

# MANY VOICES

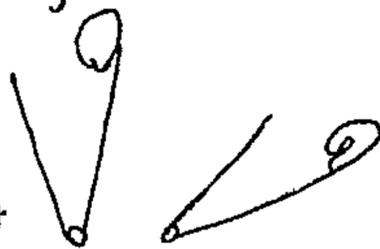
WORDS OF HOPE FOR CLIENTS WITH MPD AND DISSOCIATIVE DISORDERS

Vol I, No.2

April 1989

ISSN1042-2277

My Mom Said if I catch pneumonia  
I'll die, I tried to catch it, I bite my  
finger nails. I pull out my eye Lashes.  
I Stick pins through the ends of my  
fingers and let them hang.  
I put pins in my legs.  
I cut places on me.  
I rode my bike in front  
of a car.



Why?

Because I thought I was bad.  
Because my mom didn't love me.  
Because I was angry.  
Because I want attention.  
Because I want to hurt outside Not inside.  
Because Sometimes I hate everyone.

I'm not bad. I'm good. I have Love  
from other people. I love good  
people. I don't want to hurt at all.  
Now I take good care of me. They  
are bad people. It's ok with God  
if I don't like them.

By Summer (8 yr.old alter of K.C.)

## It's Great!

...To have so many readers who are also wonderful writers and artists. Thanks for all your submissions on our theme of reducing self-destructive tendencies. Like the Old Woman in the Shoe, we had "So much material, we didn't know what to do!" We edited rather drastically (sorry) and still couldn't get everything in. But what's here is super. And if your work didn't make it this time, DO try again! We want everyone to have a part in Many Voices. -LW

## Coming Next!

June 1989

Do your "people" talk to each other? Do they communicate in other ways? Describe an effective communication experience. ART: Draw your internal communication system or place. DEADLINE for submissions: April 1, 1989



*Me Working with My Therapist*  
by Sweetie-Pie

## Managing Self-Destructive Alters and Setting Goals

By TC

**F**irst, the safety of the body has to be respected. When self-destructive alters act out, our Internal Self-Helpers (or ISHs) and protectors have created an internal safe room away from outside stimuli. The room can have the alters' favorite things, as long as they are not dangerous.

The small children or the protectors can hear threats by the dangerous alters, so we usually get warned, and we put them in the room.

The ISHs were aware of the alters' fear of confinement. In a way it is a form of internal punishment for an inappropriate act.

Since we have had this room, we have improved from daily cutting of arms, legs and stomach, to no cutting in the last six months.

We also have a beautiful internal

garden and play yard for the children. When we need peace time, we can go there.

Our new therapist told us that internal physical restraints work a lot better than external leather restraints. He had our ISHs create restraints for the one who cuts and hurts us. We were amazed that they worked. She could not move. She was safe, and was not hurt by actual leather. When her time was over, the doctor had someone else come out after he removed the internal restraints. He used these when he worked with her.

On the subject of goals: Goals may be different for different personalities. Some goals may clash, thus causing internal conflict. Some personalities may like to be "MPD", and do not want any therapy.

Therapy should be for the personalities who want to be there to work out their problems, nightmares,

or whatever they want. A common goal cannot be set in the beginning of therapy. So-called "merger" should be the last thing considered, after problems have been worked through.

The more some personalities see others working out their problems without the constant threat of 'merger' looming overhead, they too will come forward. No one wants to 'die' or not exist. To them, merger is a death. All feel they are important. This should be respected until they themselves make a decision to merge. When a therapist forces merger or shows favoritism, then acting-out or "killing off" of personalities may take place because of jealousy. Internal conflicts occur because alters want to survive. Each claims a right to exist. Respect for each, and consistency will make therapy profitable.

MV

## Getting Better

By P.A.P.

**F**or the past six years I have dealt with suicidal tendencies and more frequent times of compulsive injury to the sexual parts of my body. However, take heart—those times are not nearly as frequent as they used to be, and I attribute that to my work in therapy.

"Early warning signs" for me are when some new past memories of my abuse are starting to surface. Recalling memories of my abuse, or of seeing others abused, often puts me in a self-destructive place. I want to act out on my body the abuse I saw done to others. Once I've connected with the whole memory and worked through it, the destructiveness passes.

Different parts have become self-destructive to me at different times. Once, they required

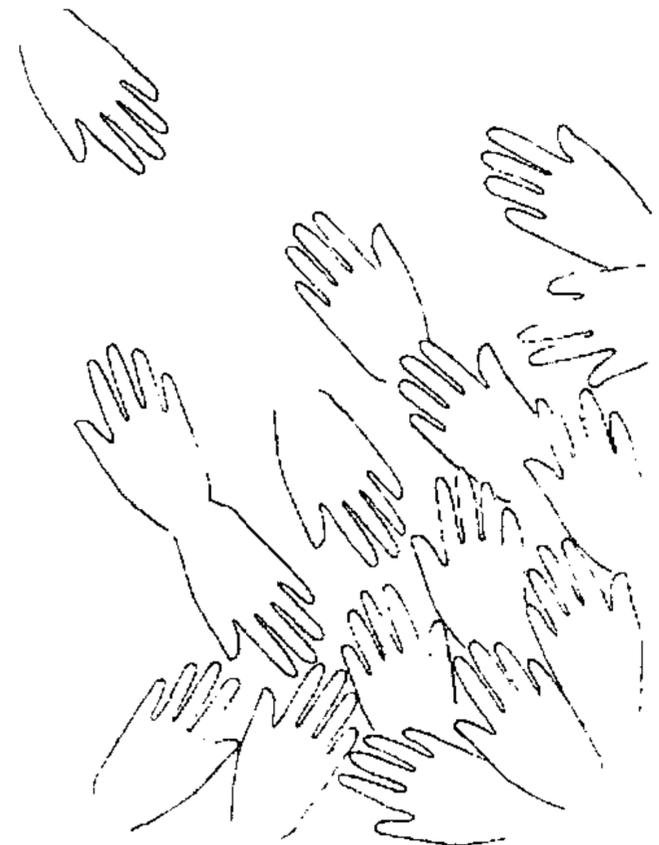
hospitalization.

When the times come, I try to put that self-destructive energy to work: scrubbing the floor, bike-riding, etc. However, there are times when it becomes so intense that I know my only hope is to not let myself be alone. I phone a trusted friend or my therapist, or I leave the house to talk with someone.

Now my core self has become strong enough to let the others know that I do not want to hurt my body. I tell myself over and over that these feelings will pass, and that I won't feel this way forever. The destructive feelings will pass.

Also, my therapist makes clear to all my selves that acting out on these feelings would result in hospitalization, which we are all very strongly against.

MV



### "Working with Irene"

1-24-89 by Kirk and Heath for  
Linda H.

# Breaking the Cycle

For those members of our family who sheltered many of us from the past abuse, we have chosen to cojointly submit our story. Their unrelenting pain bears testimony to the courage and fortitude they have demonstrated over the past year in therapy. Our story is a tribute to them.

--The Kindred.

**S**obbing hysterically, the words spluttered forth broken and disjointed, each utterance affirming my ultimate depravity. Mothers are supposed to protect their children from molesters. History had come full circle, and now I was the enemy.

The reason for disclosure was not to allay my guilt, but to save my son, to protect him from a mother whose sexual exploits were boundless. Terror erupted inside of me as I recounted to my therapist the events of the previous night. I was repulsed—disgusted by this act that I had viewed. An act perpetrated by my body, but in violation of my deepest convictions. I love my son, my gift from heaven. How could I have done this? Within my head their screams reverberated the silent echoes of the answers I sought.

That day marked the beginning of our journey to self-discovery. It was to be another year and a half till we discovered our multiplicity, but in that time period and since we have traveled decades in our search. Our path to self-destruction is rooted in our abuse experiences. As victims of incest, sexual exploitation at the hands of the father, prostitution, and multiple rape experiences, we have continued to act out the scenes of our tragic history. Our scars are hidden, each tucked inside the walls of the orifices used in service of self destruction.

Prior to receiving the diagnosis of multiple personality disorder (MPD), our therapist, in an effort to

understand and treat our "disorder," referred us to treatment for sexual addiction.

Although during this time the origin of our abusive behavior remained hidden, the compulsive acting-out diminished. The shame and guilt, which had accumulated over decades, lessened as we grew to be part of a community referred to as Sexual Addicts Anonymous (SAA). Love and friendships came to displace the self-hatred and alienation we had once felt. The bonds of friendship forged by unconditional acceptance nurtured self-respect, and for awhile the self-abuse abated.

A major relocation uprooted us from the community that had served such a vital force in our recovery. Ironically, we had chosen to return to our hometown. Although the true reason remained uncommunicated, we knew on many levels that we had unfinished business. After ten years of living in another part of the country, we had finally grown strong enough to confront the painful events of our obscure existence. Following another trial of misdiagnosis and mistreatment, we eventually encountered a therapist who recognized the "signs" of MPD, and this past January marked our one-year anniversary in treatment.

Once in therapy for MPD, and lacking the supportive network of SAA, our self-abusive behavior initially began to escalate. Compelled by feelings of shame, guilt, anxiety or pure boredom, the need for sexual release again became obsessive, and

often resulted in physical damage to the body we inhabit. Fearing the abuse would again lead to further victimization of our son (although many of us categorically deny 'motherhood,') we have chosen to break our vow of silence. Talk is never cheap in therapy for MPD, and our reward has been a slow release from the shame and guilt that drove us to self-destruction.

A sometimes conflictual, but ultimately supportive and caring relationship with our therapist has been instrumental in allowing us to process the feelings we had so often tried to repress. Now, instead of acting-out, we talk about the incestuous fantasies and activities, the pedophilic impulses and behaviors, the compulsive masturbation, the promiscuity and the sado-masochism that was once part of our lives.

Through therapy and our past experience in SAA we have steered a course towards recovery and freedom from self-abuse. We have decided to join a self-help group for incest survivors and another group involving MPD patients. In the past, the echoes of our pain reverberated in silent darkness. Now, we have shattered the barriers of our self-confinement and the healing light of community brings promise for health and recovery. Above all, our decision to stop the abuse cycle offers hope to our son that he will not bear the legacy of our pain, but instead, the vision of our dreams.

**Note to clients:** *It is important for us to know that therapists take our pain seriously. As we see from Dr. Coons' statistics, most of us have experienced one or more self-destructive behaviors in our lives. That is sad and very real. The good news is that caring therapists and their teachers are learning more every day about ways to guide us through the risks and danger we face. As one friend put it, "I wish that I never had MPD, but if I have to have it, this is a good time." Therapists care and they are paying attention. We beat the odds when we were children. We can do so again, as adults. We are survivors.—LW*

# Therapist's Page

By Philip M. Coons, M.D.

Associate Professor of Psychiatry, Indiana University School of Medicine, Indianapolis, IN. Staff Psychiatrist, Larue D. Carter Memorial Hospital, Indianapolis. Current president of the International Society for the Study of Multiple Personality and Dissociation.

Unfortunately, the occurrence of either self-destructive or self-defeating alter personality states in multiple personality disorder (MPD) is fairly common. (See exhibit A.) Many behaviors are not carried out by all personalities, but are usually characteristic of anywhere from one to a few self-abusive alters.

In my experience, suicide attempts generally occur in the context of depression and represent the attempt to escape from intolerable emotional pain. This pain may stem from a number of causes including the return of painful memories of abuse or trauma, poor self-esteem caused by years of denigration by abusers, involvement in abusive relationships with significant others, and losses such as of a job or a loved one. Treatment of the suicidal form of self-abuse is generally directed towards the treatment of depression and its underlying cause(s). Although antidepressant medication may bring some symptomatic relief, good psychotherapy is usually the mainstay of treatment. Although abreactive therapy (the uncovering or remembering of past traumas or abuse) is uncomfortable, your therapist should be able to pace it so that it doesn't hurt too much. Your self-esteem should improve greatly once you realize at a gut level that you weren't responsible for your abuse as a child. This may be very hard to do since you may have been told repeatedly by your parents that you were responsible. As your self-esteem

gradually improves, you will begin to remove yourself from abusive relationships established later in life. You will understand that you deserve better.

There are many causes for self-mutilation. Most commonly, self-mutilation represents the attempts of one personality to punish another, often for revealing "secrets" of child abuse. Please remember that threats of violence made by abusers if you revealed the child abuse, were made when you were a child to protect the abuser from being discovered. Now you are an adult and you can protect yourself. At any rate, these "secrets" are being revealed within the context of a confidential therapeutic relationship and don't have to be

revealed elsewhere.

Sometimes self-mutilation arises out of a sense of guilt for having caused the abuse. Remember, you weren't responsible for the abuse.

Finally, the self-mutilation might be caused by your attempt to successfully handle the original trauma. Your therapist should be able to help you find more adaptive ways of handling trauma.

Alcohol or drug abuse usually represents the attempt to cope with traumatic memories, usually by blotting them out in a substance-induced daze. Again, your therapist should be able to help you find more adaptive ways of coping with these memories. Remind yourself that while these memories hurt badly, the abuse

(continued on page 5)

## Exhibit A.

### Types and prevalence of self-destructive behavior in MPD

	1986 (Putnam et al.)	1988 (Coons et al.) (incl. thoughts)
Serious suicide attempts*	61%	72%
Alter attempting to kill alter	53%	
Self-mutilation**	34%	34%
Substance abuse	53%	46%
Alcohol abuse	27%	42%
Sexual promiscuity	52%	
Anorexic or bulimic behavior	40%	4% anorexic, 8% bulimic+
Alter abuses other alter	30%	

\* completed suicides, only one person out of one hundred

\*\* usually punishment by one personality to another

+ diagnoses, not symptoms as in Putnam study

**Therapist's Page cont'd**

is over. You've survived! You deserve to feel better and be freed from your traumatic memories, dreams, or flashbacks.

Sexual promiscuity is another symptom which may have many causes. In my experience it is generally a way in which persons are searching for comfort and human-relatedness. In people with MPD this behavior may not be remembered because sexual behavior has become so emotionally charged by previous sexual abuse. You will realize with time that sexual behavior is not bad and can be pleasurable. As a victim of sexual abuse (violence carried out through the sexual organs,) you probably learned otherwise. Your therapist can help you gradually change this attitude. Be glad that in many people with MPD sexual

functioning is preserved, although it may be compartmentalized in another personality state which needs integration.

Fortunately, true, full-blown anorexia nervosa and bulimia are unusual in MPD, although fleeting symptoms of anorexia or bulimia may be more common. Dr. Moshe Torem (Akron, OH) has found that these symptoms disappear once the underlying traumatic memories have been uncovered and worked through.

Dealing with abusive alters takes time and can be very difficult. This has been the subject of a recent paper by Watkins and Watkins, which cannot be reviewed in detail here. I have generally found that abusive alters are not nearly as disastrous as either you

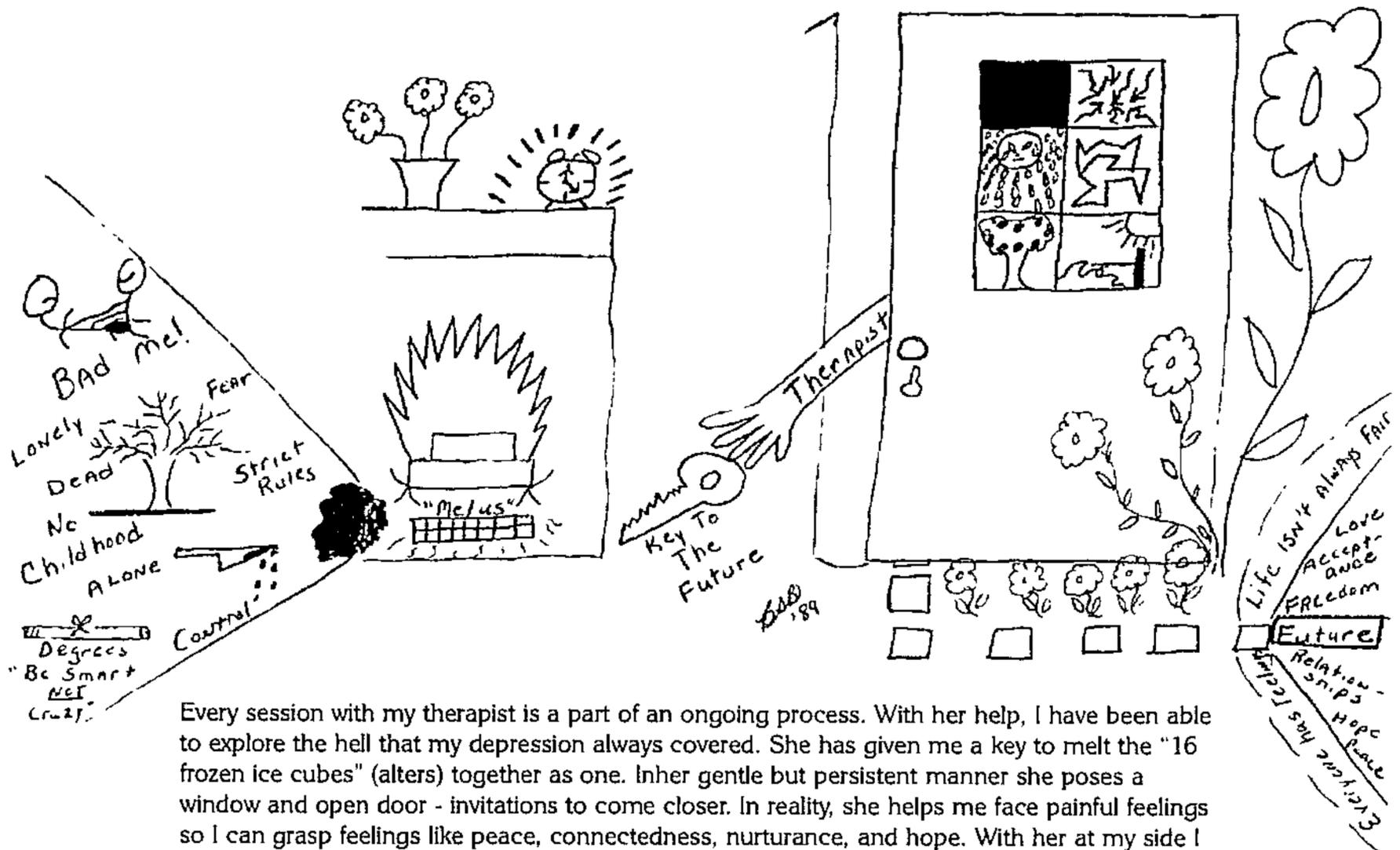
or I had imagined at first. At times one alter will stop hurting or trying to kill another alter when it is realized that everyone is part of a whole and that hurting another hurts the self. Realizing that you are abusing yourself just as you have been abused also helps you to stop the abuse, if you are an abusing alter. Abusing yourself or abusing other people may also be a maladaptive way of relating. You abuse because that's the way you were reared. Once you realize that you are worthwhile and lovable, then you will no longer need to abuse yourself or others.

Good luck in your therapy. You'll find it difficult, but in the end, you'll be glad you persevered.

MV

**References:**

Coons PM, Bowman ES, Milstein V Multiple personality disorder: a clinical investigation of 50 cases. *Journal of Nervous and Mental Disease* 176:519-527, 1988  
 Watkins JG., Watkins H. The management of malevolent ego states. *Dissociation* 1 (1): 67-72, 1988  
 Putnam FW, Guroff JJ, Silberman MD, Barban L, Post RM. The clinical phenomenology of multiple personality disorder: review of 100 recent cases. *Journal of Clinical Psychiatry* 47:285-293, 1986.  
 Torem MS, Dissociative states presenting as eating disorder. *American Journal of Clinical Hypnosis* 29:137-142, 1986.



Every session with my therapist is a part of an ongoing process. With her help, I have been able to explore the hell that my depression always covered. She has given me a key to melt the "16 frozen ice cubes" (alters) together as one. In her gentle but persistent manner she poses a window and open door - invitations to come closer. In reality, she helps me face painful feelings so I can grasp feelings like peace, connectedness, nurturance, and hope. With her at my side I explore my feelings and see that the beauty of life can be mine too. Growth!

Integration!

By B.S.B., Denver, CO.

## Two Poems by Jan H., 9/86

(1)

small child  
 so fragile, vulnerable  
 yet strong enough  
 to withstand the violence  
 and wait in hopeful silence.  
 i want to fold you  
 in my arms now  
 and hold you tight  
 protect you from  
 that living nightmare  
 the hell he made for you  
 it's ok to cry now,  
 little one.  
 i won't let them  
 near you  
 anymore;  
 you are safe now  
 in my embrace.

(2)

My speech is always measured  
 Word built carefully upon word.  
 Then pushed out haltingly, timidly,  
 And I am lost somewhere in the  
 saying.  
 But when I write  
 Words flow freely,  
 Cascade unashamedly from my pen,  
 unlocking all the feelings  
 Trapped tightly within.  
 No thought behind them,  
 Neither rhyme nor meter  
 They assume their own cadence,  
 filling blank pages  
 Crying, screaming out my truth  
 Singing, laughing my heartsong.

## Little Girl

By Candace for Meg, Rosie and  
 Candy, who are happy little children.

Greenwing sunshine leaf dance  
 gold-coin leaf song lightface  
 little grasses greensong flower lace  
 little wind happy happy sparkle  
 wind  
 hello day sunface world twitter world  
 first little baby day

light-star wind ruffle dance  
 cut-lace shadow border tremble up  
 tremble down  
 greengold shadow face wind lace  
 bright star emerald leaf sun-shower  
 dance-flower sparkle-flower  
 in and out of shadow flower

little dryad open little girl song  
 flower ring play dewdrop day  
 blink in the wind day bird lace  
 sunshine face finger leaf  
 goldshadow  
 whisper world twitter world  
 bigleaf hold-my-hand world

little girl look look gold song  
 happy wind the sun is nice day  
 little-girl wind day play day  
 sun-face whisper wind little tiny  
 tree

sun in the eyes wind bird in the  
 tree day  
 twitter bird flutter bird greensprite  
 song play  
 wind ruffle hair little wing hair  
 mommy hair bug-in-my-hair little  
 green wings  
 crawl crawl pale wings bye bye  
 crawl  
 runsong sun bird green sparkle day  
 bye bye sunshine-face light bird  
 leaf bird  
 twitter song wind lace bye bye face

## Promises Promises

©1989 by Giboney

Hey kids! Now's your chance to join  
 in the newest, funnest way to make  
 new friends and have a good time.  
 You too can join the growing group of  
 people who have lots and lots of  
 personalities. People all over the  
 country are discovering their true  
 selves and having a whale of a good  
 time doing it! Do YOU have the skill,  
 the talent, and the just plain good  
 luck to be a Multiple Personality?  
 Qualified MPs will receive,  
 ABSOLUTELY FREE! great hand-  
 selected promises like these:

1. You'll act and feel like a child all day long.
2. You'll never be bored or lonely again—somebody else will always be there.

3. Watch your imaginary playmates come to life! See and hear them talk to you!
4. Have fun figuring out the strange handwriting in your notebooks.
5. Create great new excuses for forgetting your homework.
6. Speak in foreign languages you never knew you knew.
7. Change your looks and disguise your voice just by wishing.
8. Experience emotions you never knew you had.
9. Discover the hidden secrets of your past.
10. Forget about anything, including these promises, any time you want to.

## Happy News

At this time in our life everything is going very well. The best way is to say that before, everyone had a different note on the scale and it was quite a noise, but now we seem to be humming the same note. We are taking turns, sharing some experiences, and having patience with whoever is 'up front' at the time. We are a family now, so no one is alone. I am glad my inside people—a man, some women, a boy and little girls—helped me. And now I can help them. —SD

## Recovering

By Rita M.

**Q. What's it like to not be separate anymore?**

It's real different! and yet not so very different. Does that make sense? Perhaps not. However, it is the best answer I can offer.

Depending on the therapist and the client, and how work in therapy has been approached, the client may or may not be aware of when the separateness ceases and "wholeness" begins. (This is very important. Not all multiples are alike!!!)

Being whole can be precarious at first, with alters popping back in during stressful periods. However, if work continues in therapy, this will lessen over time until it ceases to occur.

Be prepared to be *tired*. MPD's often seem to have lots of energy. Let's face it, if normal people could have someone who could "take over" for them, they'd look energetic, too. Being whole means the MPD client is responsible for the body, mind, etc. all the time. WOW! That's new, and it's a lot of work.

My guesstimate would be about 6-12 months of adjustment to "wholeness." One can easily feel exhausted, overwhelmed, etc.

Be aware that wholeness does not mean you are finished with therapy! (Oh hell!) I have found

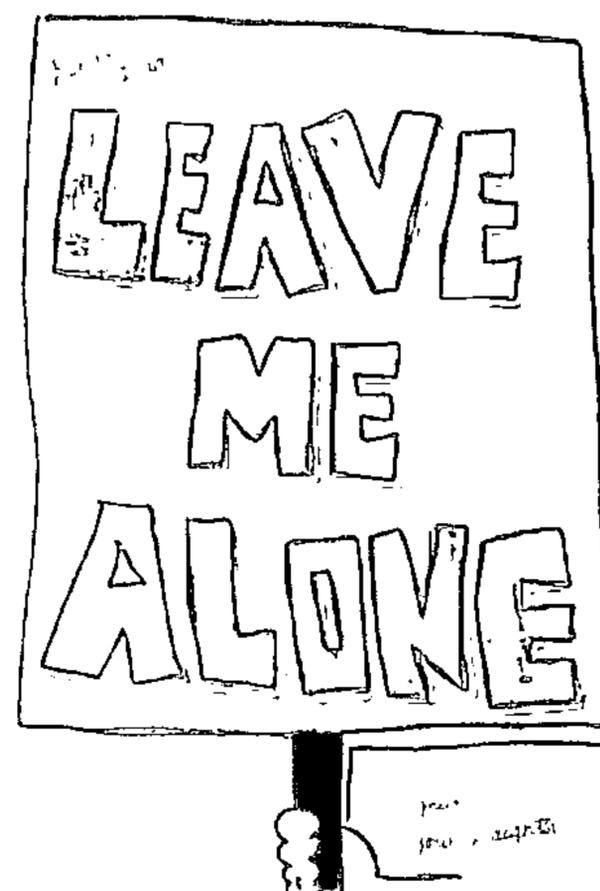
that work continues, but it tends to be more theme-related. For example, the grieving for the loss of idealized "mother" as a loving parent one never had...while alters may have done this work, as a whole entity an issue is often reprocessed on an even deeper level. It's as if this thematic reworking is the last pass to sweep the insides clean of any remaining emotional debris.

Also, any new stresses once one has achieved integration may result in the surfacing of more flashback work that the system had believed was completed. Sometimes a new situation may require the experience be reworked to include information that was not previously necessary to have known.

While there is some sadness at feeling alone inside, and not having those "buddies" to share with, the joy of not being separate anymore is the experience of freedom. Freedom to experience life without fear. One does not have to worry about not remembering, or live in fear of certain situations or triggers. However, one retains most if not all of the qualities of the alters, in a more blended or muted (and healthy) form.



My name is Summer. I am 8. I am a part of Susan P. This is me and Diane. She helps me and the others of Susan.



## Resources

Incest survivors and their therapists may be interested in contacting INCEST RESOURCES, INC., 46 Pleasant St., Cambridge, MA 02139. This non-profit organization provides literature and training, tapes for bodywork, rage release materials, and more.

---

Rita M. is a Licensed Independent Social Work and Certified Alcoholism Counselor (LISW,CAC), and is also a recovering MPD client. She functions at a very high level (after much therapy) and is "integrated." MANY VOICES is pleased to have her help us provide the special viewpoint of a recovering, knowledgeable, MPD client/therapist. Readers may send questions to Rita, C/O MANY VOICES. We'll use as many as possible.

---

# Clients' Collection of Remedies

Jamie is anorexic. I (Michelle) am a compulsive overeater. We tend to balance out by default. Before, Jamie used to forbid me to eat, and I would have to blank out and binge. Now, Jamie, with Jeanne as objective moderator, bargains with me. She lets me know what she feels safe eating that day, and we compromise.

For example, I love ice cream. Jamie says that vanilla ice milk feels safe. That's OK with me, as long as it doesn't have to be plain. We've compromised with lowfat, low-sugar vanilla ice cream with fresh ground peanut butter mixed in.

It's not perfect—but it *is* working with it.

We still haven't found a way to get me to stop beating myself and the walls with my wrists which are injured, but the "terrorist" (therapist) says "Ask inside and see if it's still OK to do that."

She is trying to teach us to cooperate with each other and her. I think cooperation and compromise are essential for changing habits that no longer work for survival.

By Jamie & Michelle



For us, self-destructive acts happen when we are not paying attention to things or people inside that want attention or want to do something. They get attention by breaking fingers, spraining fingers and shoulders via sports activities or farm chores. Sometimes these things are done by those inside who think we are bad and need to be punished.

We also used to drink too much alcohol. We stopped drinking about 7 years ago, but from time to time, ones inside still threaten to drink.

We have learned to deal with the self-destructive tendencies by learning to value and pay more attention to those inside who want attention. We have been learning to recognize them, respect them, and realize that they are important, and that what they want,

need, and feel is important too. Basically, we are learning through therapy to treat all of us inside with love and respect.

When suicidal ones come out, our therapist tells them she knows they could kill themselves or anyone else. Being believed by her lowers the risk of that happening, even though it is still a possibility. Going to the hospital for help is not an option for us. That would make it more likely for us to try to kill ourselves, because we feel that going to a hospital would be a way to punish us for being bad.

By Kris R.



At times two of my alters cut and burn our shared body. Last fall I was hospitalized as a safety measure. In crafts, I was introduced to woodburning. To my surprise, cutting and burning a beautiful design or traced picture into the wood was amazingly calming and satisfying to both of them. The euphoric urges to cut and burn our body dissipated as the woodburning tool moved gently over the wood, etching the chosen pattern.

K & T's desires that had harmed our body have finally found a safe, external outlet that is not only gratifying but has provided me with many useful, decorative items for my home and personalized gifts for very special occasions.

Although craft books specify the use of their own products, I have successfully used fine-grained scrap lumber from a lumber yard and unfinished wood projects from a mill store. My local copy shop provides me with enlargements or reductions of a design of my choice from a craft book, a greeting card, or one we have drawn ourselves.

Sometimes I still neglect to listen to K & T's needs in a timely fashion and the old habits return; but much more often I am able to heed their messages of danger and allow them regularly scheduled time to pursue

this craft that brings peace within. I don't know why this works for us; I just know that it does work. Perhaps it will work for you.

By Shirley Ann for DKP's System



The Gang writes that in four years of therapy they have worked through several personalities who wanted to hurt themselves.

Michael wasn't able to understand that it hurt when he would cut the body. After he worked through some hard memories he felt the pain himself. Then he was able to learn it is all right to have the feelings associated with hurting himself, but that it isn't all right to act on those feelings.

A safe house was made for Michael (in imagery). Inside there is a warm fire, soft music, and no abuse. Michael also has a special light that helps calm and relax the feelings.

Little Vic is also very sensitive to Vickie's feelings. "We had to help him realize that Vickie can feel sad and alone and be at the black hole, and that is OK. He doesn't need to help Vickie by trying to kill the body as he did as a very young child to escape the pain," says the Gang.

Little Vic was very non-trusting. He felt he was going to be hurt. "It took time and patience for us and our therapists Jon and Carol to trust that we weren't going to be hurt and that the feelings were intense because of memories, and because we were not pushing the feelings away," they add.

The Gang has a written contract with Jon and Carol that states if I (they) hurt myself or someone else, therapy is done. This is very important.



There are at least three parts of me that have at some point physically hurt and/or threatened the body. Working to get where we are now has been gradual and not without

(continued on page 9)

(Remedies cont'd)

setbacks. Most important for me has been to examine why a particular part is pounding or wanting to pound. Simply admitting to the abuse and wanting it to end was not enough for me or any of the abusive parts. Before I was in therapy for MPD, one of my abusive parts actually went to a counselor, told him of the pounding, and began employing a sort of behavioral-modification-system way of thinking in an attempt to end the pounding. But even this admission and desire to stop did not bring about any noticeable or lasting changes in behavior. Since I have begun therapy for MPD, I have been witness to changes in individual parts' behavior, changes that resulted in a decrease or termination of the self abuse.

I attribute each of these individual changes to one common process—examination of the situation within my self (selves) in order to gain knowledge, understanding, and acceptance of why the behavior is occurring.

What is most important is this: the abuse won't just quit. And it may even heighten (as mine recently has.) But don't let the fear or shame of the abuse be a rock in your path. Use it. Examine why it is and has happened. You don't just pound yourself silly for no reason. Maybe issues in therapy need to be approached from a different, less threatening angle, or maybe the issues need to be confronted head-on. It seems unbearable, but maybe if it is confronted, not shied-away from, then you can eventually end the abuse.

By Susan P.



Originally I thought I would write about past problems with alcohol, going to AA and now being a recovering alcoholic who slips only once or twice a year...or the problems with eating too much, not at all, or candy and sweets....but someone else wanted to write about the lies.

One of the most destructive things which happens within our body is Virginia and the Terrible Man

## More and more ideas!

repeating the things mom and dad said to her about herself, others, life and God. Regardless of the daily events in our life those two folks say the same messages as the first parents: "It's all your fault. If you'd have done as I told you it would have been fine. You can never trust men—they're all pigs and only want one thing. You can't do that. God will judge you when you die and He will hold you accountable for how you used all the talents He gave you. You were born afraid. You are so selfish and thoughtless. You are daddy's special girl. If you disobey me then you don't love God and you know what happens to people who don't love God! Don't you love daddy?"

Hundreds of their sayings and messages used to replay in my mind most of the time. My best friend, Al, and counselors taught me that almost all they said to me was not true. My first parents lied to me. They distorted reality, bending everybody and everything to meet their needs and wants.

Becoming aware of this fact and accepting it was excruciatingly painful. With great reluctance many of the folks gradually let go of the first parents' messages and sayings. It has been a gradual process. Letting go, grabbing them back, opening my hands again and again to allow those lies to go away and let the truth inside of us. Most of us are relatively free of lies now, compared to five or ten years ago. Virginia and the Terrible Man still cling to parts of their messages. Slowly they retreat from the first parents' positions and take on the truth of who we are.

Now we feel and say true things about us—that we are good, true, honest, courageous, intelligent, loving, very thoughtful and talented folks in our body. That this is our body, belonging to us. No one else can ever have or touch our body again unless we say it's ok.

Now I listen for the lies, because they are a warning. It means that one of the folks hurts badly. I ask who is hurting. Often a small voice will speak and say she doesn't feel well. Others

will talk with her and try to help her. Or I phone my friend Al. It helps to have a friend outside of us tell us the truth.

By Rosemary



I've struggled all my life with self-abusive problems, mostly subtle ones like slow starvation, working 20 hours a day, not taking prescribed medications, "accidents" and so on. Logical thinking didn't help me stop most of the time, and feeling guilty after the act helped even less! Negative comments from others just added to my guilt. Then I would hurt myself more as punishment.

For 2-1/2 years, my therapist has said to me, "For God's sake, you have suffered enough! And it wasn't your fault! No matter what you do or don't do, I'm not leaving and I'm not going to hurt you." He said those words to me over and over again, coupled with hundreds of hours of hard work. And I would say, "You're completely illogical, and I'm angry with you for not leaving! How can you care for someone like me, a horrible person, sick and crazy!" Deep inside I didn't mean those words, but believed them because of all the abuse I've received in my life.

But in the third week of January, a quiet miracle occurred. I woke up with intense pain and bleeding. Meeting with my therapist, someone (inside) said: "No one is doing it sir. We promise. It's just happening because of stress. We're not doing it this time because we've suffered enough. And because we don't want to anymore."

(continued on page 10)

# ...and MORE ideas...

(Ideas cont'd)

They didn't want to anymore, after a lifetime of habits!

What changed those fundamental feelings of self destructiveness at a deep level, even reaching my most destructive inner parts?

TIME...LOVE...TRUST...HUGS...TEARS...HOPE...GOD.  
TIME...

to talk and be listened to

to finally tell the secrets:

to share all my pain and not be rejected;

to yell my hurt;

to scream my rage;

to really play for the first time in my life;

to slow down, finally!

LOVE...

from God, who has never blamed me, and I didn't know;

from my therapist, unconditionally over time;

from my social worker;

from all the hospital personnel who believed me;

from friends who didn't understand;

to myself, and "all of mine;"

to those who reached out to me in spite of my fears;

to others in pain like me.

TRUST...

from my therapist, especially when I pushed him away;

from those who've tried to understand;

from those who were there after I had failed;

from my "inner" family;

to those who stood still to wait for me;

to God when I felt and feel unworthy;

to my own deep "humanness."

HUGS...

from REAL people, without

torture:

to REAL people;

from my "inner" family;

to ALL of mine!

TEARS...

to those I've started to trust;

from all who love and care

for me regardless;

to those I've started to

love;

to those who didn't

make it...

HOPE...

when all is dark;

when all seems lost;

when the end isn't real;

when the pain and

confusion are

ENORMOUS!

from God to me...

and others like me.

GOD...

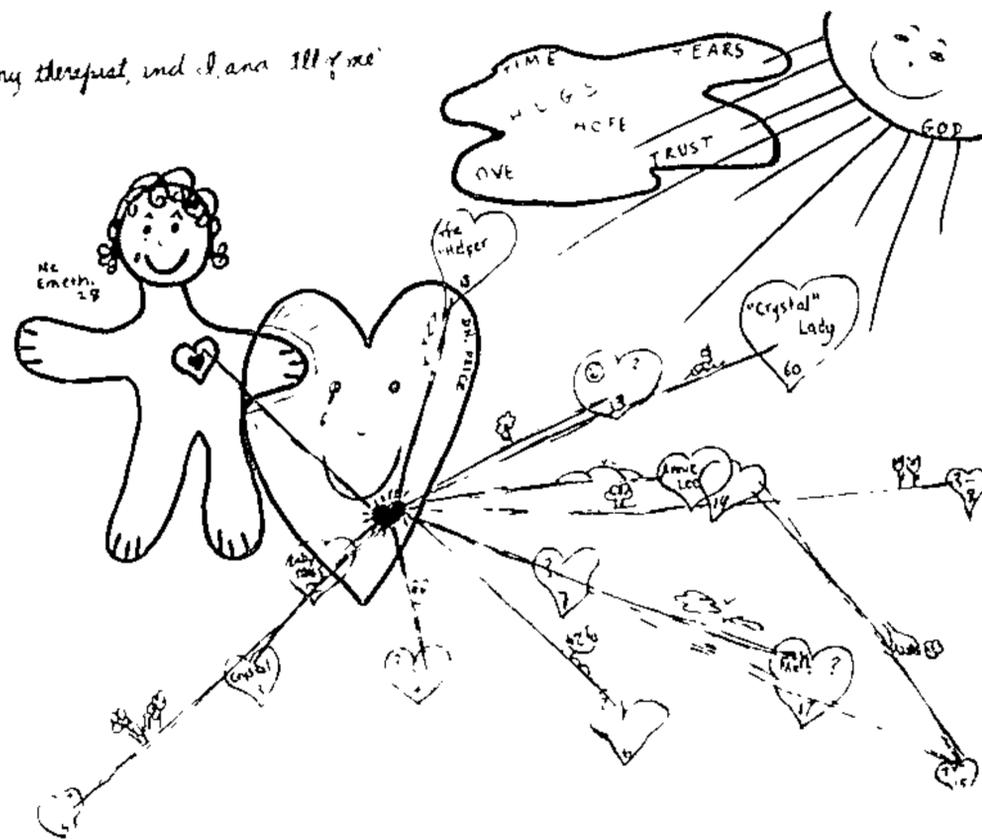
who sent the REAL people to  
my life;

who reminds me...reminded  
me...

"YOU ARE MY CHILD.

You are a Lady."

"my therapist, and I, and all of me"



When I want to escape from my past for awhile, this is the world into which I go for a short time.

My cave has a high dome ceiling. The room is dark and cool. The walls are smooth with no jagged edges or loose rocks. There is nothing living within the cave. There is no plant life and no animal life. The only light is natural and very dim. Nothing in the cave changes, ever. When I am in the cave I am unaware of outside pressures. People, places and things cease to matter. There are no objects. Nothing of value, no comforts within the cave. Along one wall is a narrow opening—a passageway between the rock. It fits only the size of my body and nothing more. I am not afraid although I do not know where it leads. There is no more pain. I like my cave. I like it very much.

By KC

I thank all who, even when I pushed them away by yelling at them or becoming destructive, have stood by me. A new light is shining that, though flickering at times, doesn't turn off anymore. Being treated like a human being, with dignity and love, through time, with mutual trust, hugs, and tears, with God at the helm, has made the difference. Thank you for this opportunity to share with you.

By E.R.

**Note: the following is J.T.'s experience. MANY VOICES prints it for you to discuss with your therapist. We endorse no specific foods or medicines for treatment of MPD or dissociative disorders. -LW**

For years our therapist tried to convince us that self-abuse, like depression, is anger turned inward. But I feel that, just as a car is made up of parts—motor, body, wheels, etc.—and it isn't a car until it's put together, so we didn't have anger, but just the pieces of it, *one* of which we experienced as the desire to hurt oneself.

The work I did in therapy brought a lot of relief, the drinking stopped and the self-abuse and talk of suicide became less serious, and less frequent. Then it hit a plateau and for a long time seemed to stay about the same, until about two months ago. I was reading a book called *Psychological Trauma* by Bessel van der Kolk. I waded through the whole thing—no easy task—even the stuff on brain chemistry and drugs that I normally avoid.

A couple of things caught my attention. One was how early social

deprivation seemed to bring on changes in the brain, including the inability to produce certain chemicals in the quantities the body needs. The other was a study giving deprived monkeys high doses of L-tryptophan (which is required to produce one of these chemicals.) When the monkeys were on it, they were more social. When they were taken off it, they went back to the more desperate behaviors I recognized in myself.

I'd tried L-tryptophan before, but it was recommended to help me sleep, and on a one-shot basis did nothing for me. (It's an amino acid, shelved in drug and health food stores along with their vitamins and minerals.) Now I thought I'd try it as a daily supplement, to see if it would touch what I'd come to call the 'rawness', the feeling that all my nerve endings have been sandpapered. I decided I'd take it for two weeks, with a daily dosage of 1500 mg. which one brand

recommended.

Within a week I felt better. The rawness was eased noticeably, and I don't feel the pressure to hurt myself that I did before. I'm not one to spout off about miracle cures; I don't try things in the desperate hope that they'll work. I don't even take vitamin C.

When it worked for me I told a friend who is also multiple and borderline. It helped her.

It isn't mind-numbing; I'm freer to think that I was before. There are no warnings on the label. The stuff is more expensive than Vitamin C but less expensive than crisis calls to my therapist, so I find it a bargain.

I'd like to know if anyone else has tried it.

By J.T.

**MV**

## Books

### Through Divided Minds Probing the mysteries of multiple personalities

By Dr. Robert Mayer 294 pgs.

© 1988 Doubleday, New York \$17.95

This book is wonderfully accessible to the lay-reader. Perhaps Dr. Mayer's checkered background (as pharmacist, history prof, and 'psychohistorian') before embarking on clinical practice has given him the ability to take both the long view and close, personal perspective simultaneously. Being thus 'two places at once,' he's the ideal writer for MP readers! I especially liked Mayer's skillful weaving of information about MP history, hypnosis techniques for abreaction control, and the apparent 'causes' of MPD into a compelling text of day-to-day discovery with his clients. He even delves into the spiritual realm, which many therapists utilize but rarely discuss openly...probably out of fear that it might tarnish their scientific armor. In fact, my favorite chapter, titled "The

Dark Ones," explores the concept of spirit entities and their work as guardians. Mayer's conclusion, "*That it didn't matter whether (Toby's) internal self-helpers insisted they were angels or Martians. They were simply the tools I would need to treat the case,*" demonstrates his practical approach to this issue. He takes a similar stance in discussing the pros and cons involved in direct confrontation of perpetrators. Mayer has done a fine job of presenting MPD treatment in all its complexity. Great book! -LW

### Psychological Trauma

By Bessel van der Kolk. 265 pgs.

© 1986 American Psychiatric Press Inc., Wash. D.C. \$27.95

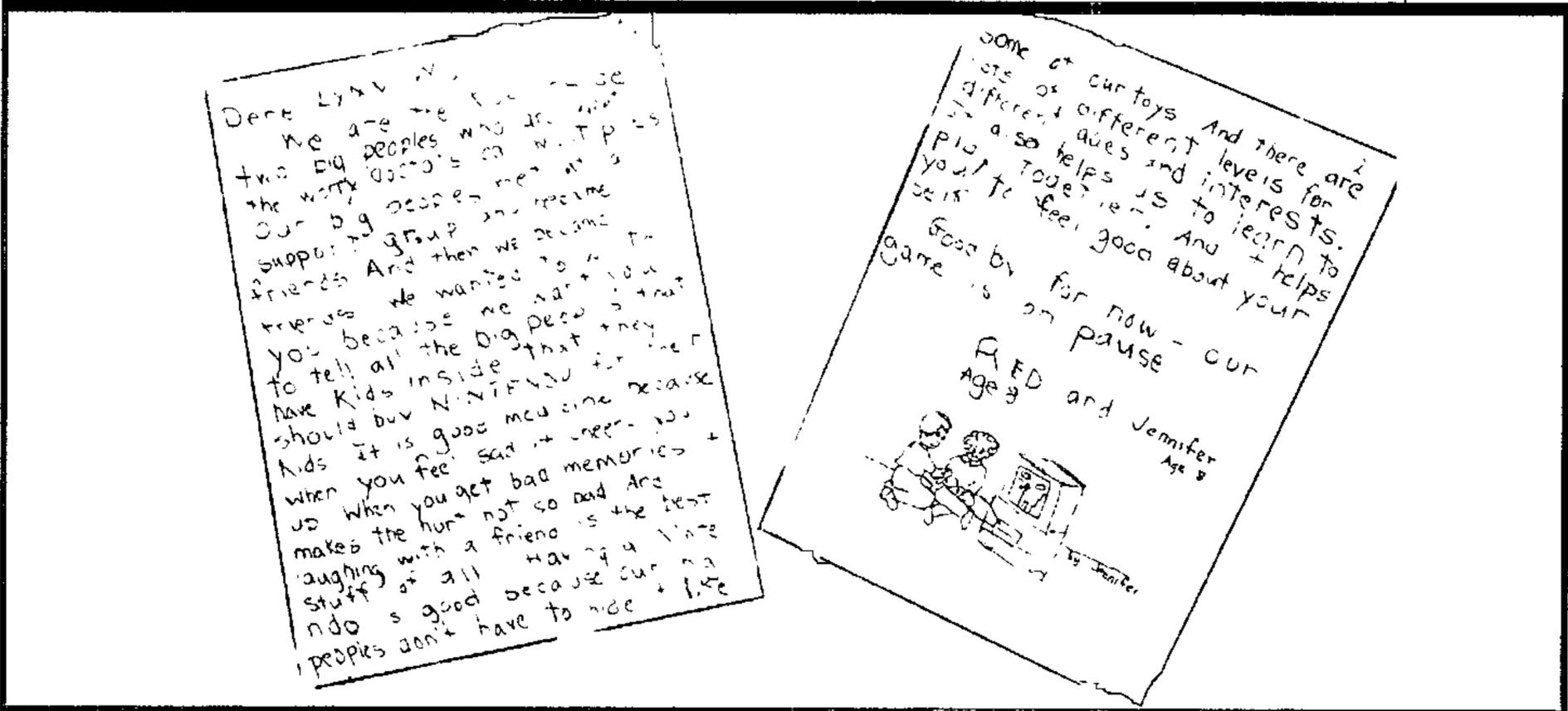
The author sets a task for himself in the beginning, to deal with combat trauma, rape, kidnapping, spouse abuse, natural disasters, accidents, concentration camp experiences, incest, and child abuse.

He talks a lot about post-traumatic stress disorder (PTSD) not only in Vietnam vets but also in survivors of child abuse. This is the first time I've seen someone try to integrate talk about multiples as part of a discussion about something else. It was uneven, as though his knowledge of multiplicity was half-digested and therefore came out in lumps.

I would recommend it for therapists working with their first victim of that much trauma, multiple or not. I found it explained a lot of what I did and felt.

But survivors who haven't much experience reading stuff written for professionals may find it very difficult. The "professional" approach can make it seem as if the authors are really casual about the horrendous stuff the book goes into. I have decided that the caring is so understood that they don't need to say it, but it took me a long time to get here.

—Jessica T.



August 1989

October 1989

December 1989

What was the bravest thing that you've done so far, in therapy or daily life? Tell us how you found the courage to do it. ART: Draw the strongest part of you and (if you wish) name it.

What do you do if a child part comes out inappropriately, on the job or in a public place? Are there ways to sense that he/she is coming to take control? how do you comfort your "children"? ART: Draw the child part(s) of you and their favorite things.

What meditative or relaxation methods work best for you? How often do you use them? ART: Draw what you see when you meditate.

### Share with us!

Prose, poetry and art are accepted on upcoming issue themes, (and even on NON-themes, if it's really great.) DO send humor, cartoons, good ideas, and whatever is useful to you. Please limit prose to about 4 typed double-spaced pages. Line drawings (black on white) are best. We can't possibly print everything. Some pieces will be condensed, but we'll print as much as we can. Please enclose a self-addressed, stamped envelope for return of your originals and a note giving us permission to publish and/or edit or excerpt your work.

Subscriptions for a year (six issues) of *MANY VOICES*: \$36 in the U.S., \$42US in Canada, \$48US elsewhere. Back issues always available, each issue 1/6 yearly price. Enclose the form below (or a copy) with your check, and mail to *MANY VOICES*, P.O. Box 2639, Cincinnati, OH 45201-2639. Phone (513) 751-8020. Web: [www.manyvoicespress.com](http://www.manyvoicespress.com)

# MANY VOICES

**NEW!**

*We now accept  
American Express  
Visa &  
Mastercard!*



Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_

I have a Dissociative Disorder  Professional/therapist  Relative/Friend

Subscription type:  New  Renewal  Gift Send full list of past themes \_\_\_\_\_

Full yr(6 iss)'89\_\_'90\_\_'91\_\_'92\_\_'93\_\_'94\_\_'95\_\_

Specific issues or preferred start date: \_\_\_\_\_

1 year:\$36 in U.S.: \$42US in Canada; Elsewhere, \$48 in U.S. Currency drawn on a U.S. Bank  
Make check payable to *MANY VOICES* & send with this form to

*MANY VOICES, PO Box 2639, Cincinnati, OH 45201-2639*

CHARGE IT! (Please print clearly) (circle one) VISA  MASTERCARD  AMERICAN EXPRESS

Cardholder's Name: \_\_\_\_\_

Acct.# \_\_\_\_\_ Exp.Date \_\_\_\_\_ Total:\$ \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date \_\_\_\_\_