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MONOGRAPH
“INFLUENCE DISSOCIATIVE IDENTITY DISORDER. (DID)”

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Gratitude

First of all thank God since it is the one who does not have the wisdom and intelligence to carry out this work. Thanks to Miss Patricia and my tutor Miss Carola for guiding me in this work and helping me to do it correctly.

Summary

This monograph will have a central theme on the influence of dissociative disorders on a person who has decided to divide it into 3 sub-themes, the origin, types, and treatments on this disorder. The work begins by explaining the origin of this disorder, first it tells us about the definition about it, it tells us what it is about and what it means to have it, about what it can change in people who suffer from a disorder, such as character, temperament, and his intellect since these traits are what leave a person's personality established. He also talks about the origin that the disorder can have through theories such as those of Hippocrates, Galton, the big five, trait, then begins to explain us about the factors that can influence this disorder since it is what the individual is exposed to throughout his life as biological, social, psychological, physical, and genetic factors.

The second chapter will talk about the types of disorders that may exist for people who own them and tell us that they are separated into three groups: group A, group B and group C. Those in group A are patients of a character more eccentric is to say that they are sensitive; those of group B are people of a more erratic, dramatic nature, of exaggeration; Finally, those of group C are people of shyness, anxious and lonely people. Each group covers several personality types, why are they separated? The purpose of their separation, numbering or distinction is to know how to start with some type of treatment and also to have order over all these types since they are many and we must know how many are separated. This chapter is the most important since it is the one that tells you what a person can suffer, the many personalities that a person can have and because I think that it makes us think that it is not to take it to the light

The third and final chapter tells us the treatment gives us as an example the case of a seventeen-year-old person who is crossing the school and who has been experiencing depression, his grades have dropped, he suffers a lot, he has had thoughts where he thinks that The best thing for her would be to stop being alive because she believes that everything would be better and finally find some peace. This chapter is very relevant since this is a case of real life, why do I give it a lot of importance? Good because of the simple fact that it is something real, something that is not a simple cold, flu, is something that destroys you as a person due to the constant suffering that the patient, so it also gives us to reflect on how these people are not they are people that you just have to see them, you have to help them, make them feel that their life is worth it, and that it's not that they think.

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Introduction

The present monographic work is an investigation on the “Influence Dissociative identity disorder. Its purpose is not only to know what this disease is about, but to analyze the importance of knowing how to act, recognize, and help people who suffer from these disorders which manifest themselves in different ways, orders or moments. This disease consists of many years ago, but until 1980 the diagnosis of this was uncommon and since then it has been studying the causes, consequences, status, behaviors of these people.

The specific study of the subject is of great importance as regards society since this disease can happen to anyone who has something drastic in their life since until today there are still cases of many people who have suffered from some type of Child shock that made them have these disorders.

In what this disease carries there are also many people who have dealt with this issue such as Sánchez S in his novel *The Secret of Marrowbone*, González A, *Dissociative Identity Transformation or Multiple Personality*, and among others.

The existence of these disorders' dates back to the last century when Dr. McWilliam points out the prominent role that Freud gave to maturation and repression against the traumatic and dissociation. This distracted the attention of dissociation research by Pierre Janet (1890), W. James, A. Binet, M. Prince (1906) in the 19th century.

Therefore, this work is based on this way: The first chapter will announce the basic concepts and the different concepts of what have been discovered; The second chapter will discuss the types of dissociative disorders; The third will have to do with the diagnosis of this and its respective treatment. Photos will be included in the annex section with their respective captions and the respective recommendations.

Chapter I

Origin of this mental illness

1.1. Definition

It is a mental illness that is characterized by the existence of two or more personalities in a person, each with its own pattern of perceiving and acting with the environment.

The interrelation and communion that he has with other individuals most of the time in a stable way will be what determines the behavior and the way of being, of this person and also the way in which they are developed in the life of this person. Person can have repercussions on their way of responding to certain scenarios or circumstances. The union of all these traits and characteristics of this person will be what determines how to behave with the rest.

Similarly, Allport (1975) assumes that personality refers to "the integration of all the traits and characteristics of the individual that determine a way of behaving" (p 438).

1.2. Distinction of personality, character, temperament and intellect

The way to distinguish between these people can be seen through the types of viewpoints.

Focusing on four different meanings: "The way in which an individual appears in front of other people; The role that a person does; And as a synonym for prestige, through which the term person is assigned according to the social level to which it corresponds". (Cicero, 1985, p.106).

1.2.1. Character.

The word character has a lot of meanings. Talking about the character of a person refers to the personality and the temperament of that person. It is a psychological scheme, with the

dynamic particularities of an individual. The character is not something that you born with, it is something that.

1.2.2. Temperament.

The word character has a lot of meanings. Talking about the character of a person refers to the personality and the temperament of that person. It is a psychological scheme, with the dynamic particularities of an individual. The character is not something that you born with, it is something that.

1.2.3. Intellect.

The first thing we should know is that the intellect is a word that has a Latin origin of the word "intellectus" and is the result of the union of the two components of this language between the prefix "inter" which is synonymous with "between" and the word "lectus", which can be translated as "chosen". Intellect is the power that the human being has of having a rational cognition. It is about the understanding and the ability to think of a person. For example, SANTO TOMÁS, cited by Cruz (1976) affirms with these words “("Ratiocinari comparatur ad intelligere sicut movei ad quiescere, vel acquiring ad habere: quorum unum est perfecti"("Reasoning refers to intellectual knowing as moving when standing still, or acquiring when possessing: one has a sense of perfection and another of imperfection ")” (p.80).

1.3. Personality theory

1.2.1. Classics theories.

1.3.1.1. Theory of Hippocrates.

The theory of the four humors was a theory about the human body adopted by the philosophers and physicist of the ancient Greek and Roman civilizations. So, established that diseases were caused by instability of bodily fluids, also called humors. In this way four different personalities that originated. They had their origin in the type of fluid: Blood, Choleric, Phlegmatic, and Melancholic (Seelbach, 2013). From Hippocrates, humoral theory was the most common point of view of the functioning of the human body among European "physicists" until the arrival of modern medicine in the middle of the 19th century.

1.3.1.2. Galton's theory.

The theories of Galton, are focused on the study of the differences between the capabilities of a human from an adaptive and biological perspective, both radically faced the ideas that had more diffusion at that time.

After this idea emerged an aspect that was the most criticized of his research, the theory of "Eugenics". Galton tells us that nature was a factor that determines a person's success in life. He found that parents who had some success had to have children with the same characteristics, and that made him think that the role of nature was more valuable than that of parenting. It can be said that Galton was based on the fact that inheritance matters more than other means of teaching.

1.3.2. Modern's theories.

1.3.2.1. Theory of the big five.

This theory developed by McCrae and Costa is one of the theories that has a more universal approach to the study of personality, is the most famous and more evidence that has.

This theory has two starting points.

- *A factorial approach that identifies through statistical analysis the dimensions that characterize the individual differences of a person*

- *The theory of language that identifies individual differences with the vocabulary that they use in their everyday language.*

From these two points McCrae and Costas nominated 5 personalities.

1. *Extroversion-introversion*
2. *Unpleasant-delightful*
3. *Negativeness-emotional stability*
4. *Neuroticism-emotional stability*
5. *Opening-narrowness*

1.3.2.2. Trait theory.

This theory classifies people according to a number. In both traits can be defined as a distinctive mark. A neuropsychic system ensures that the human being can have the ability to convert many stimuli and functional equivalents that give an expressive and adaptive behavior. The component that makes us adapt to behavior to which it refers to how its content is made, while the expressive component refers to how that conduct is going to be carried out. This means that many people can do the same activity but in different ways: an example of this can be found by participating in a conversation in a very enthusiastic, aggressive, or patient way. The adaptive component is the same way of doing an activity in many scenarios, while the expressive component would be how an individual can do an activity in a compassionate, aggressive, and enthusiastic way. Traits are what make an individual have different qualities.

1.4. Factors of personality disorders

1.3.1. Biological factors.

This disease is a brain disorder that changes the way a person thinks, feels, acts and behaves. Mental illnesses are very common from disorders of bipolarity to schizophrenia with compulsions. Why? Because how often do we find that a murderer suffers from an unstable mentality. It is so common that we can even find celebrities with these problems such as bipolarity. But what are the factors of this?

“The characteristics of the personality are determined in a genetic way. But it has been little explored, since there is still no clear understanding of biological mechanisms because of the differences found in behavior. This group has concentrated mainly on the identification of personality characteristics and social behavior.” (Rojas, 2011, p.5).

The factors of this disease can be different as the depression to problems of aggressive behavior. The origin of this disease does not have a particular factor, because it is due to different factors whether genetic, physical, psychological, social and environmental.

1.4.2. Social and environmental factor.

Poverty, in which a person can live, is a factor since the village where they live can become very dangerous due to natural disasters, thieves, etc. These people generate constant disorders that lead to mental illness. On another side we have the family, like growing up in a family where there are constant problems like careless parents who cause disorders in their children's brains. It also takes into account the appearance of a person as their weight or height that causes depression for other people.

1.4.3. Psychological factors.

People, who have lived through terrible experiences, whether emotional, physical, other occasions the death of a loved one, betrayal or abandonment, also make a person suffer a lot. This influences the psychological state of the person and leads to mental illness. Sexually abused, violence, bullying, are incapable of wanting to super this past.

1.4.4. Physics factors.

The person who has been the victim of punches to his head after an accident can damage his nervous system and areas of his brain can also get these diseases. Also as traumas at the time of birth as problems in childbirth can lead to the fetus is left with brain damage. As well as these causes there are also others like when the substance called neurotransmitters that helps to make the messages reach the brain more easily, but when this fails it also causes a mental illness.

1.4.5. Genetics factors.

“Biology does not completely determine our behavior, but it does have great importance in creating it. In the same way that there are biological structures in our genes, such as the structure of a hand and we can grasp objects. "(Garcia, 2017, p.1). Mental illnesses are very common in transmitting through the genes. This means that if a person in your family has had relatives with these mental illnesses is more likely to get these diseases. It has come to believe that mental diseases are alterations in several genes. Therefore, if any person should inherit it, they do not inherit the mental illness but inherit the vulnerability to have it.

Chapter II

Types of personality disorders

2.1. Group A

2.1.1. Paranoid personality.

According to the DSM-5 (American Psychiatric Association) "Paranoid personality disorder can appear at puberty. These people are characterized by being alone; They have bad relationships with their parents, low grades. Here is some evidence of increased probability of paranoid personality disorder those who have family schizophrenia." (p. 360). Some behaviors that are influenced by specific moments in their life may be erroneously named as paranoid facts and may even be reinforced by the clinical process through which that person passes."

This personality is characterized by having a compulsion towards setbacks and misunderstandings, it has a personality in which it cannot excuse any mistake towards its person, it tends to always have a feeling of fighting and exaggerating what is really happening, it is jealous, they feel very important.

2.1.2. Schizoid personality.

According to the DSM-5 (American Psychiatric Association) "Dominant pattern of social deficiencies, as well as cognitive or perceptual distortions and eccentric behavior, which begins in the early stages of adulthood and is present in various contexts, and is manifested by five of the following facts" (p. 21).

They do not enjoy personal relationships, which also forms part of family relationships. , they always want to be alone even to do school activities, they do not intend to have sexual realizations, enjoy having nothing to do, they do not have close friends or trusted friends, they show any reaction to flattery or criticism about their person, they are people who do not show their feelings, do not like to be accompanied or any affectivity.

The parallelism between schizotypy and schizophrenia could be explained from three assumptions. The first would suggest that the similarities between both entities are only superficial and that the two have nothing to do with each other. The second assumption proposes clutches are identical and that differ in alterations. The third hypothesis is that both disorders are overlapped by their genetics that present differences and similarities.

2.1.3. Schizotypal personality.

Schizotypal is associated with personality and it becomes known that I could be related to schizophrenia. The parallelism between schizotypal and schizophrenia could be explained from three assumptions. The first would suggest that the similarities between both entities are only superficial and that the two have nothing to do with each other. The second assumption proposes clutches are identical and that differ in alterations. The third hypothesis is that both disorders are overlapped by their genetics that present differences and similarities. (Siever, 2002).

They tend to have rare ideas that influence their behavior that makes them think they have powers like telepathy, fantasies, or phenomena. They are isolated people, they are capricious, imaginative. While their physical appearance they wear peculiar, unusual garments and always with a garment that they wear daily, while their personal hygiene are very careless they get to not bathe for days and get diseases and this carelessness can be extended to your home, car, bathroom, etc.

2.2. Group B

2.2.1. Antisocial personality.

People who have this disorder tend to be angry, stubborn and arrogant, but they are freer as long as they express their feelings, they are also very likely to have legal problems, either by drug use or by not following the law.

This disorder is often very difficult to study since it is accompanied by crimes and antisocial disorders. The beginning of this journey is in childhood, which affects the learning of the individual, becomes mature as the years but should not be a problem because it becomes normal in his adult life.

These people have very striking features since they have impulsive behaviors, do not seek a solution to problems, do not like to have personal or social responsibilities, do not show their feelings, and do not have guilt or feelings of love.

2.2.2. Borderline personality.

It is characterized by instability in its mood, relationships with material objects and self-esteem. It can also be called ambulatory esquizofrenia; it is more frequent in women than in men. These people tend to have patterns of instability in internal realizations, in their image, the affection they receive, such as: They do anything for not being abandoned, behaviors, suicidal attempts, they feel an empty emptiness inside, they go tense and leads to have anger at inappropriate times.

2.2.3. Narcissistic personality.

As narcissism they are people who have been uploaded by the ego due to reasons of fame, fashion, jobs, etc. But those are just a few examples that do not reach the true essence of narcissism since in these individuals they are fully convinced that he is superior to others, he sees no one but him at the top what makes him see all under him.

They have a very high self-esteem when they are against it. The narcissistic person needs to know that he is on a higher level than all the people around him since he cannot support the people around him. These people can become very pleasant when they are seen by some means of communication when they are not treated directly. They are people who can drive anyone crazy, they have a very high degree of resentment and become vindictive when they feel humiliated. They will always try to attack the person who competes with them or

becomes a threat to them. Some characteristics of these people are that they demand to be admired, they always have the right to do anything, they take advantage of others to profit themselves, they do not get to feel sorry or give importance to the feelings of other people, and they are very envious of the others.

2.3. Group C

2.3.1. Avoidant personality.

People with this disorder usually calculate each movement they will give or that other people will give to avoid it. Tends to ridicule and be mocked by others for fears and tense behavior. They do not like to receive criticism since they lead to blushing or crying. They tend to be isolated from people because they do not like social and work activity, their low self-esteem and sensitivity when rejected leads them to not have contact with people, and finally and do not have a person to support them in their moments of crisis.

2.3.2. Obsessive-compulsive personality.

It is also known as an anxiety disorder. They produce a great economic expense for the individual since he buys anything that even if he does not need it, he wants it just to satisfy his need. This obsessive-compulsive gets to make a great annoyance for people what a single and isolated person does. It usually begins in childhood, and is more likely to happen to men. This obsession is often experienced many years before he is diagnosed with this disorder but begins with something that is normal in plain sight but is getting worse since it was not treated at the beginning. These obsessions usually come as ideas, or as images that come to the mind dramatically, can become a daily ritual, or something that has already become customary for them to repeat it constantly

2.3.3. Dependent personality.

This personality comes to light when the individual is in a situation where he is considered helpless and poorly trained for life situations and needs someone to help him. They are usually undecided people since they do not know when they are going to make a mistake, they do not trust their person much, they ask questions due to their doubts, and they do jobs that for them can be complicated very easily. These are people who have not become accustomed to independence since they were little, thinking that they cannot fend for themselves. They have a very strong fear of staying alone, not because they don't like it, but because they have to adapt to the situation, which will make them do anything so that it doesn't happen. Some characteristics of these people are: it is difficult for them to make decisions for themselves, they need an exaggerated amount of help to make a decision, they do not express themselves as they would like to others since they are afraid of losing their support, it is difficult for them to take the initiative in things because of their lack of trust.

Chapter III

Treatment of personality disorders

3.1. Intervention

The treatment plan of a particular case, begins to be designed only after the evaluation and conceptualization of the same, there are differences in terms of treatments of those people who have symptoms of their own (Lopez, Rondon, Cellerino, Alfano, 2010).

Patients who have this disorder go to the consultations as any other person would. The treatment on these people is differentiated from the others and they are longer so that every day is vital for the psychotherapist. Lopez, Rondon, Cellerino, Alfano (2010) said “Nothing is more effective than applying a psychotherapeutic protocol. However, what to do when the patient has several disorders and there is no protocol? One option is to base the treatment of your problems guided by a cognitive theoretical framework”. (p.1).

Many techniques have been created that have given a good initiative to treat this problem. The most recent advances have been found, they differ; commitment and acceptance therapy, Linehan's dialectic therapy, Kohlenberg's functional analytical psychotherapy, Jacobson's behavioral partner therapy. In other types of people, the learning they do can lead them to solve problems that arise in life. These ways of solving the problems are in a more schematic way and can be used in situations where they are not favorable but they act in a way due to learning and suffering the consequences. These schemes are very basic which makes them key to treatment. The steps are the following:

- 1) Identify the problem,
- 2) Solve the problem in which the basic suffering is overcome but there is still weakness towards it,
- 3) Identification of the situations that generated it,
- 4) Reconstruction of memories and experiences:
 - ❖ Group A repopulate at low doses of antidepressants,
 - ❖ Group B It has been more effective with IRS such as sertraline and fluoxetine,
 - ❖ Group C are managed with benzodiazepines and antidepressants.

3.2. Psychotherapy of personality disorders

Today there are many people who have a wrong or wrong idea, who think that psychology is being in a doctor's office lying down and talking about your life problems to your doctor and

waiting for him to prescribe some antidepressants or some medications and in that The whole query ended. What makes them light years of what actually happens. Actually, psychologists currently use many behavioral guidance techniques that have therapeutic effects that in various researches have shown to have a high efficiency compared to others.

When planning and applying the specific techniques and strategies to achieve the goals of treatment as a first step, we must take into account not only the pathology of the patient but also their particular ways of incorporating and using information about themselves as well as effective methods with A given patient may be ineffective at another time or another type of patient. (Beck, 2005, p.24)

The psychologist will first evaluate the problem he has to make a diagnosis in which he can make a treatment. Next, I will tell you what you are going through, it will ask you several questions about various points of view of your life so that you can better understand the problem you are dealing with and know what circumstances are influencing, it will also tell you to complete some forms to know how are you emotionally, depressed, anxious, angry, etc. and so use a questionnaire to know the level of the emotion you experience. When the psychologist already has all the information he needs to start, he will ask you to help him to know what the treatment points are going to be, what you want to achieve with the therapy. This causes these points to be divided into several steps.

The therapy begins, which will vary according to the case and that will have the end to make you learn several techniques and skills that will help you change your emotions, thoughts and behaviors for others of better quality.

For example:

❖ Unique techniques that will help you overcome the problems that follow you in your life, such as one called desensitization that helps overcome simple phobias.

❖ Specific qualities that they do not possess and that have a weight in your problems, such as the qualities of socializing with people, of communicating, of solving problems, making decisions, etc.

❖ Techniques to change your thoughts about some things. Problems are usually caused by having wrong thoughts, misinterpreting some interpretations about reality, etc. The psychologist will show you what you are doing wrong and how you can change those wrong thoughts to healthier, constructive, and realistic ones.

❖ It will also teach you techniques to reduce or manage the stress in your life, such as relaxation, meditation, breathing, inhaling and exhaling, among others, which helps us have better thoughts that will make us function better, feel better and have less problems in life or being able to solve them.

3.3. Clinical cases: The patient is a 17-year-old student who is in high school

Reason for consultation: The patient has begun to be afraid of her school, in the last six months. Step to see a psychiatric. The girl is confused when the teachers asked her questions. Her heart rate began to accelerate and she had a lot of dizziness that led her to feel that she was going to pass out. I stop participating in the external activities I attended. I didn't want to talk to anyone, I spent all day anxious, I was afraid of not being able to control his body, his bladder, he felt very unhappy, he was very tired, and he lost interest in school. In the last month he began to deteriorate, his academic level was low, his best moments in the day was to get home and lock himself up, and he came to feel that his only option was death.

Background: The patient grew up in a town where her father works as a banister. He lives with his family which is made up of his two parents and his four brothers. His family has a good relationship, although there was a constant fight between his parents for how overprotective his mother was. He had a normal, happy childhood, he had friends, until he turned 14 where he began to change everything. She became shy, she cared a lot about what other people talked about her, she felt less than others, didn't trust herself, and was very careful with what she said or did. She changed school and the first months was fine until she

had to do work groups with her classmates, her height made her feel insecure, she knew how to integrate a group, and she didn't feed in a correct way. The mother says that her sister, the aunt of the patient, also became shy and nervous to the point that she became hospitalized.

Data today: the patient was thin and small. At the beginning of the therapies I was shaking a lot but then I felt more comfortable and relaxed from where I was. He admitted the fears she had, she was no longer blamed for the things that happened to her, nor was she again depressed.

Conflict: This patient suffered from these disorders for half a year of attracting attention and being ashamed of herself, avoiding any social relationship. I felt a lot of society, dizziness, trembling, among others, called panic attacks. These symptoms fit what would be a person with social phobia. He appeared to the consultations without wanting to go, depressed, tired, suicidal thoughts, and many more difficulties. Before knowing what to deal with, you have to know where to start, you have to know if these symptoms are all at once or have some sort of order, if one symptom predominates more than the others.

Annex 12

Conclusion

In the end, this monographic work concludes that:

Dissociative identity disorder is a disease that no one can expect to suffer because you never know when something bad will happen, which gives a reflection that is not to be taken lightly since if you get to suffer from some of the pyromers symptoms you might be prone to suffer from this disease, so please do not remain silent, just do not solve these problems.

There are many treatments to combat this disorder and help people who suffer, thanks to technology much of this is possible so there is no excuse that there is not an ayuda or someone we support, because there is and these people will be trained , prepared and eager to make your life do the same as ever.

What we have of information about why these things happen is accurate and useful to know where to start what makes the treatment accurate and in many cases very effective for battles with these disorders that is more than one person to think that if you go It is a disaster and it makes no sense, which continues to help the sea your only and first option in the face of these disorders, there are only those who have tried to help themselves, making damage to them and their families who suffered the See how a person gives up.

And the people who think that this is a phase or a moment of our lives, it's not a phase, it's not a moment is something more than just an hormonal changes, please be very careful with this.

Annex 13

Recommendation

At the end of this work it is recommended to take into account these points that will help us in an important way:

- That in the situation of abuse of someone today, since there are currently many ways for a student to suffer bullying and in this way train all people who do so that the damage that seems funny is very harmful and It is not human anymore and the people who suffer them motivate them to seek help so that they do not remain silent since it is the worst thing they can do and the people who witness this help to make them

understand that for more game it may be or that they become Slight games have their consequences.

- Fostering self-esteem is a way to prevent harassment. If self-esteem is achieved as a protective factor in these circumstances, the presence of bullying could even be prevented. Making these people stronger, who tend to be very weak and easy to manipulate, help them get ahead and open their eyes to see what can happen to them if they don't react.