part B, and the last moments with Part C. Rather than having 3 sessions repeating processing parts of the trauma, you can go all together and process it at once.

For us polyfragmented folks, this tends to mean we usually end up splitting when we get overly stressed or traumatized and having to do group/rapid processing more often. When your system gains sufficient resilience, this group processing can expand to similar types of trauma rather than just split memories.

Life is difficult and messy and just like in the Japanese art of fusing broken pottery back together with gold, Kintsugi, your bowl can be made whole again, but it is not exactly the same, and it is okay that it is not. It is beautiful in its own new way.

Just because it is different now does not mean it is bad. It just is different. It is normal to mourn the changes of your system. It is normal to miss how parts were before a split or before integration. Grief is a very real part of splitting and integration. You were resilient to be able to survive the trauma you experienced. You are still resilient now. Different does not mean worse. Different is just different. There is nothing wrong with that. You got this.

STRESS INDUCED AMNESIC BARRIERS

When a system is stressed out, amnesic barriers may start to go up unintentionally. Communication can become difficult. You also may start experiencing less co-consciousness. This is temporary. As the amount of stressors in your life lower again, the amnesic barriers will lower again.

Self care, relaxation, and therapy are the best ways to help reduce your amnesic barriers.

This is not a failing on your part but a reflection of how difficult and stressful the situation you are in is. You got this.

THUNDERCLAP / SWITCHING HEADACHES

Reducing the severity of thunderclap headaches is a slow process and comes with trauma processing. The difference between the resting body states, like blood pressure and heart rate, contribute to these headaches. When a part switches in, the brain will react to the part becoming active and the body will physiologically respond to their brain activation.

For example, when Alter A's resting state's blood pressure is 130/80 with a heart rate of 65 BPM gets switched out and Alter B's resting state's blood pressure is 140/90 with a heart rate of 100 BPM, the blood vessels in your body are not prepared for the sudden change in pressure and volume and this sudden change often causes headaches and back of the eye pain.

You address why their base resting state is vastly different from the host's. Anger and fear are the two big umbrella emotions that tend to change the body's resting state the most.

When in therapy, process angry and scary memories to reduce the severity of thunderclap / switching headaches.

Switching headaches also occur for the same reason but can occur more intensely when several parts are fighting for the front. If too many parts fight for the front, it actually can be harmful to the body. It is best practice to yield to whomever wants to switch in because fighting for the front can be dangerous to the body due to the physical stress the fighting causes on the brain and body.

In particular, try not to fight for the front in public because it can temporarily paralyze the body and can draw attention to the system. You can talk to your host and schedule fronting time with your mental healthcare provider and schedule time for hobby and healing for everyone.

TIME STUCK PARTS

Time stuck parts are difficult to handle because they tend to have very high amnesic barriers and low comprehension and so getting them to understand they are no longer living in the past and things are different and the situation has changed, is very difficult when you cannot coordinate with gatekeepers who can keep the child part in co-con while the host fronts.

The time stuck parts seemed to have a really firm cognitive disconnect regarding external things. When they are given things that cannot exist within the time frame that they would not have been able to get, as they did not exist then, it gets treated as a super fancy and expensive thing a rich person has that my family could not afford.

This is a very slow process and takes a long time with lots of free time and resources. These are the two methods that worked with us:

FAST FORWARDING TIME

The way I unstuck my parts was to use a grounding and comfort item that was allowed within the time frame that were body age appropriate but those items had to age as well. To do this, I had to use TV shows.

The thing that soothes your child part has to age up as you keep soothing the child part with it. This soothing item is clearly 1 year old, now it's clearly 2 years old, it's clearly 3 years old. How did I do this? I forced them to watch the DVD's and watch through the credits to the next episode and see the copyright dates go up chronologically from what would have been reruns, then onto new episodes.

Watching 20+ Halloween specials does not make sense when you are supposed to be 7, but I was allowed to watch that show so something does not make sense to the time stuck part. Either the 20+ Halloween episodes are an elaborate trick or time is moving forward while the part is not fronting. The disconnect of "what's happening with time?" gets soothed by "Oh the next episode!" Fast forwarding time is in essence binge watching shows from your childhood.

Going to toy stores can help you figure out which cartoons are positive triggers for your child parts. Find whatever show from childhood that they never go to finish and let them finish it. If it is still running, try to find it on a streaming platform and binge watch the older seasons and then catch up to the show. Buy the DVD or Blu Ray box sets if you have the disposable income.

They could not have been able to watch the whole show and stay the same age. Then you can start introducing new shows and create a sense of anticipation of the new show which forces the child part to accept that time is passing.

REALITY CHECKING YOUR PARTS

Reality check your parts by bringing them up to date while they are co-conscious or co-front.

Showing them the present while they are brought to co-con or co-front by a gatekeeper and their primary protector to soothe them can help the time stuck part get out of being time stuck. This however requires safety and stability and excellent internal communication with the system's primary gatekeeper. The host will also need the permission from the child part's primary protector, and the host requires a sufficient window of tolerance before trying to reality check the child part. The anxiety can and often bleeds through during a reality check and so safe spaces at home are necessary.

Reality checking a part is about showing them how your environment, people, or circumstances have changed. If the trauma involves a person, it can be about the person is no longer able to hurt the system. You cannot rip the bandage off because they will want to retreat to the inner world when they are getting overwhelmed. Your mental health care provider can help you prepare and create safety and stabilization before attempting to reality check your parts.

CHAPTER 6: ADVANCED EXERCISES

INCREASING CO-CONSCIOUSNESS AND CO-FRONTING

Co-consciousness naturally goes up as you integrate but also can come from practice. There is a push and pull between being at the front with others and accidentally kicking everyone else out.

There are certain triggers that are very strong and unfortunately, smell is often tied to many negative triggers. So for now, we combine smell and taste into “one packaged stimulus.”

The easiest way to do this is to split two sets of senses:

Smell and Taste are for one part at the front to focus on. Get a positive food or drink trigger for the fronting part. This part is going to be the fronter and usually done with a host or ANP.

Sight and Sound are for the co-conscious practicing part has to focus on. Put on a TV show or a movie that is a positive trigger for the co-conscious part you want to practice with.

Begin with watching the show and snacking on your favorite snack. The smell and taste of the snack will keep the host grounded to the front. The media will catch the attention of the part you want to practice with. All you do is just practice watching the show with your parts. Try to pay attention to the show and not zone out/space out. Both of you will be able to eventually watch whole episodes without struggling.

The art of co-consciousness and co-fronting is allowing space for other parts to be near the front with you without letting go completely. This is a fine push and pull between parts and when it's off balance, you can accidentally take the front or accidentally slip into the inner world.

It takes time to practice and each part will have their own difficulties because everyone grabs the front in their own way. Some have this iron grip when they take the front, some are super relaxed and just take the front whenever and let whomever take over. Learning how to stay co-con with each other is also a getting to know you process.

For example, if A co-cons with B often and B with C, and C with D, you can practice having A, B, and C all co-con at the same time as the next level of holding co-consciousness. Then practice to increase it to four co-con, A, B, C, and D.

Every part grounds to the front using all of their senses, but each part can have a dulled sense(s) and can also have a more acute sense(s).

Certain parts can be more attuned to physical pain or less attuned to it. Certain parts can have sharp vision and others can have blurry vision. Certain parts can hear clearly and certain parts

experience tinnitus. Things like this are very common with systems and it was to survive the repeated trauma associated with that stimulus.

To practice five parts all at once, each part picks their best sense to ground with and uses that stimulus to stay near the front. A uses the visual, B uses the sound, C uses the touch, D uses the smell, E uses the taste. Taste is a difficult sense to work with. Try not to be discouraged if taste kicks others out early on. Try milder or diluted flavors to see if that helps.

Using the always sometimes never list here with common “always” and “sometimes” positive triggers can also help increase the chances of parts staying in co-con during this exercise. This is difficult. Do not be discouraged if you do not get it immediately. Increasing co-consciousness can happen with practice, cooperation, and therapy.

CO-FRONT COORDINATION

Co-fronting requires coordination between parts. One part will control motor functions of the body and the other part will control speech

When you begin co-fronting exercises, you will realize very quickly that the body cannot handle two different motor commands at the same time. Conflicting movement can cause jerky movements or even cause momentary paralysis because of the conflicting signals. When there are two co-front, you start coordinating who is controlling what.

This is where you start watching TV show reruns you know well with manual tasks. You can also do this with music. A song with lyrics that one part knows while another does a manual task. Co-Front Alter 1's job is to recite the words or sing along while Co-Front Alter 2's job is to complete a manual task.

Co-Front Alter 2 is to do something repetitive with the hands. Anything that requires some kind of manual coordination but simple enough that can be done with minimal focus. Start with something simple like the ABC's and a fidget toy.

If you have no co-front coordination right now, just practice talking while co-front without trying to move a limb with someone else controlling the body. Try talking, then try waving silently, then try talking and waving.

To be able to have one alter control the body freely while another talks freely requires a balance of holding the front while making enough space at the front for someone else to also control the front. This takes trust, time, patience, and practice.

VOLUNTARY SWITCHING

This is a more difficult thing to achieve. This is not positively triggering an alter to the front. This is intending to switch and making the switch happen without any external help. The part being

requested to come to the front will only switch in if it is voluntary. If the part does not wish to front, you will be ready to let go and then stay at the front.

When you voluntarily switch, physiologically what happens is that your brain will reflexively shut off blood vessels to one part of your brain and open up blood vessels to another. However, you are not intentionally constricting specific blood vessels. You are relying on the body's muscle memory instead.

In my experience, parts who have names and have participated in trauma processing and have integrated are the easiest to voluntarily call forward. Having nebulous descriptions of parts makes it confusing for the inner world and parts are not sure who is being requested to front.

The most basic way to initiate a reflex is to hit the spot that makes it go off, but this time, it is voluntarily and gently. You can start this by saying everything out loud and then later on switching to internal communication. We still use internal speech to initiate most of our voluntary switches.

During a voluntary switch you are telling your brain, "Remember what you did when the front identified as a specific part? Go back to that blood flow pattern! Go back to what you remember as the resting state of when you identified as Guardian!" The body keeps memory of what happened, and since you have spent so much of your life existing in that identity state without your conscious knowledge, the body has kept the muscle memory of the blood vessel configuration for your parts. You just try to make the reflex happen. In essence, you are tapping yourself at the knee to see if you can get your leg to kick except it is your brain and you are trying to see if you can get your brain to switch.

When you say your name, it feels right, but when you say another part's name, you know it does not feel right to you specifically. This is how it starts. For example, you are the host and Guardian is the part you want to switch to. Saying that you are Guardian most likely will feel wrong right now and that is OK.

Think internally or start saying out loud, "I need Guardian to help me. I need Guardian at the front." Repeat this several times. You really want to leave the front. Believe that you need someone to come switch you out. This desire to leave the front mimics being overwhelmed. Believing you need someone to switch you out mimics Guardian being triggered forward.

You may start feeling blendy because you are simulating a trigger for Guardian to help with survival by just saying you need help. Our instincts are to come help and protect, which is why this is how you start initiating voluntary switching. You trick your brain into a reflex.

You will notice that their attention is focusing on the front's need for someone's help to protect them. Then you change the call to help to an affirmative identity based statement

to facilitate the voluntary switch. When you start feeling blendy, confused, and not sure if it is your name, you are on the right track. In essence, you may be feeling, "I am Guardian, I think? My name is Guardian, maybe? Am I Guardian or is Guardian just close?"

This is where you switch to saying, "I am Guardian, my name is Guardian." While you are repeating the affirmative statement, it will initially feel weird because you are blendy, but the part going out will ease off and the part coming in will know and feel that "My name is Guardian" is a factually and emotionally correct statement.

That is when you have completed a voluntary switch.

It feels weird to take the front without being triggered out. It is nice but confusing because you may be used to feeling a dysregulated emotional state with the body in a stress reaction when fronting. It is nice to front when you are not desperately trying to survive that moment. It is very different but very pleasant to not be angry and coming to the front feeling like I have to come out with arms swinging.

When a part makes space for you but no one pushes you to the front, you may slip back into the inner world because you may have been used to gatekeepers pushing you to the front or getting triggered to the front and being held there by being dysregulated.

Many systems have reported that with enough practice, voluntary switching can be shortened to just repeating the name of the alter you want to switch in.

Despite the myths of what functional multiplicity is supposed to look like and what people believe voluntary switching to be, if you are under too much stress, it is near impossible to voluntarily switch. Voluntary switching can only happen for us when we are still activated. If we are dysregulated, we have lost the ability to voluntarily switch back until we've grounded and calmed down.

CHAPTER 7: WRAPPING UP

TO EVERY PART

The present and the future are where your lives are going to be. We can stop being stuck in the past and break the chains of trauma. You can heal and live in the present and choose to create a different future from the one you thought it was going to be.

Thank you to all. The body is alive. That is proof that you were a good protector. You saved the body. You did your job. You were a good protector and still are. The only difference now is you are going to be a great protector tomorrow. You are going to be an even better protector the day after. Every day you will learn to be the best protector you can be and you will grow. It may take time, but you will understand that you are enough.

Any embarrassment and shame you feel does not mean you failed at your job or you were a bad protector. The regret means you now understand there are better ways to do things. Forgive yourself and show yourself some grace. All you can do is try your best to not go back into old trauma responses. Your job was and is to keep the body alive and make sure the body survives another day. You did that job. However you, and every other part, deserves a chance to thrive and not just survive.

We have lived fragmented and survived by stitching together coping mechanisms for long enough. Now is the time to heal those fractures like the Japanese art of putting broken pottery back together with gold, Kintsugi. Those parts stitched together with coping mechanisms can be integrated and healed like bowls and Kintsugi. Parts healed together with gold to be a bowl takes nothing away from each of us as a part of that bowl and it takes nothing away from the work we put in to form these golden bonds between each other.

Thank you for protecting the body using the ways you knew how to at the time. Thank you for working with a mental health care provider. Thank you for being open to learning new ways to protect the body. Thank you for everything you endured.

Thank you to each and every part for being a protector in their own way.

The brain has only so much space to create memories. What we can do is try to optimize the brain space that we do have and create new memories and fill our brain with safe and enriching things so that we can let go of memories that no longer serve a purpose.

- The ReConnectDID system

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