

CHAPTER TWELVE

Physical Self-Care

AGENDA

- Welcome and reflections on previous session
- Homework discussion
- Topic: Physical Self-Care
 - Introduction
 - Factors Affecting Your Body Awareness and Physical Self-Care
 - Managing Alcohol, Illicit Drugs, and Prescribed Medications
 - Regulating Your Physical Energy
 - Tips for Resolving Inner Conflicts About Physical Self-Care
 - Tips for Improving Your Physical Self-Care
- Homework
 - Reread the chapter.
 - Complete Homework Sheet 12.1, Physical Self-Care Questionnaire.
 - Complete Homework Sheet 12.2, Making a Healthy Change in Physical Self-Care.

Introduction

Taking care of your body and maintaining your physical health are important aspects of healing and living well. Your body is not separate from you, even though it may feel like a “thing” with which you do not want to bother sometimes. But your body is you, and you are your body. Your emotions involve physiological changes in your body that produce physical sensations and movements; your beliefs and perceptions are mirrored in your

posture, movements, and level of physical arousal. Your physical health affects your mental health, and vice versa. Many people who have experienced childhood abuse and neglect avoid dealing with their bodies or even find them disgusting or terrifying. Healing comes through more compassionate acceptance of mind and body as one together. This acceptance is not always easy or quick to accomplish, but it is an important goal for you and parts of yourself. In this chapter we will discuss some basic ways to care for yourself physically and overcome some of your reluctance about dealing with your body.

Factors Affecting Your Body Awareness and Physical Self-Care

People with a dissociative disorder may have many reasons for avoiding their bodies and neglecting physical self-care. In the following sections we discuss some of the major factors, which you may recognize for yourself.

Basic Physical Self-Care Was Never Learned

Some families neither practice nor teach their children basic physical self-care. Such children may not have ever been taught to care for their bodies, to prevent disease, to eat healthily and exercise, to get routine medical and dental checkups, or to recognize symptoms that require a visit to the doctor. These skills can be acquired with practice, attention, and persistence, and you can find a multitude of readily available resources on physical self-care.

The Body Is Perceived as an Object of Fear, Hatred, Disgust, or Shame

Many people with a dissociative disorder, or at least some parts of them, find their bodies repulsive. There is no enjoyment of their physical being, and their bodies feel alien to them, a burden, and a reason for others to find them undesirable. They tend to avoid certain physical sensations, movements, or postures. They often perceive their bodies as objects, not as an integral part of existence. In addition, control issues can be evoked if people do not feel well and cannot function in the way that they want or find they are physically weaker or less attractive than they wish. The body can

seem like an enemy when it is expected to be perfect and function like a machine.

When people are abused by others, they often experience physical pain in their bodies, as well as emotional pain. And of course, emotional pain can be experienced intensely at the physical level of the body. Thus, survivors sometimes condition themselves to avoid their bodies in order to avoid pain and suffering.

Others tend to blame their bodies as the reason they were abused and thus feel terrible shame. For example, people may believe that if only their bodies had been stronger, they could have stopped the abuse. They blame their bodies for what happened, instead of accepting that they were too young to stop what happened. And sometimes, certain parts of the personality may hold this belief, while others may not.

Some people who were sexually abused may have been told that their bodies were beautiful and thus blame themselves for what happened: “If only I had not been so pretty!” They may develop shame and hatred for their bodies. For example, some women (or parts of themselves) come to hate anything feminine about their bodies. They have associated being female with being abused: “Girls get abused; therefore, I hate being a girl. My body is bad because it is female.”

Dissociation Involves Altered Physical Sensations

Dissociation not only involves mental symptoms but also physical ones, some of which are intense and uncomfortable. On the other hand, dissociation may involve physical numbness or diminished pain sensitivity. You may want to review some of these symptoms in [chapter 2](#). Dissociative parts of the personality that are stuck in the past may reexperience in the present some physical sensations related to past trauma, such as pain or cold. Such seemingly “unexplained” intrusive sensations can be frightening and confusing, and thus people may become increasingly avoidant and unaware of their bodies. Some people have difficulty distinguishing between physical pain that is the result of an injury or illness in the present and pain that is a reexperience of the past. If you are not sure whether a certain symptom stems from a traumatic experience or is associated with a current physical problem, do not hesitate to discuss it with your therapist and your primary care physician.

Many people with a dissociative disorder report some degree of

physical numbness and thus may not experience normal levels of sensation and pain. They have difficulty, for example, in determining whether bath water is too hot or cold, or they do not notice when they have hurt themselves. They also may tend to ignore fatigue, hunger, thirst, and other bodily needs to the detriment of physical well-being. Thus, their bodies suffer from neglect.

While some parts are too numb, others may be exquisitely sensitive to the slightest of physical changes and find discomfort or pain intolerable. It is as though they experience their bodies as constant irritants, at best. They may become increasingly reactive to and phobic of body sensations.

And of course, every emotion you experience is accompanied by its own set of physical sensations, muscle tension, posture, and tendencies to move. If you are afraid or ashamed of an emotion (or a particular thought), you likely have also learned to avoid the physical experiences of it as well.

In sum, you, or parts of you, may have learned over time that physical pain could be intolerable (during abuse); you may have associated your body with that abuse; subsequent intrusive dissociative experiences in your body were painful or frightening; and the physical experience of emotions (or thoughts) may have felt overwhelming to you. For all these reasons, you have perhaps learned to despise, fear, or be ashamed of your body, making it difficult to take care of yourself.

Failure of Parts to Accept the Body as Their Own

In DID, some dissociative parts that experience themselves as relatively separate from the individual may not experience the body as belonging to them. Such parts may believe they have a different body and may not experience bodily sensations that other parts do, and they may even want to “get rid of” or hurt the body, as though it is a foreign object or belongs to another person. If the individual has a physical problem, such parts may deny that it exists because they do not feel the body. They may even “see” their body as being entirely different than in reality. Occasionally these parts may hurt the body with impunity because they insist it is not theirs, or they may engage in risky behaviors because they do not believe the individual is affected.

Physical Self-Care May Trigger a Phobia of Inner Experiences

Physical self-care involves at least some degree of body awareness. People with a dissociative disorder have often learned to avoid their bodies in order to avoid particular inner experiences such as traumatic memories, disturbing thoughts, or painful emotions. The image of their bodies, or awareness of sensations or movement, can suddenly evoke traumatic memories. For example, some people find that paying attention to their body as they try to practice breathing exercises, or in the normal course of washing, can evoke difficult memories, feelings, and sensations. For some, looking in the mirror may evoke an instant feeling of shame or self-hatred.

Fear of Doctors or Physical Examination

Many people with a dissociative disorder find going to the doctor and getting a physical exam very anxiety producing; thus, they do not seek medical care when they need it. Some parts may be afraid to be touched or find that being “looked at” is a trigger. They may not trust doctors or nurses for various reasons, or they may fear being out of control or trapped. They sometimes are afraid they are exaggerating and will be ridiculed, or will not be taken seriously, or will be told something is wrong and do not feel they can handle “bad news.”

Because people with a dissociative disorder often have a lot of physical symptoms that have no obvious cause, they may have been told that their symptoms are “in their head,” resulting in feeling ashamed and belittled. Actually, their physical symptoms are in their mind and also in their body, as are all symptoms for everyone. The mind and body are inseparable. Such individuals are not imagining their symptoms; rather, these symptoms may be a combination of physical intrusions from dissociative parts, and the chronic stress response of the body, the latter of which often leads to more serious physical problems over time.

Note: Make sure you find a competent and understanding primary care physician. Make a list of qualities you would like to have in a doctor and interview several to find a best fit for you. Ask friends for recommendations. If you feel it would be helpful, you may ask your therapist and physician to be in contact with each other to ensure that you have an integrated health team.

Managing Alcohol, Illicit Drugs, and Prescribed Medications

Many traumatized people tend to self-medicate with substances because they have chronic inner chaos, depression, anxiety, flashbacks, loneliness, or other emotional pain. They may misuse drugs or alcohol or prescription drugs to relax, numb out, or feel better in the short run. In some cases, particular dissociative parts of a person will misuse substances and there may be inner conflict about using. In a few cases, a person with DID may have little to no awareness (amnesia) that a part is using drugs or alcohol. Self-medication can easily lead to addiction over time.

Although this manual does not address addiction treatment, if you are dependent on substances or are abusing them, it is of the utmost importance to share this problem with your therapist and make it a major focus of your current treatment. Any addiction seriously complicates the effects of being traumatized and interferes with treatment. If you are not sure whether you are self-medicating or addicted, please discuss it with your therapist. Keep a record of what you use, how much, how often, and what prompted you to use. You can draw on the skills in this manual to help yourself learn to handle your problems more effectively than by using substances.

Many psychiatric medications are meant to be taken on a regular basis, every day, unless otherwise prescribed. You should understand what you are taking, why you are taking it, and have a basic understanding of how it works. Perhaps you have inner conflicts among parts about taking medication. Some parts may believe taking medication is a sign of “weakness” or a “crutch.” Nothing could be further from the truth. Psychiatric medications often help your brain function more effectively, just as a heart medication might make your heart work better if you have a cardiac problem, or as insulin augments what your pancreas is not able to produce if you have diabetes. Make sure you take your medication as prescribed. Some medications (for example, antidepressants) take days or even weeks to become effective: They cannot be taken only during times when you feel bad. Others that act quickly and have short-term effects should not be taken too often: These are generally prescribed to take “as needed.” For instance, you may have been given something for anxiety that you take only when you

feel especially anxious. Either before or when you take this type of medication, also use your skills to calm yourself and all parts of you. For example, talk inwardly to orient and calm parts of yourself, listen to what parts may need, step back and reflect on your inner experience, practice relaxation or safe space exercises, go for a walk, or call a friend. Finally, feel free to discuss your medications with your doctor and share inner conflicts about them with your therapist (and your doctor, if applicable).

Regulating Your Physical Energy

Physical self-care involves regulating your energy level. Almost all people with a dissociative disorder have some difficulty regulating their energy. Some push themselves beyond what is reasonable, for instance, by working too much or spending too much time doing for others, and thus are constantly exhausted and depleted. Others are far too inactive, which further contributes to lethargy, depression, and disinterest in life. It is essential for you to learn to pay attention to your body's signals of hunger, thirst, fatigue, and illness. Your body needs replenishment and rest on the one hand, and activity on the other. It is essential to reach a degree of cooperation among parts of yourself to ensure you have the proper amount of rest and activity for your healing (see also [chapters 10 and 11](#)).

Tips for Resolving Inner Conflicts About Physical Self-Care

- Take time to reflect on why you might be having difficulties with physical self-care and/or body awareness and make a list of them.
- Do not judge yourself about these conflicts; just notice them.
- Prioritize as best you can from the least to the most difficult conflicts on your list. Begin with the least difficult and gradually work your way through to the most difficult. As you gain mastery with resolving the less intense conflicts, you and all parts of yourself become more confident and trusting with each other, and you will be more willing to take the next steps.

- Using an inner safe space, meeting room, or by talking inwardly, determine whether all parts of you might agree that physical self-care might be a good thing if it was completely safe and allowed. If so, good: You can take the next step. If not, stop and reflect on why parts of you believe taking care of yourself would not be helpful even if it was safe and allowed.
- You might talk inwardly to remind all parts of you that when you (all of you) take care of yourself, you feel better physically, which helps you feel better emotionally. All parts might benefit.
- Remind all parts of you that your body is safe in the present and that body sensations are normal messages to help you care for yourself.
- If parts of you believe you do not deserve to take care of yourself, remind them that self-care has nothing to do with being deserving. Those parts might prefer, for the time being, to think of self-care as similar to maintenance of your car. Your car needs gas to take you where you need to go; it needs repairs to run. You cannot just neglect it. You need rest and replenishment to do what you need to do and health maintenance so you can continue doing what you do.
- Make sure you take time to orient all parts to the present and reassure them that you will not get in trouble for taking care of yourself.
- If traumatic memories or intense emotions are triggered when you become aware of your body, help vulnerable parts to stay in a safe place during that time (for example, when you shower or bathe), assuring them that they will be attended to in the near future. And continue to orient them to the present. Be sure to keep such promises.
- Engage in inner discussions and negotiation about the ways in which you can engage in physical self-care. If there are conflicts, be open to hearing respectfully another point of view and try to find common ground, that is, those self-care activities on which all parts of you can agree.

Tips for Improving Your Physical Self-Care

- Learn to understand the messages your body gives you. Are you able to recognize when you are tired, hungry, thirsty, cold, hot, in pain, or ill?
- Are you able to distinguish—at least some of the time—between a sensation or symptom that is part of a flashback and those that are indications of present-day illness or injury? If you have pain or other physical discomfort, you might check inwardly to see whether any part of you might be able to help you understand better.
- When you get up each morning, check in with yourself not only emotionally but also physically. How do you feel in your body? Tired? Ill? Energetic? Sore muscles? Achy joints? Stomachache or headache? Relaxed? These physical sensations are messages about your physical and emotional needs.
- Practice physical relaxation every day, as noted in earlier chapters. Develop internal agreement about these activities and times you should practice them. Chronic physical tension adds to mental and emotional stress, and it takes a toll on your body.
- Exercise regularly, even if only a little.
- Make sure you are getting enough rest. Most people need 7 to 8 hours of sleep each night; some need a little more or less. People with a dissociative disorder usually sleep much less, but if sleeping is a problem make sure you are at least taking short rests during the day. All parts of you need to agree that a specific time is set aside for sleep (see [chapter 9](#)).
- If doctor or dentist appointments are difficult, try taking a supportive person with you, talk with your doctor or dentist about your anxiety, practice relaxation techniques, and imagine parts of you being in a safe place during the appointment, or perhaps sleeping through it (see [chapter 8](#) on inner safe places). If needed, take a prescribed antianxiety medication before you go, if you have one. It also helps to write down your fears, including those of other parts, and challenge them or think about how you could help yourself make the appointments less scary or shameful.
- Imagine caring for young parts of yourself internally, if that is helpful to you. For example, imagine giving them a warm bath, pampering them physically, giving them a sense of

being cared about and cared for. Or imagine that all parts of you are experiencing the self-care you are giving yourself. All parts need to be reminded that self-care is a part of daily life and necessary for healing.

Homework Sheet 12.1 Physical Self-Care Questionnaire

The following questions are designed to help you learn more about your areas of strengths and need for growth in physical self-care. This is not a test: There is no pass or fail. Various parts of you may have different answers to the same question. If so, note it so you can understand and help those parts of yourself. Completing this questionnaire will help you chose one or two target areas on which you would like to work as a beginning to better self-care (see Homework Sheet 12.3).

For each question, circle the number that best applies to you at the present time:

- 0 Does not apply to me
- 1 Rarely applies to me
- 2 Sometimes applies to me
- 3 Often applies to me
- 4 Almost always applies

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|--|---|---|---|---|---|
| 1. I pay very little attention to my physical health. | 0 | 1 | 2 | 3 | 4 |
| 2. My physical health is poor. | 0 | 1 | 2 | 3 | 4 |
| 3. I am afraid to see a doctor. | 0 | 1 | 2 | 3 | 4 |
| 4. I do not have a primary care doctor. | 0 | 1 | 2 | 3 | 4 |
| 5. I never see a doctor even if I have serious symptoms. | 0 | 1 | 2 | 3 | 4 |
| 6. I have trouble feeling pain or cold/heat in my body. | 0 | 1 | 2 | 3 | 4 |
| 7. I am afraid to go to the dentist. | 0 | 1 | 2 | 3 | 4 |
| 8. I never see a dentist. | 0 | 1 | 2 | 3 | 4 |
| 9. I do not eat healthy meals. | 0 | 1 | 2 | 3 | 4 |
| 10. I often forget to eat. | 0 | 1 | 2 | 3 | 4 |
| 11. I eat at irregular times. | 0 | 1 | 2 | 3 | 4 |
| 12. I am underweight. | 0 | 1 | 2 | 3 | 4 |
| 13. My weight often fluctuates. | 0 | 1 | 2 | 3 | 4 |
| 14. I regularly have bouts of binge eating. | 0 | 1 | 2 | 3 | 4 |
| 15. I frequently vomit after eating. | 0 | 1 | 2 | 3 | 4 |
| 16. I take laxatives regularly. | 0 | 1 | 2 | 3 | 4 |

17. I am inclined to overeat.	0	1	2	3	4
18. I am overweight.	0	1	2	3	4
19. I exercise more than 2 hours a day.	0	1	2	3	4
20. I exercise regularly.	0	1	2	3	4
21. I do not get enough exercise.	0	1	2	3	4
22. I have physical problems that I am ashamed to discuss.	0	1	2	3	4
23. I do not follow through with medical recommendations	0	1	2	3	4
24. I am afraid to take prescribed medication.	0	1	2	3	4
25. I take medications for all my aches and pains.	0	1	2	3	4
26. I have daily aches and pains that really bother me.	0	1	2	3	4
27. People tell me I drink too much sometimes.	0	1	2	3	4
28. I drink alcohol when I feel upset.	0	1	2	3	4
29. I sometimes drink until I pass out.	0	1	2	3	4
30. I use illicit drugs socially.	0	1	2	3	4
31. I use illicit drugs when I am upset.	0	1	2	3	4
32. I do not recognize hunger or thirst.	0	1	2	3	4
33. I do not recognize when I am tired.	0	1	2	3	4
34. I have physical problems, but a doctor has told me there is nothing wrong, or that it is "in my head."	0	1	2	3	4
35. I do not get enough rest.	0	1	2	3	4
36. I stay busy all the time.	0	1	2	3	4
37. I do not have any energy.	0	1	2	3	4
38. I sleep too much.	0	1	2	3	4
39. I have trouble sleeping.	0	1	2	3	4
40. I cannot tell if I am really physically sick or not.	0	1	2	3	4

Homework Sheet 12.2

Making a Healthy Change in Physical Self-Care

Look over the previous questionnaire. Choose one or two target areas on which you would like to work. Complete the section below. Remember to take small steps toward changing your behaviors and habits. It takes a few months for a change to become a habit. Enlist the support of your therapist and others who can help you.

Example

Item number (from the questionnaire): #22 I have physical problems I am ashamed to discuss.

Describe your problems in this area: I feel ashamed to talk about my body. I feel like I have done something wrong, if something is wrong with my body. I hear an angry voice telling me not to say anything. Sometimes I can't tell if I am exaggerating a symptom or if it is real.

My objectives (what I want to do differently about the problem): To tell my therapist about at least one physical problem so I can work with all parts of myself to resolve fear and shame about that problem.

Inner conflicts or concerns about changing my behavior: A part of me thinks I am weak and whining if I mention something physical. If I start telling my doctor all the physical symptoms I have, I am afraid she will think I am a hypochondriac.

Steps to achieve my objectives:

1. I will choose one small physical problem: pain in my back from lifting something heavy that is keeping me awake at night.
2. I will ask internally whether all parts are aware of the pain and how much it interrupts my sleep.
3. I will ask whether any part of myself has some suggestions to help me take care of my back by helping me be more aware of how I am moving and lifting things.

4. I will rest my back for 2 more days. If it is not improved, I will see the doctor.
5. In the meantime, I will discuss with my therapist the shame and fear I feel when something is wrong physically, as well as my reaction of shutting down and suffering in silence.

Following the example above, complete your targeted change in self-care.

Item number (from the questionnaire):

Describe your problem:

Your objectives (what you want to do differently about the problem):

Inner conflicts among parts or concerns about changing your behavior:

Steps to achieve your objectives: