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# Abuse and dissociation disorder

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### **Abstract**

Child sexual abuse is widely regarded as a cause of mental problems in adult life. The damage inflicted by child sexual abuse has an affect on the child's capacity to develop trust, intimacy and sexuality. Sexually abused children not only encounter assaults on their developing sense of sexual identity, but a blow to their interpretation of the world as a safe environment, and their developing sense of others as trustworthy. In addition, childhood sexual abuse is correlated with higher levels of dissociation. (Fleming, J. & Mullen, P. E., 1998). Of the victims that were abused by someone with whom he or she had a close relationship, the impact is likely to be all the more profound. The research on the relationship between child sexual abuse and dissociative disorder indicated that many female victims of childhood sexual abuse have symptoms of dissociative disorder.

ABUSE AND DISSOCIATION DISORDER

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Masters of Arts

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Myrtle Godfrey

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## Abuse and Dissociation Disorder

### Abstract

Child sexual abuse is widely regarded as a cause of mental problems in adult life. The damage inflicted by child sexual abuse has an affect on the child's capacity to develop trust, intimacy and sexuality. Sexually abused children not only encounter assaults on their developing sense of sexual identity, but a blow to their interpretation of the world as a safe environment, and their developing sense of others as trustworthy. In addition, childhood sexual abuse is correlated with higher levels of dissociation. (Fleming, J. & Mullen, P. E., 1998). Of the victims that were abused by someone with whom he or she had a close relationship, the impact is likely to be all the more profound. The research on the relationship between child sexual abuse and dissociative disorder indicated that many female victims of childhood sexual abuse have symptoms of dissociative disorder. (Fleming, J. & Mullen, P.E., 1998).

The relationship between child sexual abuse and adult psychopathology tends to be a chronic form of post traumatic stress disorder. This hypotheses focused on trauma-induced symptoms, particularly dissociative disorders such as desensitization, amnesias, fugues, and multiple personality. The focus on the stress induced symptoms give rise to the process of the abuse and has continued though the person's life creating a post-abuse syndrome in adult life. This paper gives statistics on child sexual abuse and dissociation disorder. Child sexual abuse (CSA) is defined as a report of clear and conscious memory by the woman of at least one incident in which a person at least 5 years older than herself is exposed her to unwanted sexual experiences before the age of 16. Sexual experiences are defined as: "touching or fondling of sexual body parts, masturbation, oral sex, vaginal and anal intercourse, or penetration of these orifices by objects." (p. 261). (Dahl, A. A., Mykletun, A., & Peleikis, D.E. 2005).

Dissociation is a mental process, which produces a lack of connection in a person's thoughts, memories, feelings, actions, or sense of identity. (Janet, 1889). During the period of time when a person is dissociating, certain information is not associated with other information as it normally would be. Dissociation is the disruption of the normal integrative processes of consciousness, perception, memory, identity, and defines selfhood. (Janet, 1889). Braun (1988) defined dissociation as the "separation of a thought or idea from the mainstream of consciousness" (p. 87). Braun identified four types of dissociation: the

dissociation of behavior, affect, sensation, and/or knowledge. Steinberg (1995) categorized five types of dissociative experience: amnesia, depersonalization, derealization, identity confusions, and identity alteration. Specific terms defining dissociation disorder are found in the Appendix.

All forms of dissociation are the means to block awareness of the traumatic memory from the victim's mind. (Steinberg, 1995). Steinberg, (1995) gives the following definitions. Dissociation depersonalization is a feeling of being separated from the body or feeling like one is moving through life like a robot or automatic. Dissociation derealization is defined as a feeling of being alienated from the environment. People or things around the survivor seem unreal, past experience takes the center focus as flashbacks. Identity confusion is a sense of conflict, sexual ambiguity, or uncertainty about identity. Sexual confusion, including gender role interruption or constraint, may be seen in some women who were sexually abused. Identity alteration would include multiple personality disorder (MPD), now known as dissociative identity disorder (DID).

Dissociative experiences and issues for females of childhood sexual abuse is a phenomenon, which has multiple manifestations. The purpose of this paper is to inform society about this phenomenon. Despite many studies during the last two decades, dissociative disorder still remains a mystery. Among the general population samples, the range of childhood sex abuse histories is 42% to 60% of female survivors that have experienced at least some delayed recall of the abuse

and delayed memories related to having been sexual abused. (Steinberg, 1995). This paper will focus on informing society about a serious mental illness that is common among the general population, yet many are unaware of. As long as dissociative disorder remains a mystery, then survivors of childhood sexual abuse will continue to live mentally unhealthy lives.

### Statistics

The statistics on childhood sexual abuse in the United States are unknown. Because of the shame and stigma associated with abuse, many victims never disclose the experiences. Incest was once thought to be so rare that its occurrence was not important. However, in the past 25 years there has been increased recognition that incest and other forms of childhood sexual abuse occur with alarming frequency. Researchers have found that the victims come from all cultural, racial, and economic backgrounds. (Adult Manifestations of Childhood Sexual Abuse, 2000).

Childhood sexual abuse can be defined as any exposure to sexual acts imposed on children who lacks the emotional, maturational, or cognitive development to understand or to consent to such acts. (Adult Manifestations of Childhood Sexual Abuse, 2000). These acts do not always involve sexual intercourse or physical force, they can involve manipulation and trickery. The perpetrator's authority and power over the child enable him or her to coerce the victim into compliance. The characteristics and motivations of perpetrators of childhood sexual abuse vary.

Some may act out sexually to exert dominance over the victim, others may initiate the abuse for their own sexual gratification. (Adult Manifestations of Childhood Sexual Abuse, 2000).

The rate of child sexual abuse reported by race includes: White = 51%, African American = 25%, Hispanic = 15%, American Indian/Alaska Native = 2% and Asian/Pacific Islanders = 1%. (Child Abuse Statistics, 2000). The comparative annual rate of child sexual abuse victims decreased steadily from 15.3 victims per 1,000 children in 1993 to 11.8 victims per 1,000 children in 1999 then increased to 12.2 per 1,000 children in 2000. Whether there is a trend cannot be determined until there is more data. The source for this information is the US Department of Health and Human Services, Administration for Children & Families. (Child Abuse Research Statistics, 2000).

The current estimates of incest and other childhood sexual abuse range from 12% to 40% depending on settings and population. (Child Abuse Research Statistics, 2000). Most studies have found that among women, approximately 20%, or 1 in 5, have experienced childhood sexual abuse. (Child Abuse Research Statistics, 2000). According to Dr. Lerner's book, "It's OK Not to Be OK Right Now," is consistent with this range. Research studies revealed that 22% of girls who had their first sexual experience before age 13 did so nonvoluntary.. Approximately 40% of the women surveyed in a primary care setting had

experienced some form of childhood sexual contact. Of those women, 1 out of 6 had been raped as a child (Child Abuse Research Statistics, 2000).

A national telephone survey on violence against women, conducted by the National Institute of Justice and the Center for Disease Control and Prevention (Child Abuse Research Statistics, 2000) found that 18% of 8,000 women surveyed had experienced a completed or attempted rape at some time in their lives. Of this number, 22% were younger than 12 years and 32% were between 12 and 17 years old when they were first raped (Child Abuse Research Statistics, 2000).

Another study was done on the lives of females that had been sexually assaulted, 174 women were interviewed. The average age was 31.55 years, 59% had never been married. Almost 89% were African American. Of the participants, 47% graduated from high school and another 14% had received a GED. Forty-six percent were currently working at the time of the interview. (Williams, Segel, Banyard, & Mahoney, 1999). The average age of the females interviewed was 31.55. The (Child Abuse Statistics, 2000) report presents sexual assault in 4 categories: forcible rape, forcible sodomy, sexual assault with an object, and forcible fondling. Findings include statistics on the incidence of sexual assault, the victims, their offenders, gender, response to these crimes, locality, time of incident, the levels of victim injury, victims' perception of offenders' ages, victims-offender relationships, and other detailed characteristics. Highlights

include the following as reported to law (Child Abuse Statistics, 2000): 67% of victims of sexual assault were juveniles (under the age of 18); 34% of sexual assault victims were under the age of 12; 1 of every 7 victims of sexual assault was under the age of 6. Also, 40% of offenders who victimized children under the age of 6 were juveniles (under the age of 18). From the Bureau of Justice Statistics (BJS). (Child Abuse Research Statistics, 2000).

Statistics of child sexual abuse in the United States range from 75% to 95% claim that the perpetrator is someone that the child knows. (Child Abuse Research Statistics, 2000). Forty-two percent were natural parents, 23% were blood relatives and 35% stepparents, adoptive or fosters parents. Parents represented the highest number of perpetrators in comparison with other victims/offender relationships. In 30% of cases, the perpetrator was a stranger. (Child Abuse Research Statistics, 2000).

#### Dissociation and Child Sexual Abuse

Since the early 19<sup>th</sup> century, dissociation and trauma have constituted an area of interest to researchers (Janet, 1889). Today, in conjunction with increased interest and understanding in the prevalence and consequences of child sexual abuse (CSA), dissociation has become a significant factor in the study of child sexual abuse. Numerous studies by researchers reported significantly higher levels of dissociation in groups of CSA survivors when compared to individuals without a sexual abuse history. In addition to having higher levels of dissociation as

adults, CSA survivors who dissociate during the event tend to have more frequent and severe cases of Post-traumatic Distress Disorder (PTSD). (Holen, 1993; Koopman, Classen, & Spiegel, 1994; Marmar et al., 1994).

### *Dissociation and Abuse Characteristics*

In recognition that child sexual abuse (CSA) survivors typically have higher levels of dissociation during and after trauma, researchers have investigated possible abuse characteristics that may contribute to this phenomenon. For example, the age of the abuse has been found to be correlated with subsequent dissociative symptoms in incest survivors. (Fleming, & Mullen, 1998). Greater severity of abuse, typically referred to as the presence of penetration during child sexual abuse, has also been significantly related to level of dissociation in adulthood (Fleming, et al., 1998). Further, greater severity, longer duration, and earlier age of abuse onset has been found to be associated with increased use of dissociation in adult survivors (Carrion, V. G. & Steinberg, C., 2000).

### *Theories of Dissociation*

Several theories exist regarding individuals' tendencies to dissociate. Early researchers, such as Janet (1889) posited that people who dissociate suffer from a fundamental psychological defect in cognitive functioning. The individual is unable to integrate memories, cognitions, and events into meaningful wholes available to conscious experience. Janet (1889).

Other researcher's hypotheses regarding possible mechanisms for dissociation, focuses on the psychobiological aspects of anxiety (Marmar, Weiss, & Metzler, 1997). Some researchers suggest that individuals who dissociate tend to do so during the height of an anxiety attack. Similarly, Moleman, van der Hart and van der Kolk (1992) report a significant relationship between high levels of anxiety, arousal and or neuropharmacologically ( the action of drugs on the nervous system) that trigger dissociation.

### Etiology of Dissociation

Dissociative identity disorder is attributed to the interaction of several factors such as: overwhelming stress; dissociative capacity (including the ability to uncouple one's memories, perceptions, or identity from conscious awareness); the enlistment of steps in normal developmental processes as defenses; and, during childhood, the lack of sufficient nurturing and compassion in response to hurtful experiences or lack of protection against further overwhelming experiences (The Merck Manual of Diagnosis Therapy, 2000). Children are not born with a sense of a unified identity. A Unified identity develops from many sources and experiences. In overwhelmed children, the identity development is obstructed and parts of what should have blended into a relatively unified identity remain separate. The Merck Manual of Diagnosis Therapy, 2000).

### *Core Dissociative Phenomena*

There are five core dissociative phenomena that have been identified: amnesia, depersonalization, derealisation, identity confusion and identity alteration (Bernstien, E. F. & Putnam, F. W., 1986; Kirmayer, L. J. 1994; Steinberg, M., 1994). The phenomena may be subjectively experienced or observed by others and are only considered dissociative when not due to the direct physiological effects of a substance (e.g., drugs, alcohol, or medication) or medical condition (American Psychiatric Association, 2000).

### *Amnesia*

Dissociative amnesia is “the absence from memory of a specific and significant period of time” (Steinberg, 1994, p.61). Dissociative amnesia is viewed as a functional amnesia as it occurs in the absence of any known organic etiology (Steinberg, 1994). It is distinguished from other forms of amnesia such as childhood amnesia in that it does not reflect normal psychological development. For example, most individuals do not have memory for events before the age of two or three whereas most individuals do have memories, even if scant, for the years following. Individuals experiencing dissociative amnesia typically retain the ability to learn and recall new information. Memory loss is restricted to a circumscribed period of time or category of events within the individual’s life, usually of a traumatic or stressful nature (American Psychiatric Association, 2000). As opposed to memory disturbance due to degenerative brain disease,

injury, and other severe organic causes, dissociative memory loss is reversible and may be recover via hypnosis or the individuals removal from the stressful situation. (American Psychiatric Association, 2000).

### *Depersonalization*

Depersonalization describes the sensation that one is in some way detached from his/her self. (American Psychiatric Association, 2000). The depersonalized individual may feel as though they are living in dream or a movie, that they are not real or even that they are dead. This feeling of personal unreality may also include the sensation that one is detached from all or parts of one's body, as if one were not in control of one's actions or as if one were automate (Steinberg, 1994).

### *Derealization*

While depersonalization concerns feelings of unreality regarding one's self, derealization refers to the sensation that one's surrounding are unreal. An individual experiencing derealization may feel as though they have lost contact with external reality; that the home, workplace, friends or relatives are unfamiliar or strange. The experience of derealization often involves a failure to recognize familiar objects and people, for example, or one's car or best friend.

Depersonalized individuals may also report distortions in their perceptions of space and time (Charbonneau & O'Connor, 1999; Steinberg, 1994).

Transient states of depersonalization and derealization are common and spontaneous, "especially under conditions of fatigue, anxiety and danger" (Butler

et al., 1996, p. 52). Cameron (1963) also points out the relationship between derealization and travel. Individuals may experience feeling strangeness and unreality during the day following arrival at a holiday destination and again on arriving home.

### *Identity Confusion and Identity Alteration*

Identity confusion refers to subjective feelings of uncertainty regarding one's personal identity. The individual experiencing identity confusion may report an inner battle between themselves and 'another person inside of them' who is struggling to take control of their behavior. Identity alteration on the other hand, is characterized by "objective behavior indicating the assumption of different personalities": (Steinberg, 1994, p. 63). Such behaviors include the objectively reported use of different names and third person references to oneself. Individuals usually become aware of periods of identity confusion or alteration or the discovery of items among their belongings that they do not recall purchasing or receiving and the unexplained acquisition of new skills and abilities.

### *Post-traumatic Stress Model*

According to research studies, the relationship between child sexual abuse and adult psychopathology tended initially to be conceptualized in terms of a chronic form of post traumatic stress disorder. The post-traumatic stress model focus on trauma-induced symptoms, most particularly dissociative disorders such as desensitization, amnesias, fugues and even multiple personality. The idea was that

the stress induced symptoms engendered in the process of the abuse and have reverberated down the years to produce a post-abuse syndrome in adult life. This model attempts to integrate the damage inflicted at the time to the victims' psychological integrity by the child's sexual abuse and the need to repress the trauma, with resultant psychological fragmentation. The latter manifests itself in adult life in mental health problems, and in problems of interpersonal and sexual adjustment. The post-traumatic stress model found its strongest support in the observations of clinicians dealing with individuals that have histories of severe and repeated abuse. It was also often linked to notion of a highly specific post-abuse syndrome in which dissociative disorders were prominent. (Fleming & Mullen, 1998).

#### *Traumatogenic Model*

This is another model proposed by Finkelhor (1987). This model suggested that child sexual abuse produced a range of psychological effects and secondary behavioral changes. This model predicts a different range of psychological impairments and behavioral disturbances in adult life which contrasts with the post traumatic syndrome model with its range of symptoms. The Traumatogenic model, is less medical and symptom-bound, and it pays little attention to the developmental perspective. It grants primacy to the psychological consequences of the abuse with little acknowledgment of the social dimensions. Only in recent years have attempts been made to articulate the long-term effects of child sexual

abuse within a developmental perspective. The developmental perspective does pay attention to the interactions between child sexual abuse, and the child victims' overall psychological, social, and interpersonal development. (Fleming & Mullen, 1998).

By the therapists using both the Traumatogenic and the Post-traumatic Stress models, this can be valuable to the survivors of the grossest forms of childhood sexual abuse. In the short term, the Post-traumatic Stress model may prove to be more valuable. However, the Traumatogenic model, which is the developmental and social model may be more valuable in the lesser forms of childhood sexual abuse. (Fleming & Mullen, 1998).

#### *Dissociation and Hypnotizability*

According to research studies dissociation has been associated with hypnotizability. It is held that dissociative persons are highly hypnotizable, based on the fact that they scored high on scales developed to measure these constructs. Some researchers held that hypnotizability may even be inherited. It may be that hypnotizability and dissociation runs in families just as patterns of child abuse occur intergenerationally. On the other hand, there may be no relationship between childhood sexual abuse and hypnotizability. However, it is still held that hypnosis can be used to treat women who are child sexual abuse survivors. According to some researchers hypnosis is really controlled dissociation. (Hall, 2003).

### Prevention

The ideal response to child sexual abuse would be primary prevention strategies aimed at eliminating or at least reducing the sexual abuse of children.. Child sexual abuse acts in concert with other developmental experiences leaving the growing child with area of vulnerability. (Romans et al., 1995).

According to research, victims of childhood sexual abuse who have positive school experiences (succeeding academically, socially or in sports) tend to have less difficulties as adults. (Romans et al., 1995). A well-organized and funded school system should provide all children with a positive experience academically, socially, or in a sports. (Romans, et al., 1996). There is no need to identify and target abuse victims, but to make every effort to ensure all adolescents have the opportunity to share in the enhanced social opportunities in school.(Romans et al., 1995).

In adult life, success in education and in the workforce is associated with reduced vulnerability to psychiatric problems for the abused and non-abuse alike, but particularly for the abuse. (Romans et al., 1996). If the victims of childhood sexual abuse had a positive and supportive relationship with their parents following the abuse, they tend to do better. Also, if the victim had a good relationship with his or her father, the victim appeared to do better regarding later psychopathology. (Romans et al., 1995). When the parents of the childhood sexual abuse victims had a good relationship with each other and expressed

physical affection toward each other, this was associated with a better outcome. However, if marked with domestic disharmony and violence, it added to the damage. Finally, those who can establish stable and satisfactory intimate relationships as adults have significantly better outcomes. (Romans et al., 1995).

There is no reason why a well-organized and funded school system should not provide all children with a positive experience academically, socially, or in a sport. (Romans, et al., 1996). There is no need to identify and target abuse victims, but simply to make every effort to ensure adolescents have the opportunity to share in the enhanced social opportunities, the increased mastery, and the pleasure of achievement that school should provide at some level to all. In adult life, success in education and in the workforce is associated with reduced vulnerability to psychiatric problems for the abused and non-abuse alike, but particularly for the abuse (Romans et al., 1996).

#### Treatment

Researchers describe traumatized patients and therapy with hypnosis as following: "On the one hand, they visualize the old self and on the other hand, they see themselves as soiled, defenseless, and helpless victims, incapable of doing much to alter their present or future. Individuals are encouraged to acknowledge the content of the traumatic memories rather than avoid dissociate or repress them. Acknowledgement is followed by therapy that allows them to put into proper perspective these painful events. The same shift in concentration

elicited at the time of trauma can now be controlled with the help of hypnosis.

Once memories are recovered, individuals must confess feelings and experiences of which they are profoundly ashamed.” (Maldonado & Spiegel, 1998, pp. 95-96.)

In this equation, when hypnosis is used for the treatment of dissociation, it can be negative for the survivor of the abuse or trauma. In this equation, the therapist-hypnotist could evaluate the goals of this treatment process with little regard for the client's desires and ways of framing her situation. The client could be asked to confess experiences anticipated by the therapist. The client can lose control of his/her own therapy process and is imputed with disabilities and feelings of shame that the client may not actually have. Hypnosis has been used to treat dissociation even though it is in many circles actually equated with dissociation. Women abuse survivor's dissociative experiences may be misinterpreted and hypnosis as treatment may make the problematic dissociative experiences worse by fostering confusion, pathologizing, and loss of control under certain circumstances. (Hall, 2003).

According to researchers, hypnosis is still advocated for diagnosis and treatment of Dissociative Identity Disorder (DID) in women abuse survivors. However, caution is warranted. Following a study of 11 males and 18 females, hypnosis was used successfully among the highly hypnotizable participants to suggest or create memories. (Hall, 2003).

Although Janet (1989), used hypnosis in traumatized women to substitute positive memories to counter traumatic ones, the same mechanism could theoretically be used to foster the recall of nonexistent abuse memories. In one case, hypnosis was used to assist a women incest survivor to recall the abuse incidents by allowing her to access resources held by disparate parts of her. The researcher concluded, however, that this compartmentalization did not constitute a case of DID (Hall, 2003).

Some researchers emphasized the rapidity with which hypnosis could resolve DID, a point that might make it appear attractive as an intervention to behavioral health organizations that increasingly demand quick solutions to mental health problems. If DID is a fragmenting and as deeply rooted within the abuse survivor as has been historically maintained, it seems unreasonable to press for the use of hypnosis as a rapid intervention when it is now usually reserved as a short-term therapy in far less disabling conditions. The most pressing problem posed by these studies and cases is that supposedly those most in need of hypnosis (dissociated, highly hypnotizable persons) are also most vulnerable to suggestion of memories during the process of hypnosis. In the case of DID, for women abuse survivors whose suffering is sometimes difficult to verify, hypnosis can cause considerable confusion to the victims. (Hall, 2003).

One of the bizarre claims about the relationship between Multiple Personality Disorder and women abuse survivors is that because of a proposed tendency for

self-harm in such individuals, one alter might act sexually against another (the primary self), resulting in self-rape (Hall, 2003). This explanation has the potential to discredit dissociative women abuse survivors who actually are raped as adults, creating a scenario wherein even physical evidence of rape could be dismissed as resulting from the actions of an alter self against the primary self. Because of the potential for hypnosis to discredit women with DID, it does not seem to be in their interests to undergo hypnosis as a therapy nor as part of a criminal investigation.

The secondary preventive strategies of relevance in reducing the impact of child sexual abuse are equally relevant to reducing a wide range of adolescent and adult problems unrelated to abuse (Romans et al., 1996). These include improved parental relationships, reduced domestic violence and disharmony, improved school opportunities, work opportunities, better social networks, and better intimate relationships as adults. These, in turn, increase the risks of adult psychiatric problems and disorders. If this is correct, then focusing on improving the social and interpersonal difficulties of those with histories of child sexual abuse may be the most effective manner of reducing subsequent psychiatric disorder. These prevention strategies are aimed at improving self-esteem, encouraging more effective action in work and recreational pursuits, attempting to overcome sexual difficulties, and working specifically on improving the victim's social networks and capacities to trust in, and accept intimacy. Researchers and

theorists commonly define dissociation in women child abuse survivors as a continuum, which establish doubt in the wake of trauma. To the extent that it is seen as problematic, the implication is the treatment is needed in the form of psychotherapy or, in fewer cases, hypnosis. There are no clear developments in terms of effective psychopharmacological intervention, because physiologic mechanisms that may be associated with dissociation are only minimally understood. (Hall, 2003)

### Conclusion

Dissociation occurs in many different ways, and remains a cover term for a diverse set of experiences. Dissociation has been viewed as pathology and as a natural feature of human experience. Also, it has been linked to numerous physical and mental phenomena in women survivors of childhood abuse, which has immediate personal as well as sociocultural implications for how these women are viewed. (Hall, 2000).

Many females have survived childhood sexual abuse through the defenses that are collected under the term dissociation. How can we account for stony numbness, for a transparent but impenetrable shield between self and environment, and/or the lack of knowledge for events that happened early in life, followed by remembrance of them decades later: How can posttraumatic anxiety result in both difficulties in responding emotionally, and conversely, overreaction, to similar triggering stimuli in women survivors of childhood abuse?

## Appendix

**Amnesia:** A period of time which is not remembered. The victim of amnesia states that it is like she in one place and then another. An example would be first at home watching a movie and the next thing she is finds him or herself at the mall. The victim has no knowledge of how she got there. The amnesia has been there for years. However, the victim does not realize that all alters are a part his or her, which makes them whole.

**Dissociate:** A defense mechanism, which is highly successful in forgetting a traumatic event. The person separates from a painful event, which is a separation from the memory. To dissociate for the victim is to have tingly, almost numbing feeling on and around the face and to feel distant or disconnected from the body for non-specified periods of time, usually during and a short while after a traumatic event had occurred.

**Ego-State:** Part of a person which responds in a distinctive manner. There may be a large number of alters within a person with no amnesia between them. This term is can be confusing to the victim. It is simply stating that all other parts of the victim have their own ego states that make each ego state unique.

**Fusion:** The point at which two or more alters becomes one. Integration continues to finish up after fusion takes place. Fusion is something that the victim probably has experienced but can not recall, because some have integrated several

personalities with the help of a therapist and others have integrated at home. Each is an experience in itself.

**Host Personality:** The personality who is “out more than any of the others.” The victim is the host because it is out in the world the most, however the victim does spend time with the others and sometimes they come out without the person knowing it.

**Integration:** The process which takes place while the amnesia is being eroded. Also known as “merging” integration can be a joyous occasion or a sad one. Most of the time it is both, to the victim, it may feel like the loss of a family member. They are now a permanent part of the victim which holds all their memories and emotions, as well as their abilities. The victim may not have had those memories and emotions before the integration took place.

**Non-Amnesic Dissociator:** A person who uses partial dissociation as a defense mechanism. This happens to the victim a lot. The person does not leave the body but still experience the same tingling sensations in the hands and feet.

**Personality System:** The total of all alter personalities within an individual. In the stage of therapy the victim is in at this moment, the system to the person family, with different names, ages, styles and sexes. The victim’s personality system is what has been keeping them alive throughout their life as a victim. This could be a gift from God to the victim. (Friesen, J. G., 1991).

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