

THE MYTH OF SANITY By Martha Stout



Summary of "The Myth of Sanity" by Martha Stout

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Learn why sanity isn't as common as we think.



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Introduction 5 Dissociative Experiences Often Occur Because of Trauma 6 Trauma Can Impact Your Sleep and Your Memory 8 Understanding Dissociative Identity Disorder 11

Final Summary 13

Introduction

Have you ever walked into a room and completely forgotten why you went there in the first place? Have you ever gotten so lost in a book that you tuned out all the other sights and sounds around you? Most people have experienced one or both of those things; in fact, they're so common that people regularly make funny memes about the experience. We laugh about these things because they seem silly and universal. But the same standard doesn't really apply if you tell someone, "I feel like I'm losing my mind," or, "Sometimes I have moments where I zone out so completely that it's like I'm not even there." Instead, these experiences are judged and stigmatized. And the author argues that this should not be the case. Because the truth is that the dissociative experiences which are stigmatized are very similar to the ones we laugh about. Over the course of this summary, we'll learn more about dissociative experiences, why they're so common, and why they shouldn't be stigmatized.





Dissociative Experiences Often Occur Because of Trauma

If something very traumatic has ever happened to you, you may have felt as though you drifted out of your body and watched the experience happen to someone else. Logically, you might have known what was happening and understood that it was happening to you, but as a method of selfpreservation, your mind dissociated from the experience, preventing you from fully feeling and remembering it. While in a dissociative state, you may be able to speak and take action, but you might feel as though it isn't really you doing those things. If you've ever watched a crime show such as Law & Order: Special Victims Unit and heard someone say that they were dissociating when they killed someone in self-defense, this wasn't just a plot device! In fact, this is a very real experience for many trauma survivors who act in self-defense.

On a much smaller scale, you may have experienced a dissociative state yourself if you have ever been very, very scared. Maybe you weren't being attacked or assaulted, but something bad was happening nonetheless. For example, maybe your child was about to run out in front of a passing car. As you see your child dart out into the road and you hear the zoom of the car engine, your body might enter a dissociative state because you are so overwhelmed by fear. You might never remember the exact moment when you threw yourself into the path of oncoming traffic and yanked your child back to safety. In this case, even though you were capable of taking quick and decisive action, your mind may blank out completely during the experience.

This is a very common example of a dissociative state but many people never realize that these experiences are also a form of trauma. And the same goes for car wrecks, being mugged, or other traumatic moments in which you are very afraid. Because these moments are so routine, many people wrongly assume that human beings are not traumatized by these events and that we should be able to quickly bounce back. But the reality is that traumatic experiences do not fit into one neat little box. There is no singular type of event that qualifies as trauma, despite the fact that many people believe an experience is only traumatic if it falls into the category of "the worst type of thing you could possibly experience." But the author's research indicates that this is actually very inaccurate. In fact, trauma is defined as any experience that has been deeply distressing or disturbing.

And although we often think that "stress" and "trauma" are two very different things, the burgeoning stress of college assignments or the pressure of caring for screaming children can also be traumatic under the right circumstances. This means that many people experience traumatic situations on a far more regular basis than you might think. The universality of trauma means that many people are struggling with unresolved and untreated trauma every day. It's important to understand this so we can develop a proper understanding of trauma, dissociative experiences, and how they impact our everyday lives.





Trauma Can Impact Your Sleep and Your Memory

If you're like most people, then it's probably pretty safe to say that you don't get a regular 8 hours of sleep every night. For most people, the amount of sleep we should be getting is often cut in half. And because this pattern of sleep deprivation is so common, you're probably familiar with the concept of a "sleep debt." According to the American Sleep Association, "sleep debt, also known as sleep deficit, describes the cumulative effect of a person not having sufficient sleep. It's important for people to understand that a large sleep debt can lead to physical and/or mental fatigue. The two known kinds of sleep debt are the results of total sleep deprivation and the results of partial sleep deprivation. Total sleep deprivation is when a person is kept awake for a minimum of 24 hours, while partial sleep for several days or even weeks."

As you can see from this example, your sleep debt can have a profound and detrimental impact on your daily life and cognitive function. It's also almost impossible to catch up or "pay off" that sleep debt. That's because your body remembers that lost sleep; the sleep deficit literally accumulates in your body, resulting in physical symptoms. And unfortunately, the same is true of traumatic experiences. So, if your body is constantly in "survival mode," battling perceived danger or experiencing chronic stress, the effects of operating in survival mode will accumulate in your body as well. For example, if you're in a psychologically abusive relationship, you might not receive physical blows every day, but you're still unsafe because you're being gaslighted and abused by your partner. You might feel like you have to tell yourself, "I'm fine! Everything is okay!" in order to survive each day, but ultimately, this strategy won't work. You might be able to trick your brain a little bit, but your body still understands what's going on. Your body knows that you're under attack and it continues to absorb and remember that stress.

And that's why proper recovery is crucial. But in order for you to recover, your mind and body have to believe that they are safe. Unfortunately, however, sometimes this is more easily said than done. To consider how the recovery process works, we can imagine it in practical application. For example, let's say that you were in an abusive relationship and you finally found the strength to get out. So, you leave your partner, change your number and cut off all contact. Having removed your abuser from your life, you make it to your parents' house, where you can relax and recover. Your parents are nothing but supportive and you have nothing to worry about; all you need to do now is relax and focus on getting better. Unfortunately, however, your body doesn't know that. Even though the threat is gone, your body hasn't quite accepted that it's safe now. In fact, the removal of the threat has actually allowed your body to realize just how much you've been through.

Now, in an environment of relative safety, your mind and body are free to freak out as they fully recognize and process the impact of what happened to you. And that's when dysregulation occurs. Trauma psychologist Laura Angers defines emotional dysregulation as the clinical term used to describe an emotional state that is difficult to control, including unhealthy patterns of emotional coping, a predilection toward outbursts of emotions, and an inability to or a struggle with expressing emotions effectively (if at all). Dysregulation occurs as a result of complex trauma. Because your mind and body were impaired by a deeply traumatic incident or the impact of chronic stress, your physical and emotional responses have been altered or scrambled. As a result, you might struggle to process events or emotional stimuli in a "normal"-- or appropriately regulated-- way.

For example, in the case of the hypothetical scenario described above, dysregulation might mean that your mind and body cannot accept the concept of safety. Even though the threat has passed, your mind and body have been so altered by the prolonged effects of living in survival mode that it struggles to accept the fact that you're safe now. As a result, you might experience hypervigilance, flashbacks, and an exaggerated startle response. You might suffer from unexplained emotional outbursts or emotional responses that do not fit the situation. All of these are commonly seen in victims of PTSD. These responses can make it difficult to facilitate a healthy and restorative recovery process. Fortunately, however, that doesn't mean that recovery is impossible.





Understanding Dissociative Identity Disorder

If you've seen the movie Split, you've seen a highly dramatized representation of Dissociative Identity Disorder (or DID). Dissociative Identity Disorder is most commonly known as "multiple personality disorder" and this is one of the most misunderstood and misrepresented types of mental illness. Contrary to the portrayal in Split, most people do not have 24 separate identities like the fictional Kevin Crumb. And, most importantly, people with DID are not deranged, cross-dressing serial killers like Kevin Crumb. So, what is DID really and how does it occur?

Dissociative Identity Disorder begins when people experience something so traumatic that it causes their identity to fracture. And this is especially true for children who have experienced horrific abuse. Children are much more vulnerable to trauma than psychologists previously thought; in fact, most cases of DID begin in early childhood. For example, if a child is subjected to prolonged physical or sexual abuse, their mind will enter a dissociative state just like an adult's mind. But because the child's psyche is much more fragile, their dissociative state may interfere with their development, causing their brain to create multiple identities (or "personalities") as a defense mechanism. For example, if a child is being abused, their mind might create a "protector identity" to help them feel safe. Whenever the child is re-traumatized, their brain will activate this personality to help them cope with the experience or stand up to their abusers.

Because their alternative identities (often referred to as "alters") help them to dissociate from their real self and real experiences, their alters may have different memories, different speech patterns, and different experiences from the real person. Unfortunately, however, a child does not outgrow their Dissociative Identity Disorder once they grow up and get away from their traumatic circumstances. This is partly because trauma isn't something that anyone can "grow out of." If you don't get the help, support, and counseling you need to work through your trauma, you may struggle with the effects of your trauma for years to come. This is true for anyone, whether you struggle with Dissociative Identity Disorder or not. But for people who do have DID, adulthood can be especially problematic.

Once that victimized child is older and away from their abuser, they may be unprepared and ill-equipped to cope with their new lives. They also might struggle to control their alters. While the child was being abused, the alter only showed up when activated by abuse. But as an adult, the alters may pop in and out of a person's consciousness, with the person feeling unable to "turn them off." This can lead to long periods of blackouts, memory lapses, or alarming behavior that may be concerning to other people. And this is why counseling and mental health education are so important. Unless disorders like DID are de-stigmatized, people may not know enough about their own conditions to seek the help they need. And, instead of offering support, other people may wrongly be frightened of a person with DID and re-victimize them all over again by treating them like a pariah or a threat.





Final Summary

Many people have a narrow understanding of trauma and assume that an experience can only be traumatic if it was the worst thing one could possibly experience. But the reality is that any experience can be traumatic; there is no singular standard of trauma and no one owes anybody else an explanation for why they feel traumatized. By improving our understanding of trauma and mental health, we can also increase our awareness of dissociative experiences and help people understand that anybody can dissociate at any time. Contrary to our assumptions, sanity-- or a state of non-dissociation-- is not necessarily the default! We can also improve our understanding of mental illnesses like Dissociative Identity Disorder and how we can help people who struggle with this condition.







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