



DISSOCIATIVE
IDENTITY

*Disorder
or Response?*

S H A R R I
B U R G G R A A F

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*Disorder
or Response?*

**BY
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Experts and professionals agree that Dissociative Identity Disorder (DID) is a response to extreme, repetitive, physical, sexual, or emotional abuse that enables a child to survive and continue to function. People with DID tend to be misdiagnosed for years before they are diagnosed correctly. Criteria for Dissociative Identity Disorder in the DSM-5:

1. Two or more distinct personality states or identities are present, each with its own relatively enduring pattern of perceiving, relating to and thinking about self and the environment.
2. Amnesia must occur, defined as gaps in the recall of everyday events, important personal information and traumatic events.
3. The person must be distressed by the disorder or have trouble functioning in one or more major life areas because of the disorder. This criterion is common among all serious mental illness diagnoses as a diagnosis is not appropriate where the symptoms do not create distress and/or trouble functioning.
4. The disturbance is not part of normal cultural or religious practices. This DID criterion is to eliminate diagnosis in cultures or situations where multiplicity is appropriate. Example: in children where an imaginary friend is not necessarily indicative of mental illness.

5. The symptoms are not due to the direct physiological effects of a substance (such as blackouts or chaotic behavior during alcohol intoxication) or a general medical condition (such as complex partial seizures). This characteristic of dissociative identity disorder is important as substance abuse or another medical condition is more appropriate to diagnose, when present, than DID.

Dissociative identity disorder (DID) causes are virtually always thought to be environmental and, specifically, related to early-life trauma that is recurring, overpowering, severe and often life-threatening such as physical or sexual abuse before the age of nine; which is thought to be a key developmental age. The cause of DID may also be extreme neglect or emotional abuse even if no overt physical or sexual abuse occurred or related to a natural disaster such as war. According to WebMD, findings indicate that parents who are frightening and unpredictable tend to raise children who experience dissociation. In order to survive the stress of trauma, the person separates his or her thoughts, feelings, actions and memories associated with the traumatic experience from his or her usual level of consciousness (dissociated) so the abuse is blocked out completely.

In order to survive the stress of trauma or abuse, the person separates his or her thoughts, feelings, actions and memories associated with the traumatic experience from his or her usual level of consciousness. For diagnosing and insurance purposes DID is listed as a mental illness. My opinion is that "Our brain was created by God for survival with the ability to split or fragment into other identities to protect us when no one else did. I believe that DID is more of a maladaptive behavioral response than a disorder or mental illness". I have come to look at DID dialectically where two perceptions are true at the same time... DID is a marvelously brilliant survival mechanism that saves a child by allowing them to escape overwhelming horror that a child is incapable of tolerating AND in the present interferes with and effects daily life with PTSD, triggers, anxiety, depression, crises, hospitalizations, and maladaptive behaviors. It can lead to addictions, self harm and unfortunately for some, even suicide. It was important for me to realize that even though I have DID it didn't mean that I was crazy or mentally ill. What was done to me was insane.

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for many, the diagnosis of dissociative identity disorder is disturbing and causes intense shame because of the stigma attached. Hollywood has portrayed Dissociative Identity or Multiple Personality as persons who are dangerous and unstable and go as far as making them look crazy. For others it gives them relief to know that there is a name for what they have been experiencing and validates their inner world. Dissociative symptoms can range from mild, such as feeling out of one's body for a short period of time, to severe, such as long periods of amnesia or alternate personality states with less gaps in memory. This can change as the person gets help and associates the memories of the abuse. Many of the identities may feel trapped, desperate, and terrified. They have been pushed down along with the memories they carry and can feel isolated, alone, and forgotten. This can lead to more withdrawal and a person wanting to spend time in seclusion. No matter what the symptoms, dissociation tends to be upsetting and take a toll on all aspects of a person's home, work, and personal life. Some persons with DID are high functioning until getting into therapy and have years of feeling like they are falling apart and go through a time period where they are unable to work or go about day to day activities.

it is important to
have the support of
family and friends
to work through the
issues involved.

While dissociation can be a very positive survival mechanism that can allow a person to cope with terrible trauma and still function, it becomes a negative when it gets in the way when it effects our ability to function in our everyday life. Learning to cope with DID is about having a goal of lessening the symptoms and the pain associated with the response of having differing thoughts, perceptions, flashbacks, triggers of the identities and the effects of trauma. Being able to journal and write out the unconscious memories, connecting with the different identities, talking with a therapist who can develop a treatment plan, and associating the repressed emotions can improve functioning and have the individual become more co-conscious with the goal of integration or at least becoming more whole. To integrate fully can take anywhere from 5-15 years. Having cooperation in the system can be just as good as having a person integrate fully. The ultimate goal is to have higher functioning, live a life with less triggers and confusion and have an improvement in relationships, work and live a life that is worth living.

The goal is to
live a life that is
worth living!

Sharri Burggraaf is a warrior, wife, mother, Nana, a survivor of extreme abuse RA/MC (Ritual Abuse and Mind Control) which is a documented reality for far too many. She is an example for other survivors that a person can go through anything and come out on the other side of just surviving, to start thriving and living life more abundantly with DID. First diagnosed in the early 1990's, with what she says is not a disorder but the body's amazing response to trauma, she began recovery helping other survivors along the way, She started a non profit organization titled S.H.O.U.T. for Help (Survivors Helping Others Unite Together) and put together a National 3 day Conference in 1994 in Des Moines, IA. After a break in her recovery, she then came back more dedicated than ever to do what it takes to heal. As passionate as she is about her own recovery, she has a desire and love to speak out for those who can't yet speak for themselves encouraging them to find their own voice, sharing the hope that she has been given in hopes that they find their me, the person God created them to be. She leads, braves and paves the way for others to follow their own path individually. She now shines more brightly because she has had much deliverance from the darkness she was born into and advocates for others to do the same while continuing her own healing. She lives in Iowa with her husband Frank.