

"Dissociation, Introjections and the Future of Humanity"

Humanity is on the brink of a new era of great progress and increased quality of life. At the same time it faces cataclysmic explosions of dysfunction. It depends on all of us if we fall in the living hell of insanity, or if we heal and choose freedom from trauma.

Writing this article I felt like the doctor in "Invasion of the body snatchers," warning that we are being taken over by the aliens. Movies with alien beings controlling human minds provide a good metaphor for the process presented in this article. This article focuses on Introjects, which are mental replicas of physical objects. A real chair becomes a 'chair' in our mind. Outside people become 'people inside.' The controlling power of Introjects is similar to that of the Body Snatchers. Our mental space can generate and maintain realistic replicas of the world. A whole universe can be replicated or evoked in the mind. In dreams for example, airplanes fly and people behave as if they were real. Currently, contagious mental realities challenge our very existence. Now more than ever in history the survival of humanity depends on the understanding of our subconscious depth, or else, to paraphrase the great painter Salvador Dally the 'drowsiness of raison produces nightmares -or monsters.'

Sanda Davis is the author of writings yet to be publicized in the scientific community and made subject to review and scientific verification. The author stresses the importance of the fact that humans create Introjects that they risk to be governed by. As a cultural and personal phenomenon introjection is at the bases of all major disorders. The author announces a new era in human development, where understanding the role of introjection in the cycles of abuse, in social and political failures, in limitations of the human potential and in trauma and dissociation is fundamental in healing, in growth and survival.

Introjects of people are personality-like mental entities that take a life of their own in people's mind. Introjects replicate people we know (e.g. the 'mother inside', the 'father inside', the 'abuser inside.')

Many people are aware of feeling, seeing or hearing inside their mind a parent or a significant other. A mourner may say about a lost relative: "She is not dead. She lives inside of me". This is not always a metaphor and it may not be the soul of the deceased either. One may be referring to the Introjects of the deceased.

We secretly knew about these '*people inside*'; what we didn't know is that unless we educate out conscious mind about '*them*' unless we educate out conscious mind about '*them*' these '*people inside*' have more awareness and more control than our own conscious mind. We

may or may not be aware of a '*mother inside*', but '*the mother*' is aware of '*herself*', and of what we think, do, feel or say. It is impossible to keep secrets from Introjects; they are in the mind. That's where they exist, in the physical brain, tuned into our thoughts, perceptions and actions and take actions that please their pattern and not the host. They are equivalent to re-programmable programs that result from tough experiences that were hard for the brain to process and remained the way they were imprinted until new brain commands clean 'the hard drive' of 'outdated files'.

All humans acquire Introjects. Depending on specific factors, Introjects may or may not lead to dissociation, even to severe forms of dissociation. Reflecting the person that is imprinted as an Introject, some Introjects are content with limited control, while others take over completely, using, abusing, and transforming the body. Such is the case with Gender Identity Disorder: a cross-gender Introject takes over the body, and demands gender reassignment.

The Introject-controlled individual develops Introject specific forms of dissociation. After a plain crush, a pilot who never experienced gender problems found himself thinking that he was a woman. Stress and injury helped powerful female Introjects to surface and to take control of the man's self-identity. Stressful states help the

Introjects to overpower the person and engage in destructive behaviors. Susan Smith^{*}, called by tabloids "the killer mom," was devastated by stress and dissociation at the time of her tragedy. The Introject of her suicidal father took over as well as the Introject of her boyfriend who had declared that he loved her but he was not ready for the 'kinds' that she had. The way he put it was that if she didn't have the children he would love to marry her, but he could not be a dad. Mothers, who kill their babies during postpartum depression, are in the same predicament. Postpartum depression favors the surfacing of destructive Introjects who resent the children.

When a survivor or a witness to violence, rape or murder loses control to the 'abuser inside,' he or she will commit a similar kind of aggression. Introjects of suicidal people will lead their host to suicide. Introjects of parents who say 'I wish you were never born' may create self-defeating, or life threatening situations in the host.

There is no other way of breaking the cycle of abuse but doing Introject work. As long as the 'abuser' is still inside he will affect the survivor's mind and behavior. In the Stockholm syndrome, survivors are believed to 'identify' or 'sympathize' with the aggressor. Actually the aggressor is imprinted in his victims' minds. Years later, the survivor may still 'see' or 'hear' the 'aggressor'. Without good treatment, the 'aggressor' will persist in the survivors' minds for the rest of their lives.

This author discovered that the cycle of abuse it self is actually created and maintained by Introjects. Numerous survivors become abusers, not by choice but compelled by the 'abuser inside' that takes control of the survivor's mind, and reenacts abusive behaviors. Thankfully, adequate education and treatment allow complete recovery.

Working with Introjects is crucial to penetrating the substance of trauma specific disorders such as: Dissociative Identity Disorder (formerly Multiple Personality Disorder), Attention Deficit Disorder, Learning Disabilities, Gender Identity Disorder, Post Traumatic Stress Disorder, The Stockholm Syndrome, Obsessive Compulsive Disorders, Sexual Disorders, Intractable Depression, Battered Women Syndrome, Chronic Pain, Chronic Fatigue, Numerous Psychosomatic Disorders, Chronic Anger, Chronic Violence, and more. These are all Dissociative disorders with Introjects at their core, with common factors and common solutions. A good grasp on dissociation* expands geometrically our capacity to deal with such challenging conditions.

Humanity is at the crossroads in a way that it has never been before. The way things are society feeds the Dissociative monster. Significant social adjustments are essential for regaining balance. It depends on all of us if we fall into the living hell of insanity, or if we choose freedom from trauma. Awareness of trauma and dissociation is essential to creating a better life. Prisons are not enough any more.

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^{*} Susan Smith, the young mother of the two little boys that were drowned in the Union lake in union South Carolina in 1994. She declared that she was intending to commit suicide together with the boys when she was terrified, let the boys drown with her car heading to the lake while she was running the opposite way covering her years, hearing voices. She had a background of abuse, she had lost her father to suicide when she was 5 years old, she was overwhelmed by stress of the time of the murders, and she had been recently told by the young man that she was in love with that he would love to marry her if she didn't have the children. The courts saw this as 'motive'. I understood this as introjection. What he said imprinted in her subconscious as 'him wanting to get rid of her children'. While the physical person of the man is not responsible for what happened, his words may have been a good part of what affected her subconscious activities. Other symptoms that she displayed during the entire event were clear indication of her suffering of a Dissociative disorder, in my view MPD/DID.

^{*} For more on introjection and dissociation see "Multiples in Love" or the family life and healing of survivors of child abuse by Sanda Davis. To order contact Sanda Davis at daviss@niagara.com

“Gender Identity Disorder Is No Longer a Mystery!”

**Or, the answer to "why do some 'people' feel
that they are in the wrong body?"**

People never feel that they are in the wrong body! Components inside of them do. These components or entities are of mental and/or of spiritual origin, but their claim on the physical person is always because of traumatic origins or because, or basic misunderstanding of the way the mind works. In many cases the entities at work act fully aware of their mission to harm, lead by ill intentions on the part of such spiritual and/or psychosomatic entities.

A man confesses that he is "really a woman trapped in the wrong body." His life is a roller coaster ride of confusion, fear and struggle for identity, marked by internal conflict and depression. At first, in childhood he secretly cross-dressed and used make-up. As the Gender Identity Disorder (GID) progressed, the 'female' took more and more control. At later stages in GID, there is increased desire to change the physical appearance of the body. Hormonal 'treatment' and gender reassignment surgery may be sought.

A woman may start to live as a man after years of internal conflict and confusion. She may end up taking male hormones in order to grow facial hair and acquire a masculine voice and appearance. Surgical removal of healthy uterus, breasts and ovaries may

also be requested as the woman confesses that she is "really a man."

How can a man "really be a woman" and a woman "really be a man?" I had the immense privilege of having discovered the cause, the treatment and the prevention of Gender Identity Disorder. As a result, I wrote the book "*Am I a Man or a Woman?*"

dedicated to "future generations of young people who will be spared the despair of not knowing who they are."

In most cases Gender Identity Disorder is a psychological disorder of traumatic origin that usually starts in early childhood, and afflicts millions of people in the entire world. Cross-dressing and transsexuality are the most popular manifestations of this disorder. In reality, GID is a much deeper disorder characterized by confusion, trance states, attention deficit, memory problems, headaches, psychosomatic symptoms, physical numbness, reduced or variable sexual potency, possible impotence, mood swings, reading and learning difficulties, potentially lethal depression, low self esteem, self mutilation and more.

Youths with gender disorders and traumatic homosexuality account for three times more suicides than the national US suicide rate.

Family and cultural factors developing in the last decades created conditions for the explosive growth in numbers of young man and women afflicted with GID. During the decade 1996-2006 the young generation will have to deal with GID to an extent with no precedent in history. Society, family and health professionals must be prepared to handle this devastating condition.

Currently, short of appropriate treatment, people with GID are condemned to a lifetime of suffering. The surgical sex change is frequently mentioned in scientific journals as treatment and it is sought by more people than clinics can handle. Problem is, that legal and surgical gender reassignment does not treat the disorder; on the contrary, the gender reassignment surgery is the epitome of it.

It is this author's belief that with adequate treatment, depending on its stage of evolution and on other factors, GID could be 100% treatable in the sense that the gender confusion and all related dysfunctions can disappear and the person becomes comfortable with the biological gender. As the specific psychological problems are resolved, the gender conflict disappears and the thought of having a sex change becomes the memory of a near miss fatal event.

A skilled, qualified psycho-therapist can treat a GID patient in four months to two years. Inpatient intensive treatment can reverse the balance of the gender conflict towards the biological gender in three weeks, sometimes less with the remaining issues to be treated next. Future education and prevention will limit the otherwise explosive occurrence of this disorder. "Am I a Man or a Woman?" will prove to be a landmark in the study and treatment of gender disorders.

GID is a psychological disorder of traumatic origin that is fixated and perpetuated in the subconscious mind through introjection* and dissociation. Family and social factors play a significant role, beginning with the original trauma and continuing with all the events that accompany the evolution of the disorder and have an accelerating or decelerating role. This is why, the understanding and the control of this disorder is not a matter of working with the individual only, but it also requires family and social education.

GID starts with the introjection of a cross gender person that becomes a dissociated part in the personality system of the individual. Introjection is the mental imprinting of introjects. Introjects are mental objects reproducing objects from the physical reality. A 'street' in the real world becomes a 'street' in the mental world. A person in the physical world becomes a 'person' in the mind. This process is evident in memory, in daydreaming or in dreams. 'People' in the mind reflect characteristics of the real people. A real female will be imprinted as a 'female' in the mind.

Most of these patterns are used by the individual in normal mental operations. Human introjects have a mind and a life of their own in the host's mind. Real people think, have purposes, are interested in acquiring information, and have preservation instinct. Real people act according to their own identity, thinking, feeling and goals and so do 'people' in the mind.

A person reflected in a mirror remains only an image because of the way mirrors work. On TV, 'people' display dynamic visual and auditory characteristics, which may generate emotional impact. Although more complex, television characters are still just reflections similar to the reflections in the mirror or on a photograph. The brain reflects and stores 'people' in a three-dimensional or a multi-dimensional mode, connected to the perceptual pathways, imprinted on neuronal matter that has the capacity to think, communicate with the rest of the brain, activate different areas of the brain and influence behaviors. 'People' in the mind have their purposes and ways of controlling the host and imposing their purposes.

Dreams are the best indication of this phenomenon. In dreams, all objects of the physical reality behave in ways usually consistent with the real objects. A tropical island will look like a tropical island and a group of people on the beach playing volleyball, look real to the part of the mind that is perceiving them. While one is asleep, 'people' can play ball, run, fight or make love in one's mind. If the dream is intense enough, the person may act out some of those behaviors. One may weak up smiling, screaming or calling out a name.

Introjects of people imprinted in traumatic situations are personality like patterns of mental functioning that once formed in one's mind have a life of their own, recreating characteristics of the source person and reenacting the trauma. During flash-backs people perceive introjects imprinted at the time of the trauma. The VA veteran experiencing Post Traumatic Stress is actually 'seeing' in his mind dynamic and emotionally loaded images that were imprinted during the war.

The personality structure of males or females who suffer of GID is fragmented, layered and actively controlled by internal cross gender personality-like entities called introjects. Introjects have a tendency for preservation of their identity and tend to im-

plement it regardless of how seriously the host is harmed in the process. In some cases, introjects and hosts appear to have a symbiotic relationship.

At a closer look though, introjects are an intelligent, self determined form of parasitism that affects the brain. Female introjects have no regard for the man's life, body and soul. Like 'female' was saying "I work with what I have. This is never going to be a real female body, but I have to work to get it as close as possible to a feminine look." "What about the real person, the man?!" I asked. "Well, I guess that his body is all I have to use. Either this or no body at all. I need a body and this is it!"

A male with GID is controlled by a cluster of female "personalities" that dominate his personality system. A female with GID is controlled by male introjects, meaning mental replicas of physical men --most often abusers. A girl molested by a man may develop GID.

GID is in the same class of Dissociative Disorders with the Dissociative Identity, formerly Multiple Personality Disorder. GID and MPD* are similar in some ways and different in other ways. Some of the main common factors are the fragmented personality and the controlling power of introjects.

Let's take the example of the biological male with GID. His personality system comprises: fragments of himself split off at different ages, introjected replicas of significant females and very few male introjects if any.

In the initial stages, cross gender introjects are the main forces carrying the disorder. The 'females' in a male's mind will claim their identity over the identity of the real person. Between internal feminine control, lack of healthy bonding with a real life male and the confusion generated by the already existent disorder the boy will grow up developing a false, feminine self image.

A boy discovers his internal conflict during the so-called mirror shock or an equivalent eye-opening situation. Every person with GID remembers the experience of having looked in the mirror early in childhood and having felt a conflict between the internal experience and the image in the mirror. The cross gender part is upset with the biological person reflected in the mirror.

The mirror shock generates confusion, fear and pain and triggers a new splitting that creates a cover-up or 'pretend boy' in boys or a cover-up girl in girls. The authentic person allows the formation of the cover-up part because of the need to hide the existence of the cross gender part. The "cover-up part" is the equivalent of the host personality who covers for all the parts inside, and through whom all the other parts surface at different times. After the initial introjection, the formation of the cover-up part is the next most crucial stage of the disorder.

The cover-up boy must 'pretend to be a boy' while thinking that the real person is a girl. His job is to cover up socially. He is the one who later in life goes to work, maintains a male appearance, marries, socializes with the boys for business reasons, and does it all to buy the wigs and the clothing for the 'female'.

Often, GID men marry and have children. While attraction to a female mate is biologically felt by the real man, the style in the intimate life is created by the cover-up male. After confessing his "problem," the cover-up man creates conditions for shared transgender experiences with the wife. In many cases the wife becomes an enabler. She buys the garments for him and participates in cross gender situations. Apparently, this is the couple's special bond, minimized by some as they call it "kinky sex."

Sharing trans-gender experiences with the wife actually serves the 'female's' goals. 'She' gets to come out and take in more feminine characteristics through the closeness with the wife.

While such participation appears to bring the spouses closer, the man's internal 'female' is actually preparing to take over, to push away the wife, and take him to gender reassignment or to a transsexual life style.

The next crucial stage after the formation of the cover-up part is the internal formation of a composite introject, or Introject C, as described somewhere else.* The composite 'female' in men's cases and the composite 'male' in female's cases are the most therapy resistant, most powerful, most aggressive of all the introjects. C-introjects are the quintessence of all the cognitive and emotional distortions developed in GID.

All other introjects reflect individual people known to the gender dysphoric, such as mother, sister, wife and so on, with their strengths but also with their weaknesses. The original introjects have yielding factors like real people do. This makes introjects easier to negotiate with in the healing process. A composite introject is formed with traits from other introjects, and stands for the patient's cross gender version. This is the one called by the male patient "the female part," although usually, a GID personality system contains more female introjects. This constitutes a false self that tends to pass for the 'real person.'

The C-introject becomes the prototype for the shaping of the physical look sought through cross dressing and through surgery, and it is formed to satisfy the main controlling introject who is behind all these. The C-introject has no consideration for the body, tends to take the real person to gender reassignment surgery and it is the most aggressive in claiming to be "the real person in the wrong body".

In men's cases "she", meaning the C-female-introject, is formed from traits that the cover-up male and the controlling female introject picked and chose from more females: "the nose is from my mother, the rest of the face from grandmother, the hair is my sister's, the slim silhouette from my first wife and the legs from a woman I saw in a bar," described a patient.

Another said: "I took my female look from the picture of a woman that I never met. I liked that look. I added more features from a co-worker whom I like to study. She is not beautiful, but she is feminine. She has a silky look about her." Such composite goes on to be the 'real person.' This is the one who wants to change the biological person.

A mother introject may still have imprinted some loving concern for her son's body, and so may the introjects of sisters or grandmother, who's real life counterparts may have expressed some kind of love. A composite introject loses all humanity and all contact to feelings for the real person. Although some introjects are very skilled at talking about their 'feelings' they don't feel anything; they just think feelings. An introject was once saying, "I don't feel anything. I just think feelings and push all the right buttons inside to get him to feel what I want him to feel." A C-introject is as unfeeling as a computer program that has a task: to change the body.

The C-introject is the one who gets the man to put on a wig and a dress, go on a talk show and call all of us narrowminded bigots. This is the one who wants to change the person's body as well as family, society, government rules and legislation to accommodate the 'real person who happens to be in the wrong body!' Being persuasive advocates is what composite introjects do best.

Understanding the introgenic process with its characteristics and its connections to life factors in the evolution of GID, reveals the underlying process and the adequate treatment method: dissolution of introjects, integration of dissociated parts of the real person and healthy learning. Essentially this is what it takes for complete recovery from GID. In a computer analogy, the software part must be freed of programs that clutter, overload and block necessary functions, (introjects), parts of the hardware (dissociated parts of the real person) must be reconnected and new, compatible, updated software used to improve performance.

