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Building Bridges and Breaking Barriers: A Response to Recent Media

We at An Infinite Mind have immense respect for the relationship we have cultivated with McLean and for the professionals we have worked with who advocate for de-stigmatizing this disorder. One presentation does not change the important work that this institution has done for advancing research and access to information on DID. However, we are deeply saddened by the video posted by McLean and Dr. Matthew Robinson for Grand rounds and believe accountability through direct recourse is imperative.

An Infinite Mind stands for reducing stigma and healing with multiple presentations of dissociation and Dissociative Identity Disorder (DID). The talk *Social Media and the Rise of Self-Diagnosed Dissociative Identity Disorder* utilized multiple persons' social media content to be "illustratively" without permission of creators. These social media presentations were videos and images of individuals' accounts of living with DID juxtaposed with data points that alluded to these presentations as examples of "Imitative", "Malingering" or "Factitious" DID. These are harsh accusations to level at people this presenter has never met.

In clinical practice, it is inappropriate to utilize terms such as malingering or factitious without resounding clinical evidence, given how those terms have been utilized to disenfranchise clinical populations throughout the history of practicing professional psychology.

Regardless of stated comments that the presenter cannot know or assess these individuals Dr. Robinson chose to use peoples' content as evidence to support his premise of problems surrounding the rise of self-diagnosis and Imitative, Malingering of Factitious DID presentations.

We at An Infinite Mind do not support a polarized perspective that positions "real DID" versus "imitative, malingering or factitious DID" as the only available options. Dissociation and DID is as complex and nuanced as the humans who live with the disorder, and we acknowledge it may not appear the same for every individual living with it. Dissociation and DID, specifically, are deeply personal conditions. It behooves all clinicians and medical professionals to listen to the subjective accounts of DID to better understand how the disorder can appear. Healing together means that we acknowledge the multiple ways dissociation and DID can present and welcome those individuals treating, living with and supporting people with DID as members of the community that need support.

As scientists, clinicians and researchers employ prevailing theories to best understand disorders and the function, processes and treatment that works best to reduce distress and impairment. It is important to note that these are simply theories and do not account for a holistic understanding of every presentation of DID or even of all there is to know about the experience or report of this disorder. DID has been highly stigmatized which has led to slow research and many hurdles in the psychological community validating the existence of the disorder. Effective diagnosis and clinical understanding are paramount in the ongoing advocacy efforts to work better with DID.

Diagnosis is a clinical tool to be utilized by professionals when speaking to other highly trained professionals. However, the presence or misdiagnosis of individuals is common in the professional psychology landscape. Many individuals suffer multiple diagnoses that are inappropriately given without thorough assessment, screening or follow up. Those same individuals often suffer years of medication that treats symptoms that they do not have or could be better accounted for by a more thorough diagnostic picture. These errors in the system can be due to therapist knowledge or skill deficits, pressure from agencies and insurers, or bias within the profession. We know individuals carrying oppressed identities tend to be labeled more quickly and with formidable, life altering diagnoses more often than those without those same identities. Clinical diagnosis is a nuanced form of assessment that has major implications for both practitioners, individuals and systems living with DID and their communities.

Clients receiving diagnosis and treatment have every right to advocate for appropriate assessment and treatment. Furthermore, clinicians have a responsibility to the public to educate about the function of diagnosis and the implications of diagnosis outside of the therapy room. Self-diagnosis demonstrates that the community has embraced the language psychological authorities have set forth and began to inform themselves. We would hope McLean and other institutions would use this interest and self-advocacy as an opening to offer education and opportunities to access assessment rather than solely placing emphasis on the perceived harm this interest can be doing. Some of the core principles in mental health treatment are acknowledging multiple perspectives, helping clients see themselves in the landscape of health and wellbeing, and providing a professional atmosphere to receive support when health suffers. Exploring online communities to understand oneself makes sense and many people find themselves doing this when they feel distress or impairment.

We think the greater question regarding self-diagnosis and the rise of multiple purveyors of information and presentations of individuals reporting DID is this: How can we, as a community focused on healing with this disorder, seek to invite rather than turn away? Diagnosis is a tool to help people gain appropriate assistance. It is not the job of clinical practitioners and researchers to disparage peoples seeking assessment and mental health services, but an invitation for diagnosticians for greater growth. It is an invitation to grow, so that it doesn't take 7 years to receive a functional diagnosis and an invitation to bring us into dialogue and research rather than infighting within clinical ranks about what disorders merit existence. Clinicians working in this field should not be relying on social media presentations of DID to reduce stigma and only showing the forms of DID that are consistent with what has been seen in the past—but rather relying on practitioners to provide appropriate resources, research and support.

We hope to support the community of clinicians, people living with DID and supporters to better cope with the ongoing shifts in the landscape of psychology and diagnosis. To do this, we must begin to work towards understanding and appreciation for new and divergent relationships to mental health disorders and work with clients' growing interest in self-diagnosis and self-assessment. We do not wish for a population convinced of personal pathology without the professional skills to assess these disorders, but for a populace empowered to ask for help and to trust when professionals offer diagnosis and subsequent treatment. Much of that trust is

earned through our actions, presentations and behavior as a community supporting individuals living with dissociation and DID.

We ask for accountability from McLean and any entity that intentionally or inadvertently harms individuals who may be experiencing dissociation or DID.

In times like these, An Infinite Mind is open to and commits to engaging in healing dialogues that help us understand one another's perspective, make better choices for the future, and acknowledge the negative impact we, as professionals and institutions, can have on the community at large with these types of presentations.

Respectfully,

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