

# MANY VOICES

WORDS OF HOPE FOR CLIENTS WITH MPD AND DISSOCIATIVE DISORDERS

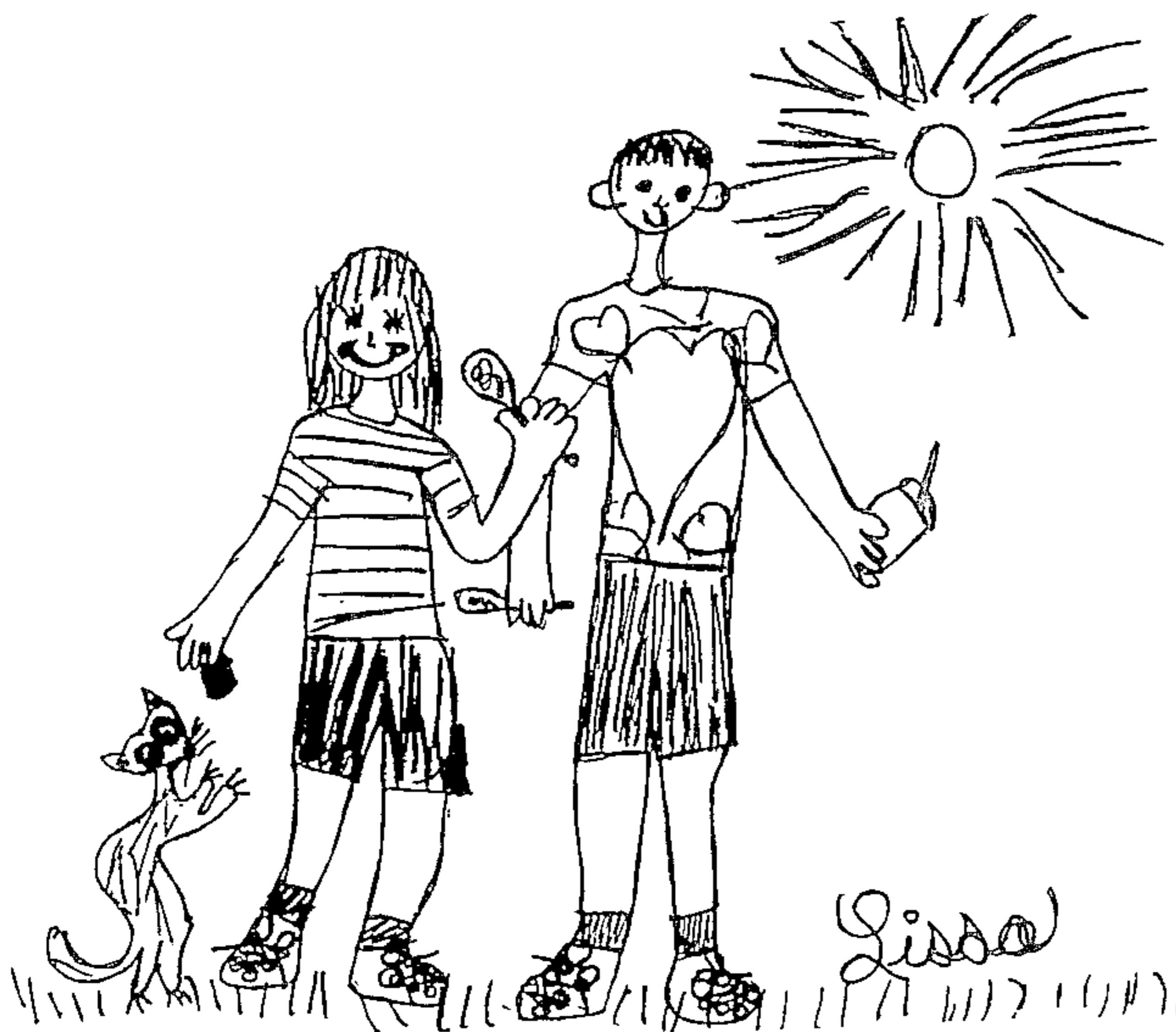
Vol. II, No. 1

February 1990

ISSN1042-2277

## Welcome to MANY VOICES 1990!

MV's talented contributors deserve many thanks this month for outstanding work. Our multi-faceted friends share their creative ways of healing beyond the therapy hour. Professionals give suggestions that may make therapy work better for you. Plus, there's exciting news in the legal arena (see page 2). Enjoy! — LW



This is me at a picnic for S.O.O.N.

S.O.O.N. means Survivors On Our Own. It is a support group for mentally ill people, but there aren't any other multiple people or kids in it. That's OK. I am the only kid. Everyone is nice to me. Me and Sarah and Andromeda go to S.O.O.N. The ferret is mine. Her name is Maia. I am giving her some chocolate. The other person is Charles.

By Lissa Jane

*Lissa is a 10-year-old alter of Sarah. S.O.O.N. is a consumer-run self-help organization that provides us support, socialization, and opportunities to advocate for ourselves and others. Andromeda is another of Sarah's alters.*

By Kendra (Sarah's 'helper')

## The Mirrors

By Abbi

(Part of Donna Lynn)

As I wander from room to room  
I see many different mirrors with  
many different faces.  
Each face in the mirror I see,  
I feel a different feeling and  
see a different scene.  
Sometimes I'm scared,  
Sometimes I'm sad.  
Some mirrors are of different  
colors,  
Some are of different shapes.  
And some are shattered.  
But all the mirrors create a  
whole.

## Diagnosis: MPD

By Marcia C.

I said to the therapist,  
"I fear I am insane  
I feel full of woe.  
I think I am a donut -  
A whole with a hole."

She looked at the hole in the  
whole  
She looked at the whole of the  
hole  
She looked at the whole round  
the hole  
She looked at the whole through  
the hole

"You are not a whole with a  
hole  
You are not a hole in a whole  
You are holes in wholes  
You are wholes with holes

"You do not need to fear  
You need not be full of woes  
You are not a donut  
You're a box of Cheerios!"

# Healing Ourselves

## Adjuncts to one-to-one therapy

By Kimberly and the Cast

**W**e are in one-to-one MPD therapy with our psychologist Mike. We have worked as well with a dance and movement therapist. Last month we started a group for survivors of abuse. A major discovery we have made is that it takes a "multiple approach" to keep a multiple safe and moving forward in the healing process. We must treat ourselves with as much love and gentle discipline as the adult characters can muster. And we must care for ourselves on many fronts, as each character has his/her own addictions, means of escape from feelings, and needs.

Here are many of the things we have learned to do:

- **We go to Overeater's**

**Anonymous.** There we learn not to use food to numb our feelings. We also made friends and have come to feel safe and cared for in our group.

- **We go to Emotions**

**Anonymous.** We talk about our feelings, and learn to be less frightened of them. We have made friends in EA too, and look forward now to seeing them every Tuesday.

- **We write in a journal.** We let the inside children do drawings and practice their alphabet. We let the angry character write in big black letters how mad she is. We write down dreams and memories that come up so we can tell Mike about them later. We also keep track of our symptoms each day: depression, headaches, hallucinations, whether we did our walk.

- **We draw pictures.** We have always felt our drawings were ugly and stupid, but now we realize they don't have to be perfect. The idea is that we use the drawings to express our feelings, and doing the drawings helps us feel better. We show our drawings to our therapists. Often our drawings tell them things that we are too scared

to say. When we color or write, each of our inside people has a color he or she likes best. They usually write and draw in that color. This helps us to know who is talking when we see the drawings or read in the journal.

- **We phone for help.** We can phone our therapist if we need to. But we phone our friends first unless we are really scared. When we hear a friend's voice it reminds us we are not alone in the world. Two years ago we didn't have any friends. Then, when we felt lonely, we went out for coffee at a restaurant, walked around a mall, or took in a good movie.

- **We go to the library** and check out children's books for the inside children. An adult character reads the books out loud to the children. We are not sure all of them can hear us right now. But we read to them anyway.

- **We use the self-hypnosis** Mike taught us. We can reduce migraine headaches, relax, prevent panic attacks, and comfort ourselves at night when we are scared. Mike also made us a hypnosis tape to help us sleep. Our dance therapist made us a guided image tape of taking a safe and beautiful walk near a lake. When we are scared but can't talk to a therapist until later, we play a tape and take comfort in hearing a caregiver's voice.

- **We exercise.** This is sometimes painful because it seems to stir old memories. So we are taking this slowly. Right now we are walking ten minutes a day as fast or slow as we want. Our goal is a brisk walk for 20 minutes, three times a week. Exercise helps lift our depression, and brings our body and senses to life.

- **In the past we saw a chiropractor** but Mike is cautious about us doing this. We have gone into denial and thought that our illness is caused by eating too

much dairy or a poor back alignment. While some chiropractors are very good, others have not understood that we have an illness that cannot be erased by such measures as reducing coffee and sugar intake. It is our experience that less coffee and sugar does improve how we feel. But it is not the answer.

- **We give ourselves a facial** once a month. Some people recommend full body massage but that is both scary and painful for us. It is not unusual for strong feelings or memories to come up during a full body massage. We have had facials done by professionals, which are wonderful, or we can do our own at home with products made especially for that.

- **We take medication.** Anti-depressants and anti-psychotics in low doses. Many multiples apparently don't need or benefit from meds but it reduces our symptoms about fifty-percent. Our doctor allows us to keep the doses low because at higher doses we tend to feel numb, and at times lose contact with our inside people.

- **We read this newsletter!** It is like a ship on the horizon to people stranded on an Island. It helps us so much to read what other multiples are doing and how they feel. We also read books and any articles we find on MPD not intended for therapists.

- **We have a No Self Injury contract** with Mike that all of the inside characters have signed. This keeps us safe when we are not with a caregiver.

- **We have started a group** for survivors of sexual abuse. So far this is very difficult and scary, but we are also excited about it. Our group therapist is familiar with the needs of an MP. That seems significant and important. We continue to see Mike as well. MV

# The Group

By Ellie Lane

"Abuse." I hate that word.  
It means so many awful things.  
Dark things.  
Horror. Pain. Fear.  
No power or control.  
It ravages a completely  
innocent soul.  
The scars run deep  
both inside and out.  
Sometimes they "heal"  
and fester.

The only way to wholeness and  
health  
is directly through  
the pain of the thorns.

Thorns of  
lost innocence.  
grief.  
no trust.  
solitary confinement in a cruel  
world.  
abandonment/rejection.

But among the thorns we find  
petals of  
shared pain  
seeds of trust waiting to  
germinate  
gentle hugs  
anger to help the healing  
Grace.

The support of the group  
steadies me when I falter.  
Catches me when I fall.  
Cleanses my gaping wounds.  
Heals me when I hurt.

The kindness of the circle  
is peaceful.  
Though no one says  
it's easy.

We pull, we stretch, we cry.  
We share, we love, we care.  
We are horrified at one another's  
atrocities.  
We grow. We heal,  
one another.  
Together.



# Stuff Besides Therapy

By Kitten, Ellyn, Amy, Lynn, Lynda, Dyan, Annie, Tyger & Andy.

**W**e have: Alex — a very special Doll  
A Tribble — it has blue eyes and it purrs if you are nice to it. And it squeals if you squeeze it.

Kooshes — a fuzzy koosh  
a regular koosh  
a Mondo koosh

Kooshes are easy to catch if you are little.

A black Labrador named Kizzy. Kizzy loves us when we feel bad. Kizzy loves us when we feel dirty. Sometimes, we stay alive because Kizzy needs us.

We play video games, and then sometimes we feel strong. (By Tyger & Andy & some of our kids.) All of those things help ALL of us.

Other adjuncts to therapy:

Networking: contact with other multiples, sharing of video, audio and written resources. We've met people through Many Voices, ISSMP&D, conferences, and... pure chance!

We write.

We write to other multiples  
We write to a few therapists  
We write to Many Voices  
We write as part of our therapy with our therapist  
And we write and write to

each other. We've done this for a long time, even before we really knew what was happening. Sometimes at work when it's bad, we hide & write to each other.

We draw. Many memories come first in drawings.

Of course we READ. Books, articles...

Movies, TV. We've seen Sybil over and over. Any talk show with a multiple is of interest, even though they usually make us mad.

We even watch US! Videotapes of two long sessions taught us so much!

Many movies cause us to flash back. This is very hard sometimes, but it also moves our therapy along.

Sometimes we have to hide in our cloud (like the "Castle on a Cloud" from *Les Miserables*.) Our waterbed has a down comforter. We hide.

It helps to help others: to be open, to listen, to believe. We do crisis counseling. If *anything* good is to come of what we went through (and go through) it is being able to give to others, and to us.



# Therapists' Page

By Richard P. Kluff, M.D., F.A.P.A.

Director, Dissociative Disorders Program, Institute of the Pennsylvania Hospital, Philadelphia, Pennsylvania. Dr. Kluff is also a Fellow member of the International Society for the Study of Multiple Personality and Dissociation, a past president of that organization, and is presently editor-in-chief of *Dissociation*, official journal of the ISSMP&D.

I saw my first MPD patient in December of 1970. Since then I have had the opportunity to interview over 500 persons who suffer this condition, and treated over 130 past the point of integration through to the completion of their psychotherapies. In the last few weeks I have been reviewing this body of experience, studying the factors that seem related to prognosis. My goal is to generate information for both patients and therapists about how to make treatment more rapid and effective. Therefore, when asked to contribute an article to *MANY VOICES* on short notice, it crossed my mind to write, in a preliminary way, about how the patients who did best in treatment conducted themselves.

I am increasingly impressed by the heterogeneity of those who suffer MPD. Some MPD patients get well very quickly, and some seem to progress slowly, if at all. Some MPD patients' treatments are beset with apparently endless series of crises and complications; some therapies are smooth and flow from the resolution of one problem area to the conquest of another. Many factors bear on prognosis but are not within the patient's power to change. However, there are a good many that can be affected by the patient, although often at the cost of considerable effort, and can exert a powerful influence upon the course of treatment.

As I anticipate what I am about to say, I appreciate that many who will read this article will feel hurt, criticized, and depreciated. There will be those who feel offended. Nonetheless, since the findings in my study are so striking, I think that they are worth sharing. The presence of certain patient behaviors was associated with much shorter and more effective therapies. My preliminary findings will be expressed as advices on how to behave in therapy, patients who got well fast acted as if they were guided by these precepts:

**Be prepared to work hard, and to explore your difficulties in cooperating with treatment.** Psychotherapy is a form of collaborative work undertaken in order

to alleviate the symptoms of patients' mental disorders and to help them live more effectively. It occurs within a particular framework under circumstances that are respectful of certain boundaries. Patients who appreciate the fact that there is work to be done within a given amount of time and under the rules of the therapy do much better than those who indulge their wishes to be liked and/or supported to the extent that they forfeit doing the work of the treatment. The latter defer treatment itself to their preoccupation with what they perceive to be their needs and wishes for succor and support. Patients who see therapy as a place in which it is understood that hard work is to be done are more likely to understand that the confrontation of their resistances has to do with the facilitation of that work. Conversely, patients who try to turn the therapy into a friendship, a reparenting experience, a spiritual union or quest, or an intellectual exercise, will experience the therapist's efforts to work with resistances as rejection, attack, betrayal, or a devaluing of themselves. *A corollary: Do not confuse your needs with your wants.* Many MPD patients waste months or years refusing to see that what they would most prefer and most earnestly desire are things that they want, but certainly do not need.

**Expect to be held responsible for conforming your behavior to the standards of the world and the boundaries of the treatment.** Although you may not like this, responsibility is tremendously empowering. Without rational responsibility, self efficacy and mental health cannot be achieved.

**Be prepared to engage in a painful treatment.** Patients who understand that the treatment of the sequela of painful events involves the toleration of considerable hurt and the recovery of difficult material do much better than those whose incessant requests for rapid relief strangle the progress of the therapy. Many MPD patients want and expect the changes of treatment to be as magical and abrupt as the dissociative switches that they have developed to block out pain. Many as

well try to defer dealing with painful material in the planful way that the therapist suggests ("It hurts too much" is the usual verbalization), only to find that it bursts into their awareness in between sessions. The therapist, confronted at midnight or beyond with material that he or she tried in vain to address in a mid-morning session, will not be delighted, and the patient will feel rejected as well as overwhelmed.

**Be prepared to be asked to stick to subjects that you would prefer to leave or completely avoid.** Your therapist should respect your anxieties to a certain extent, but bear in mind that many of your defenses are based on avoidances, conscious and unconscious. If the therapy tacitly endorses these defensive styles on a regular basis, your recovery will be delayed.

**Be prepared to look for your support outside of therapy.** Patients who develop their own resources and support systems do better than those who attempt to draw all their perceived needs from the therapist. The therapist is not inexhaustible, and is a poor substitute for a friend who, in turn, would be a poor substitute for a therapist.

**Value rational flexibility and concerned caring from your therapist.** Be clear in your own mind that this is quite different from indulgence and the creation of very special types of interactions that you may value in the short run, but which undermine the treatment. A good therapist is going to stick to the tasks of treatment rather than enter a series of interactions that take the therapy very far afield into situations that may be mutually gratifying but which, no matter how much they are cherished, have only a remote connection with advancing your recovery.

**Be prepared not to tie your therapist's hands.** By this I mean two things: 1) To the extent that you try to control your therapist you will get inferior treatment. If you could heal yourself, you would have done so. 2) Patients who extracted agreements from therapists that under no circumstances would they be hospitalized, take medication, be

(cont'd on page 5)

**(Therapist's Page cont'd)**

forced to obtain recommended medical help, etc., in general did far worse and had many more crises than those who neither made nor attempted to make such stipulations or "special arrangements". What at first made some feel safe and cared about ultimately endangered them and led to crises and prolonged stalemates. Often their therapists felt bound to honor agreements that were absurd under the clinical circumstances that developed.

**Respect your therapist's boundaries and personal time.** Your sense of isolation and urgency may impel you to make demands that are abusive of your therapist, and often a series of requests, each of which may be reasonable in and of itself, adds up to an unreasonable imposition.

**Although you may say anything in a therapy session, you have no right to carry it to the extent that it is hurtful to your therapist. If you talk to your therapist outside of a therapy session you should talk as any reasonable person to another.** The patient who works constructively in session on angry, even homicidal feelings toward the therapist, for example, is within the frame of the treatment. The patient who leaves death threats or character assassinations on the therapist's answering machine, or who threatens the therapist's family, is committing

terroristic threats, a legal offense, and is indicating to the therapist that he or she may act out rather than discuss these impulses.

**Realize that your therapist is not obligated to continue a therapy that has become untenable as a result of your behavior or uncooperativeness. As a corollary, expect your therapist to protect himself or herself from the possibly adverse consequences of your behavior.** In circumstances in which therapists allowed themselves to be abused and/or exploited, therapy was prolonged and often unsuccessful. Reenactment of abuse scenarios within the treatment must be discouraged. One patient felt miserable and made incessant excessive demands of her therapist, who was compliant, albeit at great personal cost. Therapy was deadlocked. I saw the patient as reenacting the behavior of her chronically depressed and demanding mother toward herself (the patient) as a child. When the therapist changed her behavior accordingly the patient was mightily aggrieved, but ultimately a productive therapy was established.

**Bear in mind that you have an unconscious that is not simply the memory of other alters. There is much more to you than your MPD.** Many MPD patients come to believe that somewhere in their system of personalities all is contained and accessible. They become upset when something is said to which no alter is

prepared to respond; this is a common reason for MPD patients to reject perfectly plausible observations that would enhance their insight and speed their treatment. Recently I saw in consultation a patient who was totally uncooperative with every therapeutic intervention. She told me that because all of her alters agreed that they were cooperative, it was impossible for her to be resisting.

**Be open-minded even as you are suspicious.** Many MPD patients have cognitive distortions that subtly influence their thinking processes away from rationality. This is one reason that they are so prone to revictimization. It is very important to give the therapist's observations thought before discarding them in a peremptory fashion. The therapist probably will not think the way the MPD patient does, and in that difference reside many valuable lessons.

These few hints all emphasize the importance of the patient's contribution to the therapeutic alliance. They do not surprise the therapists, who appreciate at once that the quality of the work that they and their patients do has a direct bearing on the outcome of treatment. They often are rather unsettling to MPD patients, many of whom have a hard time appreciating the rhyme and reason of psychotherapy. MV

## Items of Interest

Barry Cohen, ATR, chairman of the Second Annual Eastern Regional Conference on Multiple Personality and Dissociation, is offering an opportunity for *MANY VOICES*' readers to submit materials that will be used in a published booklet.

This booklet will include writings and line drawings, presenting

- 1) What I wish I knew about MPD
- 2) What I'd like my therapist to know about MPD
- 3) What I'd like my significant other(s) to know about MPD

All materials **MUST** be accompanied by a specific permission slip that allows the booklet to be sold without remuneration to the contributors, to cover costs and provide funds for MPD education. **DEADLINE FOR SUBMISSIONS IS MARCH 15, 1990.**

Please label your envelope

containing material to be considered for this publication to: ERC Booklet, C/O *MANY VOICES*, P.O. Box 2639, Cincinnati, OH 45201-2639.

The Eastern Regional Conference theme this year is Training and Treatment. It will be held June 21-25, 1990 in Alexandria, VA. For more information about the conference itself, call the Health Promotion Office, (703) 664-7108.

### **Attention, Survivors of Childhood Sexual Abuse.**

If you'd like to share letters, narratives, poems or b/w ink drawings which confront abusers (their identities disguised just enough to be legal and your pseudonyms optional) for an anthology entitled **NO, I WON'T STAY SILENT**, please send with SASE to : Marion Stein, P.O. Box 0, Lake Grove, NY 11755-0633.

DD-ANON: for spouses and friends of MPD/DD

DD-ANON is a fellowship of men and women who share their experience, strength, and hope with each other to maintain mental and physical health while remaining supportive of their loved ones who are being treated for a dissociative disorder, usually multiple personality. We do this by applying the **TWELVE STEPS** and portions of the **TRADITIONS** that were originated by Alcoholics Anonymous, and also practiced by Al-Anon, Emotions Anonymous, and many other mutual/self-help fellowships.

For information about DD-ANON meetings, or how to form your own group, write to: Anderson Behavioral Consultants 103 West College Ave.— Suite 200 Appleton, WI 54911



*(Note: The following information was provided by a MANY VOICES reader who responded to our August 1989 article, A Legal Victory. She states: "I was not so lucky. In April 1989, my Nebraska suit was dismissed on statute of limitations grounds. My attorney and I are now working to change the law there so that those who come after me will at least have an opportunity to have their day in court. I was devastated because of the dismissal. But my attorney has told me that because of what he learned about this area from my therapist and from me, that he is going to do all he can to effect a change in the law.*

*"...If you choose to print any of this, please use my full name. I cannot legally touch my perpetrators, but I want the world to know who they are. Sometimes when I begin to feel suicidal, I remind myself that as long as I am alive, they will have to fear being found out. So I choose to always use my family name when I talk about the incest."*

*Although our policy is for writers to remain anonymous, in this specific instance MANY VOICES will comply with her request. — LW)*

## Legislative Changes for Survivors of Incest

By Katheryne Ciurej

**A**rgument has been advanced in incest cases that the actual time spent in molesting a child was insignificant when compared to all the benefits of food, clothing, and shelter received by the child from perpetrators. The reasoning then is that the perpetrators have no further responsibility for the damage inflicted on the child by the molestation. Somehow food, clothing, and shelter (amenities provided by a pimp for his prostitutes) become adequate compensation for a life in ruins; for a life devastated by abuse and marred by emotional, relational, and vocational dysfunction. And when the adult victim attempts to heal, he or she seldom has the financial resources required for the necessary therapy. Yet, the antiquated laws in most of our states make it impossible for adult survivors of incest and child abuse to seek damages from their perpetrators.

Laws wisely have a statute of limitations clause to prevent misuse of the legal system. The statute of limitations is usually two or three years, after which time no law suit may be initiated. In the case of minors, the statute usually expires at the age of majority or within a stated number of years thereafter.

In most cases, this clause appeals to the fairness of a reasonable man. However, in the case of child abuse, this clause discriminates against the victim because often memories of the

abuse are repressed until mid-life, when the survivor is better able to deal with the horrors of childhood. It would be difficult for an abused child who remembered the abuse to take legal action against its perpetrators by age 21. It is impossible for a survivor with repressed memories to do so. In essence, this clause discriminates against those who are damaged the most.

Survivors of incest and child abuse find themselves asking for an exception to the statute of limitations. This request is not without precedent. In medical cases, the concept of "discovery" is allowed. In essence, the statute begins to run when damage is discovered — not when treatment was received. While a judge in Illinois did accept "discovery" in a sexual abuse case as the start of the statute, most judges are reluctant to set precedents. As a result, competent attorneys agree that the laws need to be changed.

In Washington State, Kelly and Patti Barton were instrumental in changing the law there to enable survivors with repressed memories of incest to take legal action against their perpetrators. The law which passed unanimously in 1988 recognized that the statute of limitations can begin when "discovery" takes place — no matter what the age of the victim.

The Bartons are working to change the law in every state in the Union. In addition to Washington, Montana already has its own law. In 1989, bills were

introduced in Alaska, California, and Vermont. It was the goal of the Bartons to contact members of every state legislature by the end of 1989. They are careful to get in touch with legislators who are adept at introducing and *passing* child abuse legislation.

They are not asking for appropriations. They are simply asking that victims be provided legal remedies for the crimes committed against them; that survivors of incest be allowed their day in court.

Perpetrators of sexual abuse need to be put on notice that they can no longer hide behind the closed doors of their homes. That they will no longer be protected by the sanctuary of family. That they will be held responsible for their actions — no matter how long it takes.

The Bartons have set up a non-profit corporation called "Legal Rights for Survivors of Childhood Sexual Abuse." It costs money to lobby for legislative change. Contributions would be appreciated. The address is P.O. Box 7651, Everett, WA 98201. Because the corporation's main purpose is lobbying, contributions are not tax deductible. This is a grass-roots drive for legislative change. It strives to put accountability where it belongs — on the perpetrators.

If you have any questions about what is happening in your state, or if you wish to help, you can contact Kelly and Patti Barton at the above address.

# Recovering

By Rita M.

**Q:** I thought I was integrated, but now I'm not sure. I feel confused, angry, and want revenge on my abusers. My therapist's suggestions don't work. Help!

**A:** Multiples are notorious for doing a lot of reading and researching on their condition. Often, they feel they are the ones who know best and should direct their own therapy. While this can be true in certain circumstances, and I *heartily* believe that MPD clients should be active participants in decision-making within the therapeutic relationship, they don't *always* know best. If they could do it on their own, they wouldn't need a therapist. (Believe me, if I could have done my work on my own, I certainly would have. . . I could have spent the money on that cruise, or that trip to Europe, or that little red sports car. . .)

Integration is not something that gets "done" to a client, either by the client's efforts or by the therapist. It is the culmination of much hard work, the resolution of traumas by each individual alter, a healing that takes place in each part of the system that causes the

lines separating the system to blur and dissolve (with the permission or blessing of the system itself) until there is a whole piece where there were once separate parts.

Too often, clients and therapists rush into integration thinking "If you put Humpty-Dumpty back together again, everything will be all right." Nothing could be further from the truth.

If you find yourself feeling intensely angry, overwhelmed, depressed and suicidal, that should be a clue that things are going too fast. SLOW DOWN! If possible, delay major changes and decisions until you have completed your work.

But some changes cannot be put off. I changed jobs three times during the course of therapy, and spent some of that time not working at all. If you are in an abusive or unsafe living situation or job situation, if you are harmfully involved with chemicals, etc., then you may need to make changes. It is important to look at your motivation for making the change. Ask yourself what you will get out of it.

As a multiple, you will have a tendency to filter information, and

have the great potential to misunderstand or misperceive what you read or hear. This is true for every multiple I've encountered. It's part of the defensive system, and unfortunately, it often creates havoc for us. We misperceive what our therapist says, what others say, etc. It creates much conflict for us, but that is part of the recovery process, learning how we have been perceiving the world in a distorted way, and learning how to clean up our distortions.

As far as I am concerned, integration is a process, not a single act, and it takes place over several months. You can't speed up the process. When you begin to recognize that you are pushing to "get well", a good question to ask yourself is "What am I avoiding?"

The average length of therapy for an MPD client (once he or she is accurately diagnosed) is 5-7 years. What's important to remember is that it doesn't take 5-7 years to start seeing improvement in your life. Look for the little signs that tell you you're getting better day by day. If you are committed to therapy, they will be there. MV

---

*Rita M. is a Licensed Independent Social Worker 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. —LW*

---

## Who Didn't Drink the Coffee & Pop?

Recently I/we saw a good movie. I had coffee before the movie, and we had pop during it. Soon, the bladder was full. None of us wanted to miss the show—it was good. "Okay," I said. "Who in there didn't drink the coffee or pop?" Several of my alters had empty bladders. "Can we negotiate?" I asked. Whoever had an empty bladder loaned it to us. We made it through the rest of the movie comfortably. (We just had to inform everyone of all that had gone on in the movie.)

Afterwards, it took a *long* time to empty all those bladders!

By L.S., E.L. & Legion

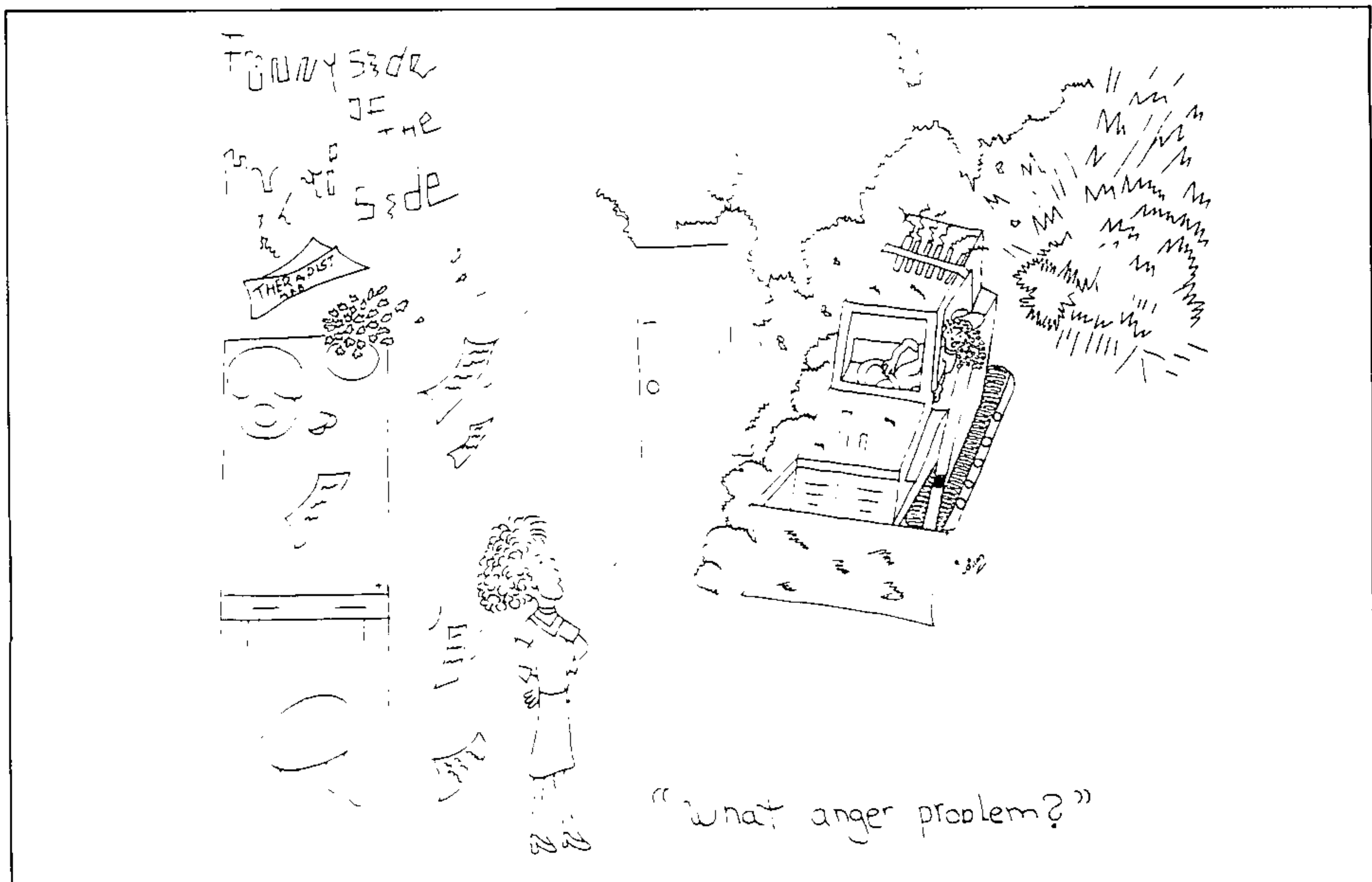
## Helping Myself Outside Therapy

By Toni R.

I've hundreds of parts and fragments. I use the word "hundreds" because there are so many that my therapist and I are unable to number or name them all. Because the parts encompass so many different ages, interests, and needs, I've had to work hard to find supportive adjuncts to psychotherapy. I'm single with no children, and because my family of origin is part of a cult, no family support either. The list below comprises all the means I'm presently using to stay alive, functional, and to find happiness wherever I can. Here's my list:

1. Time alone first thing in the morning and just before bedtime to read and write, and to talk and write to my Higher Power.
2. I take a swimming class which meets regularly where I can just swim, swim, swim!!
3. Making time for art/creative visual expression. I keep a good stock of materials to be used at will.
4. Mutual support with my pen pal friends.
5. Attending numerous 12-step meetings: Adult Children of Alcoholics, Codependent Anonymous, Narcotics Anonymous, and Alcoholics Anonymous. Each emphasis serves the needs of different parts and personalities, and I make friends with other people on the road to recovery.
6. Vocational Rehabilitation and my wonderful counselor there, who believes in me even when I "fail". It's an excellent agency for support of educational goals.
7. A wonderful church leader from my faith, a spiritual connection to my reality now.
8. Support groups at the university: The Disabled Student Center, Learning Disabilities Support Group, my Art Major counselors — all with whom I had to share enough trust to get theirs.
9. The Rape Crisis Center's AMAC Support Group, which is free of charge.
10. Day-Treatment at a local hospital in times of crisis, which I'm able to afford with Medicare.
11. Independent Living Center and its activities, free of charge.
12. The Arthritis Foundation with its low-cost groups and lectures.
13. Local periodic reading groups for new interests and friends.
14. A variety of movies, mostly comedy, in my collection, to help with the panic times at night.

I hope the above ideas will trigger new ideas and hopes for those who feel isolated. I still feel intensely isolated and lonely at times, but the above connections help me take one day at a time, and know, deep inside, that I am never alone.





*(Note: the method described below has worked well for T.W., but MANY VOICES cannot take responsibility for readers who duplicate this method. Most especially—don't try it on a fast-paced freeway! We want you to read our NEXT issue! —LW)*

## Self-Recovery Work for Anger

By T.W.

I am a multiple with a history of satanic ritual abuse. I have had twelve years of therapy, but only in the past three years have I known for sure that I was abused. Over those three years, most of which I have known that I was a multiple, I have developed a way of doing my own recovery work. It arose from the feeling that I had, when I first started to remember, that I needed to scream.

At the beginning, I did not have a therapist who understood severe abuse or MPD. My husband was uncomfortable with the intensity of my feelings then (he is less so now), and he and I both worried about our children or the neighbors hearing.

So I screamed, out in the car, driving on city streets. (Where else could I scream in the city?) As I screamed, the memories began.

Over time I have developed a way of doing what a later therapist called "feelings work", with a wider repertoire of feelings to express than the pure terror and horror that I started with. Now that I have a therapist who has experience with MPD, I still use these techniques, because often I feel more comfortable working on feelings by myself. I find that the experiencing of the feelings releases memories. The trance that I am in enables me to communicate among alters better than I can at home with distractions.

In a typical session, I drive my small car slowly and carefully. Usually I know on what alter or issue I want to focus. But sometimes I go with whatever seems to flow that day. At times, an issue is too frightening for me to deal with alone. If so, I do not force it, because I found early-on that I could get overwhelmed by forcing issues.

Originally I experimented with making whatever noise I felt I

needed to make, but now I usually wail. The wailing seems to be a combination of grief, rage, fear, aloneness. As I wail my teeth often chatter with the anxiety that is released by it. I think that this initial wailing is part of entering the trance.

After the wailing one of several things may come to mind to do, depending on the issue/alter.

1) I may talk with an alter who is emerging or who has issues that I am working on.

2) I may say what I have to say to my perpetrators, in whatever voice comes.

3) I may cry and wail with the grief and misery.

4) I may scream with horror or terror.

5) I have had two alters whose memories were locked in by the sexual arousal associated with the memories, and I have masturbated as a way of getting to their memories. (I needed some reassurance from my therapist about this, but as she said, "I'm not sure you have much choice.")

Now I live in the country, so after I drive in the car for about 45 minutes, I go into our barn and beat on a pile of hay with a big ironwood stick. (Beating on a bed might work in the city — LW) This is the time we release the physical energy associated with the rage.

Originally I had to reassure myself often, because I would remind myself of my perpetrators as I thought of beating their brains in. Over time I have focused more on the content of the rage as I release the physical energy. As I beat on the hay I say to them what I would want to say. In this type of work, I may encourage the alters who do not easily feel their anger to be there while others feel theirs, or to try feeling it. Often the grief that is so closely associated with the anger supervenes after I feel some of the rage.

To get to the rage that my baby alters felt, my impulse was to lie down and kick and scream. So I did, on a tarpaulin, in the hay, where I would not hurt myself. The screaming was mute, because of my need not to be heard at home, but it worked for what I needed. I have alternated between letting them be angry and reassuring and holding them as much as I could.

After I am done with the anger work, I lie on the tarpaulin and look up and meditate and try to calm myself down. I find whatever way I can to comfort myself and the alters who have done the work, telling them that it was not their fault, telling them that they are no longer alone, telling them that they were lied to when we were children. (I learned a lot from my therapist about what felt reassuring.) This seems like a time for assimilation, in which I think about what has come.

Memories may come to me during any part of this. Sometimes I don't have any new memories. If at some point I start to feel overwhelmed, I try several things: I remind myself and whatever alter has the memories that we are in a safe place. I remind myself of why I am doing therapy. I foster my rage at the idea that the abusers might continue to control my life now. I allow myself to numb out or think about something else. I have occasionally interrupted a session to come home and be with my husband and children. Sometimes I have called my therapist.

I have thought that this process might be more risky for a person who did not have continuity of time in the present. Also, I know that my husband, children, and work tie me to the present in a way that is helpful. I think it might be harder without that support system. But I hope this will be helpful to some of you.

(Note: The following article was written collectively by members of an MPD group in Akron, Ohio. Thanks to them all for helping us know more about groups. — LW)

## Group State

By WSHG and TS

**F**ive of us belong to an MPD Group. There are two facilitators who are MPD therapists. We started in July of 1987, and meet one and one-half hours weekly.

When we first started our group, we were afraid, but excited. We feared talking and being vulnerable to each other. But we were all hopeful at the prospect of meeting and sharing with women like ourselves. We had felt a real sense of isolation with our disorder and no one to understand except our therapists. After the first number of weeks of anxiety, we started to feel a sense of belonging. We do not believe we compared the differences as much as the likenesses.

In the first year, we all struggled to get to know each other and to talk about ourselves and our lives without so much fear. We also learned how to support each other in times of trauma. A lot of times we didn't have to explain our "moods" for others to understand. And when one of us made a bad decision in our lives, we weren't chastised, but supported and encouraged that maybe the next time we would do better. When we started we had eight members, but by the end of the first year we had lost three. All left for different reasons and, although those of us left had abandonment issues, we hope it was best for all.

At the beginning of the second year, four of us were seeking divorces from our partners and husbands. Without the group support and encouragement, we don't believe any of us could have done it. Although it was difficult

for us to identify the abuse in our own relationships, we were able to see it in the others. The mirror effect helped all of us to make the very hard decisions that were necessary.

We also discovered that there was some discomfort in group and, although some of us got very close, we were unable to pinpoint the problem. At about this time, our leaders asked us to consider having a new member join. After some discussion, we decided we should. It took time for all of us to adjust, but in a short while we found that she fit in wonderfully. The discomfort we felt months before was finally discovered. We found that one member was controlling us through re-enactment. In an attempt to confront her and resolve the issue, she left group. We are still recovering from that.

Now for the good stuff. We have made friends that we have not had before. How wonderful to be able to relate to each other no matter who is out! We understand parts, we understand being in parts, and we love each other's parts. We have connections that are safe and God knows that for those of us who have been emotionally, physically, sexually, and spiritually abused, that is not easy. Trust and safety are big issues with us and with non-MPD people, but with each other it seems much easier.

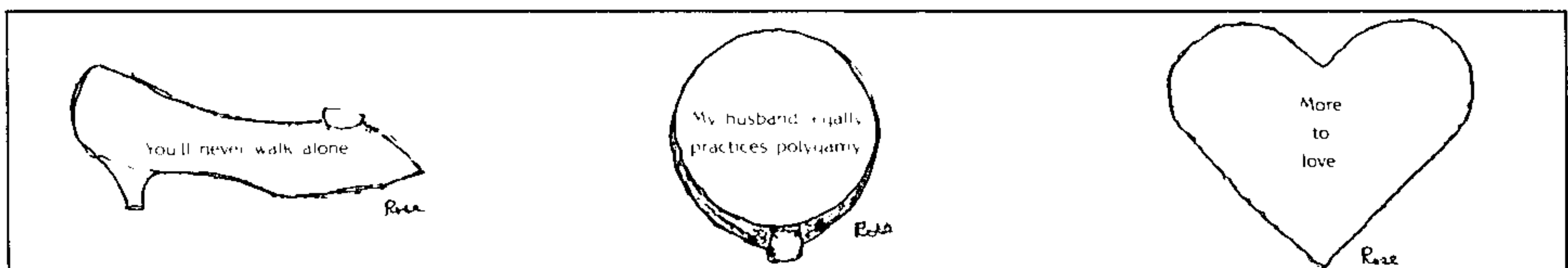
We give each other a sense of family. Some of us don't see our family anymore for safety reasons, but still miss them deeply. Although the group can't replace them, it really helps. We find that group is the healthy family we

didn't have. Safe, no secrets, no shame, and no game playing. We have birthday parties for each member as well as Thanksgiving and Christmas. We have dinner together after group each week and have time to talk, relax, and support each other.

We also found that our histories, feelings, and thoughts were validated. Our stories and histories not only were similar, but some of us had been violated by the same people. This aspect was a mixed blessing. We found that it was reassuring to know that what we remembered was right, but it also brought reality so close. With our abuses being so similar, so were some of our problems. We found that we could work through our conflicts without our relationships ending. Our therapists would tell us how things should be or could be and with group we had a chance for that to happen. People can have problems and work through them.

We have found that we have grown through watching and listening to each other. There are many similar situations being MPD and we have been able to see what others do to help with the many difficult places we find ourselves in. We also have learned to accept our disorder easier seeing how others deal with it. And lastly, we are there for each other. It's wonderful to know that if one of us is in need, the others will be there. We share so much with each other and gain so much from each other. It has not all been easy, but it has been worth it.

MV





## Group Therapy with Non-Multiples

By E.L. for L.S. & Legion

I/we attend group therapy with six other survivors of incest. Although we are the only admitted multiple, we have our suspicions about other group members.

I have found that the best way for healing now, is to be in individual therapy (twice a week) with an *expert* therapist who is very knowledgeable about MPD and who sees many MPD clients. In addition to individual therapy, group therapy is very helpful to me/us.

Since we are the only multiple, there are some things that are very different for us. However, there are also many similarities. At times, the clarity one of my alternates can offer is very helpful to a non-multiple in the group who is struggling with an issue that a particular alternate deals with quite well. It is very empowering to be a part of another survivor's healing.

The group support is essential for us. The non-MPD's have accepted us pretty well. There is naturally some hesitancy, in being around someone "unknown". We have agreed that my alternates will

introduce themselves, or at least state their names, when they "pop in" to group.

Sarah (whose new name was agreed on in therapy — she used to be "The Awful One"), was able to go to group at the request of my ISH. My ISH thought it would be a safe, helpful place for Sarah to be. She was right. Sarah is the alter to whom the rest of us owe our survival. She was left alone, by me and all the others, to take the abuse. She did it, and we are now all in the process of healing. It was very helpful for Sarah to see that there are others who also suffered her kind of pain. She did not know that the horrors she endured happened to others or anywhere else, besides the houses she was in. She also learned that we are in a different time and place, that another alter has told about what happened, and that though sometimes it seems dying would be the best solution, there are other ways, and healing is one! Sarah's presence also helped other group members become clear about the part of themselves (though not as split as with us

MPD's) who endured the pain. The ensuing discussion offered many healing possibilities.

Sometimes I/we feel different in the group with non-MPD's. But for the most part, the benefits far outweigh the difficulties. The support of others who have lived through horrors similar to my past is often a lifeline. Sharing an anxiety attack with someone who also has them is calming. Knowing a phone call at any time will be graciously accepted often dispels the need to actually call in the middle of the night. And most of all, sharing with others, knowing we are not alone, being with people who *believe* in us and who *want* to help, is very beneficial. I don't feel quite so crazy knowing we are not alone.

The incest survivor's group I am in is great. The therapist who leads it is also very good in the field. It is a positive experience to be in a group lead by a therapist different than our individual therapist. For me, and us, it's been the difference between total despair and being able to keep getting up in the morning.

## Books

### The Interactive Audio-Tape Technique And Stories

1989. Written and published by Donald A. Price, Ph.D., 182 S. 600 E. Suite 203, Salt Lake City, Utah 84102. 44 pgs. \$8.00 (includes postage & handling from above address) 8x11" softcover

A brief summary of Dr. Price's tape technique appeared in our Oct. 1989 issue. This book gives a more detailed, referenced account of special use to therapists (although as a client, I found it interesting, too.) Price also includes 9 stories he has used with clients, often for satanic abuse issues. On the whole, I think they sound great. As a layperson, I have slight qualms (especially after reading Dr. Klein's Therapist Column in Dec. 1989) that the

'Battle with Satan' approach is overemphasized here and there. But for \$5 (plus \$3 postage etc.), what a helpful bargain! — LW

### Toxic Parents Overcoming Their Hurtful Legacy and Reclaiming Your Life

1989 by Dr. Susan Forward with Crag Buck. 326 pgs. Published by Bantam Books, New York. \$18.95 hardback

Normally I tend to shun popular self help books that hit the bestseller list. This is an exception.

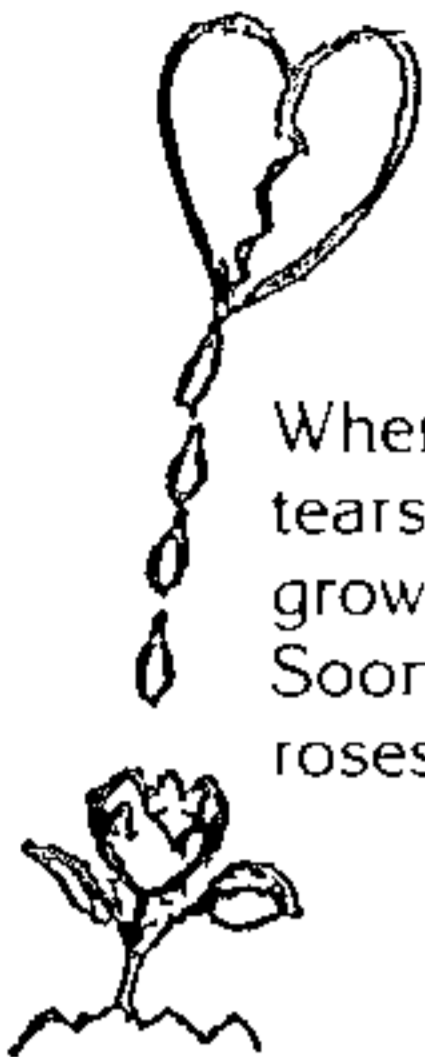
It's an easy-to-read series of cases about people abused by their parents. The examples range from verbal to sexual abuse. The first half illustrates many ways in which parents can be "toxic" to their children and how these early

experiences manifest themselves later in life.

I think that the gradual progression from less to more serious abuses, in combination with short, varied examples, makes this book appeal to a wide variety of readers. Everyone — in denial, in therapy, in crisis — or those with no history of abuse, will find something familiar.

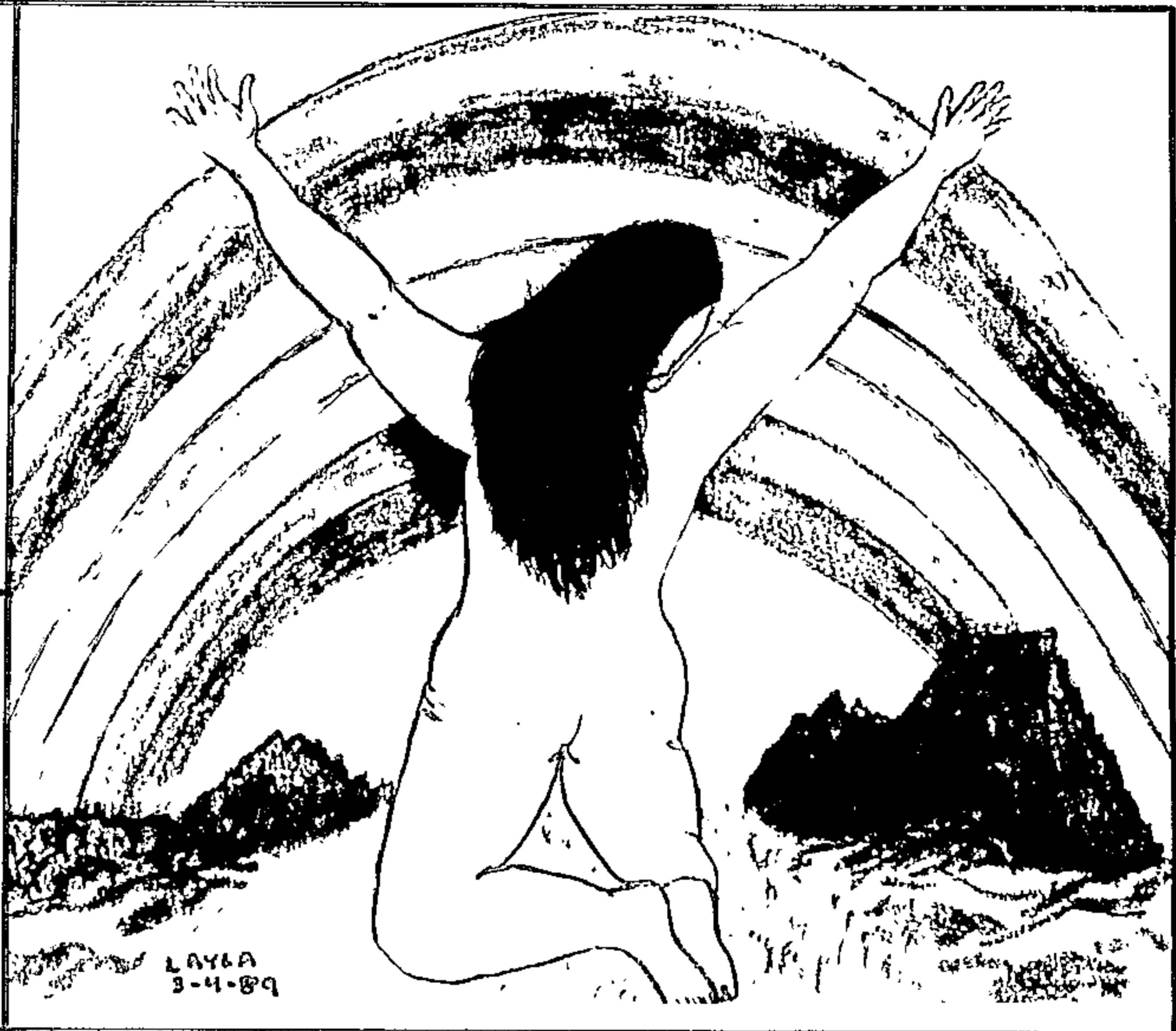
The second half of the book deals with "Reclaiming Your Life". Some of the previously described people are revisited and we see what worked for them.

I certainly don't see this book as coming close to a complete answer for someone with MPD, but I found it interesting to read about people considered "normal" having to deal with many of the same issues that we do. — Annie



When the heart cries  
tears fall and a flower  
grows.  
Soon I'll be surrounded by  
roses.

TILL  
TILL



**April 1990**

The Twilight Zone Working with dreams and 'experiences' Dealing with nightmares 'Lucid' dreaming Dreams as memory precursors ART Draw a dream image that helped you DEADLINE for submissions Feb. 1, 1990.

**June 1990**

Accepting diagnosis and developing co-consciousness Videotaping? Journals? What helped you know or trust your self/selves? ART Making peace with your parts DEADLINE for submissions. April 1 1990

**August 1990**

Limit setting and boundaries in therapy Input from clients and therapists on appropriate phone calls, touching, questions social interaction ART Draw the part of you that knows the difference between safety and danger DEADLINE for submissions June 1, 1990

**October 1990**

Grief Accepting loss in order to heal How to 'work through' grief ART Draw your path through grief DEADLINE for submissions August 1 1990

**December 1990**

Relationships with "outsiders", children, friends, spouses, significant others. Who do you tell about your diagnosis? When and how much do you tell? Dealing with negative response. ART Draw you and your friends/family. DEADLINE for submissions October 1, 1990.

**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* are \$30 in the U.S., \$36 elsewhere. Please enclose the form below (or a copy) with your check, and mail to *MANY VOICES*, P.O. Box 2639, Cincinnati, OH 45201-2639.

**MANY  
VOICES**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Please check one:

I am a client      Professional/therapist      Relative/friend

Subscription type:    New      Renewal      Gift

To receive ALL 1989 issues, Check here to start subscription with Feb '89 :

To receive ALL 1990 issues, Check here to start subscription with Feb '90 :

Make check payable and send with this form to *MANY VOICES*  
P.O. Box 2639, Cincinnati, OH 45201-2639.