

MANY VOICES

WORDS OF HOPE FOR CLIENTS WITH MPD AND DISSOCIATIVE DISORDERS

Vol. III, No. 1

February 1991

ISSN1042-2277

Welcome to 1991! MV's First Conference Issue!



How does our system learn? The BIG dragons teach the LITTLE dragons! — By Sue K.

This issue, MV addresses the subject of professional conferences on MPD/DD... both "open" (everyone welcome, including clients who want to learn) and "closed" (those which require professional qualifications or special permission to attend.)

MV's bias leans toward open conferences. We believe that informed clients can help themselves in the hours outside of therapy. We also believe that pacing must be considered; too much awareness too soon can make healing more difficult. And finally, we think it is vital for folks like us to do what we can to fit into healthy society in appropriate and constructive ways. (Just because we were treated badly does not mean we need to abuse or antagonize others, or isolate ourselves permanently from the mainstream of life.)

Professionals who support closed conferences are concerned about clients who might abreact in public; about inappropriate behavior that would force conference attendees to switch *unfairly* from their "learning mode" to their "helping mode" to resolve a crisis. They are concerned about clients rushing the "awareness" part of healing. Also, they want to be sure networking and "shop talk" can take place without censoring the discussion.

Personally, I think these concerns are valid. I also think that most clients who believe they are ready to attend a conference can "fit in" unobtrusively, if they know how to prepare and what to expect.

Please give us input, based on your experience. And let us know of conferences in your area *early*, so we can list them in MV! — LW

Conferences and YOU

By Lynn D.

(Also Lynda, Wyndy, Annie and Dyan)

Right off, I have to say that I have had *wonderful* experiences at conferences I have attended local and out of state conferences, mostly on MPD, but also conferences for those who work with survivors of sexual assault, childhood abuse, and ritual abuse. I have also attended workshops, which invite more participation.

What have been the benefits of going to conferences?

- I know more about MPD and other subjects.
- I know more about options and resources.
- Some of my feelings and memories have been validated; some of my questions have been answered.
- I am more effective at helping others in the areas of peer support, sharing of information with both survivors and those in the helping professions.
- I have met other multiples, the support has been mutual.
- My book collection has grown.
- I have been added to wonderful mailing lists.
- I re-visited the Lincoln Memorial, an old favorite.
- I finally experienced the Vietnam Wall. I cried. I tried to imagine the size of a wall with the names of child victims. I thought it would be visible from space, like the Great Wall of China. I cried some more.

I feel that each person has to make his/her own decisions in life. Each person is responsible for the consequences of those decisions. And each person should be willing to help support others in their decisions, *if that is possible*.

Before you decide to go to a conference, you should ask yourself some questions:

- Can I reasonably expect to control (or handle) switching during the length of the conference and travelling to and from the conference? (You shouldn't go unless you feel

pretty confident about it, and even then you must prepare to have your buttons pushed, just like anyone else attending such an event.

- Can I cope with travel and lodging arrangements? Should I travel alone or with a companion?
- Will I have a support person at the conference?
- Is that person willing, and qualified, to be a support person?
- Do I plan to disclose that I am a multiple? Going in with an "M" on your forehead is *not a good idea*. In my case, I don't deny being a multiple if the subject comes up. I am no longer ashamed of what I am.
- Can I forgo disclosure if it is inappropriate? I think that is important. Try to remember that if the conference is not specifically aimed at survivors you may object to some of the material. This is not the place to bring up your issues.
- Should I first attend a one-day local conference? This can be a safe way to test the waters and see how you will react.
- What does my therapist think? My multiple friends? You still need to make your own decision, but consider other opinions.

If you decide to go, there is much you can do to make things go smoothly: (Many of these items apply equally to non-multiple survivors)

- Send in your registration early.
- Take advantage of special travel and lodging rates.
- Do you want to share a room? This can save money, but having your own room can allow you to "let down" out of the public eye, to give your "kids" some time out.
- Bring items from home that will help you (all) to feel safe. We always bring a favorite stuffed animal, tapes, our own down pillow.

- Bring a tape or letter from your therapist that you can listen to or read.
 - Bring things for your inside kids to do.
 - You may want to arrange to speak to your therapist or some other support person at a specified time during the conference.
 - If your therapist is also at the conference, he or she *may* be willing to set aside some time so that you (and yours) can process what you are taking in. *However, be sure that this is not an intrusion*. Sometimes a therapist and a multiple will attend and process a conference together, but more often, the therapist would rather attend the conference as a professional, to network with other professionals, and should not be expected to caretake. Hopefully, your therapist will be healthy enough to be honest, and you will be able to accept the honest answer.
 - Unless it is the stated wish of your therapist, you should *not* expect him or her to constitute your entire social and support system while you are at the conference, any more than you would at home.
 - You should have co-consciousness to the extent that you can prepare everyone within ahead of time. Some inner people should not listen in on conference sessions; some should. If someone is uncomfortable, or "freaks out", you should know where to go or what to do to regain a feeling of safety. Plan ahead.
- You should have a plan to allow the non-participating folks within to have some time out in a safe place. You may want to do a lot of journaling.
- Unless you are the ultimate "conference junkie," remember that it is OK to skip a session. Take time out to relax or play.

(cont'd on page 3)

(Conferences cont'd)

- You should also be on the lookout for others who are having trouble and offer your support. If you are lucky you will be able to network with other multiples at the conference and add to your support system.
- You should be prepared to learn and to enjoy.
- Choosing sessions to attend can be a challenge. Keep in mind that some presentations lose much in translation to audio tape. I often will choose to attend in person if a videotape is included, or if the topic is visual, such as art or sandtray therapy. Also, check with the company doing the taping; some sessions will not be taped and if you have an interest in that topic, you must be there. Obviously, avoid subjects that you feel could be negative for you.
- You may want to schedule some time following the conference to "wind down" and continue to process what you have learned.

I also think that there is a place for all types of conferences, open and closed. I have been to both kinds with no problem, but I am able to function well in a para-professional role if that is necessary. At such a conference, I am careful not to take offense at anything that is said; after all, this is a place for the professionals to share, learn and "let off some steam". It is very unfair of a survivor to censor the professional at such a time.

I think that conferences where survivors are welcomed are of great benefit to both professionals and survivors. Many therapists are working with their first multiple and vice versa (though most multiples are not on their first therapist, unfortunately). The multiple may be isolated from his or her peers. A conference can be a great opportunity for both the therapist and survivor to validate what they are doing and to see what may be possible.

Some conferences are primarily

for survivors. I think that here it behooves the professional to attend in the spirit of learning and participating. It may be inappropriate for non-survivor therapists to attend. A survivors' conference is not for voyeurs.

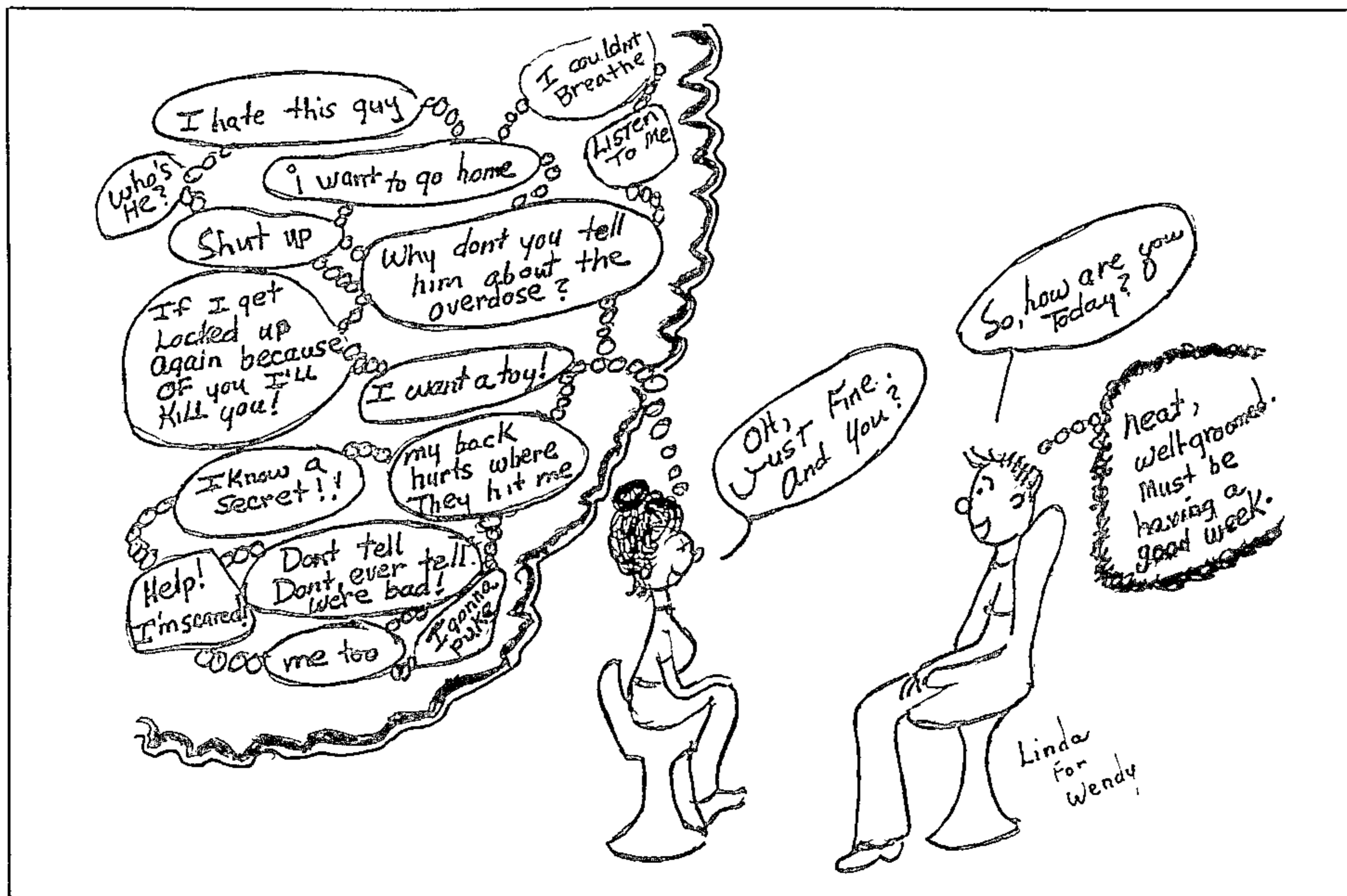
All this is a lot to think about, but I still feel strongly that conferences are extremely positive opportunities for growth and learning! I hope to meet some of you soon.

MV

Silliness

I'm a little whippoorwill
 dancing on a log
 With my little song, I plug on,
 I sing one for my lady and one for
 my foe.
 Gray skies or blue skies I'm always
 here.
 I can't let a day go by without a
 little cheer.

By Julie — 10 years old.
 (Julie has helped us live, with her
 good spirit. — Beth)



Therapists' Page

By Kevin Connors, M.S., M.F.C.C.

Kevin Connors is a licensed marriage, family and child counselor in private practice in Los Alamitos, California. He has been a member of the Conference Planning Committee for the Western Regional Conference on Multiple Personality and Dissociation (Orange County, Ca.) for the past four years.

Often when I announce to my clients that I will be attending a special conference, the question is raised. "Can We go too?"

It is my philosophy that education is an important component of the treatment and recovery process. This view is shared by members of the Conference Planning Committee for the 4th Annual Western Regional Conference on Multiple Personality and Dissociation. Accordingly, the Western Regional Conference is an "open" conference, i.e., "Survivors welcome." What follows are some guidelines that I suggest to my clients to facilitate and enhance the benefits of attending a conference, and to safeguard them while they are there.

First, explore and clarify the goals expected from your attendance at a given conference. What level in treatment have you achieved compared to the level of information you are seeking? Will the material that is being presented in this conference address your concerns? I strongly suggest that you review the conference brochure with your therapist and jointly select those workshops, papers, and presentations that you feel best speak to your issues.

Second, define your educational limits. Will there be material presented that may be harmful to you or your system? Might it be more appropriate to wait for a

later conference to hear about ritual abuse issues or intensive abreaction techniques? *MANY VOICES* prints disclaimers and warnings on articles that might be too "heavy" reading. Successful therapy involves careful planning and pacing. Again, I suggest a candid discussion with your therapist.

Third, there is often a tremendous amount of material being presented. Many different therapeutic strategies, conceptual models and philosophical frameworks are discussed. One purpose of a conference is to present and explore a plurality of treatment approaches. At this stage in the development of the field, there is no single, correct way to treat MPD or PTSD. Try not to come away from a conference thinking that your therapist is doing everything all wrong simply because you have heard a different viewpoint or approach. Similarly, don't expect your therapist to integrate the material presented overnight. We need time to process, too. Talking about what you saw and heard and learned, then carefully experimenting with new treatment methods would be an excellent outcome.

A fourth point to consider is that for many therapists a conference is an opportunity to take a break from the stress and responsibility of treatment, to enjoy the company of friends in the therapeutic community, and to

take time for his/her own growth. Your therapist may not wish to be on-call or responsible for helping you cope with a reaction you might have to whatever is being presented. It would be very wise to prepare a plan of action, both internally and externally, as to who might help you or how you would deal with an emerging personality or a sudden flashback.

A sad corollary to the last note is that conferences are also attended by active cult members and recruiters. They not only attend to see what we have learned about them, but also to prey upon persons with MPD, and ritual survivors who are present. A suggested method for protecting yourself(ves) is to employ the "buddy system", wherein a ritual abuse survivor and a non-ritually abused person (MP or not) attend together. This plan can also address the previous concern about how to cope with other emerging issues.

A final note. Education is an important tool in the treatment of MPD and of PTSD. Being able to understand what happens, and grasping the dynamics involved, empowers people to take control of their own lives. Information can help you put traumatic experiences into a healthier perspective. A nurturing parent offers sound explanations to foster children's curiosity and capacity to understand the world around them. Good therapists do the same. Informed clients *do* get well faster.

Comment

There is something that really bothers me and my inner selves. I don't have a disorder just because I have MPD. My life with my *family* was a disorder. I just found a way to cope.

Because I didn't like feeling I have a disease or disorder, my therapist and I came up with a new name, Multiple Personality Coping Strategy or M.P.C.S.

M.P.C.S. to me, helps me accept that I survived the disorder of my life growing up. I *am* a survivor. To me, this is a positive way to identify this coping skill. The phrase M.P.C.S. has helped me. I hope it helps others.

100

By Teresa M.

CONFERENCES

This is the best information MV has now on upcoming conferences. Many excellent conferences are not listed here, because we didn't know about them. If we have omitted your conference or given incomplete references, we apologize. . . Please send us information, including "open" or "closed" status, so we can announce it to our readership. (At least THREE MONTHS in advance, please!) Thank you — LW

APRIL

11-13 — Akron, OH

6th Regional Conference on Multiple Personality & Dissociative States.

Chmn.: Moshe S. Torem, M.D.

Sponsors: Akron General Medical Center. NEOUCOM/OSSMP&D

Focus: Survivors of Abuse:

Therapeutic Styles. (All welcome!)

Contact: Barbara Lohmier, AGMC Dept. of Psychiatry, 400 Wabash Ave., Akron, OH 44307 Phone: (216) 384-6525

12-14 — Newport Beach, CA

4th Annual Western Regional Conference on Multiple Personality and Dissociation.

Chmn: Steven Ray, MS,RN,CS

Sponsors: St. Joseph Hospital, CSSMP&D, OCCS.

Focus: Paradigms in Treatment (All Welcome!)

Contact: Beth Keely, St. Joseph Dept. Clinical Education, P.O. Box 5600, Orange, CA 92613-5600 Phone: (714) 771 8044

24 — Baltimore, MD

Understanding Ritual Abuse

Sponsors: Sexual Assault Recovery Center

Contact: Cecelia Carroll (301) 685-0937

25-27 — Albuquerque, NM

NEW MEXICO MPD CONFERENCE.

Sponsors: SWSMP&D

Contact: Jean Olsen (505) 255-7672

MAY

9-12 — Denver, CO

Journalling Conference: A Psychospiritual Celebration

Sponsors: Nat. Cntr. for the Treatment of Dissoc. Disorders

Focus: Therapeutic Journalling Techniques (Not specifically MPD) (All Welcome!)

Contact: Kay Adams (303) 370-6227

15 — San Francisco, CA

MPD CONFERENCE

Sponsors: Westword Institute

Focus: Current Trends in Treating MPD (Professional-oriented)

Contact: (415) 465-3890 or (415) 527 7551

JUNE

20-24 — Alexandria, VA

Eastern Regional Conference on

Plan Ahead

By Callie M.

Once you determine that you are ready to attend an MPD conference, there are many plans you should make before you actually get there. Among them are:

1. Decide with your therapist if you should identify yourself as a multiple. To "go public" in such a stressful situation is usually unwise.

2. Discuss with your therapist if and/or how much you will acknowledge each other if s/he is going, too.

3. Find out what attendees usually wear. Aim to look and to behave appropriately.

4. Take along items which help you feel "at home" (stuffed animals, pictures, etc.) Include telephone numbers of friends and your therapist. Whether this is your first conference or you are a seasoned veteran, you may need these supports.

5. Arrange your transportation well in advance, and make sure you are clear about details.

6. Book the kind of room you like best (high up or ground level, smoking or non-smoking, etc.) if you must stay in a hotel.

7. Plan ahead what you will do about mealtimes, especially if you have trouble eating in crowds.

8. Allow yourself the option *not* to go, even if you decide this at the last moment. There will be other conferences. Sometimes you can even purchase audio tapes of the presentations.

After you arrive at the conference:

1. Obtain a program brochure as soon as possible (or a copy of

the bound abstracts, if one is available.) Select with care the meetings you will attend. Avoid topics you know will trigger upsets or which do not "feel right".

2. Learn the locations of meeting rooms, bathrooms, restaurants, etc.

3. Pick up free literature, and think about buying audio tapes.

4. Remind yourself often that this is a professional meeting. Presentations are not directed at you specifically. Do not let "in-crowd" humor offend you nor let opinions which contradict your own views get you upset. Professionals will disagree among themselves.

5. Take notes about what you learn and how you feel inside. They will be invaluable in therapy.

6. Consider attending a special, closed meeting for multiples only, if one is offered.

7. Leave a meeting if you are becoming upset. Do not let it all "hang out." Sit on the aisle and/or near the back of the room. That way you will not disturb many others if you should need to depart.

8. Allow yourself "time out". If you are tired, let yourself miss some presentations. This is not a school or a competition. You will not be punished if you do not go. It is very easy to become over-stimulated.

9. Do not be surprised if, after all your plans, the unexpected still occurs. Use your healthy resources, and you will survive. After all, you are a survivor. And enjoy!

Abuse & Multiple Personality

Chmn.: Barry M. Cohen, M.A., ATR

Sponsors: Dominion Hospital

Focus: Training in Treatment (Professional oriented.)

Contact: Dominion Hosp.-Eastern Reg.Conf., 2960 Sleepy Hollow Rd., Falls Church, VA 22044 Phone: (703) 237-3512 or (800) 950-6463

JULY

18-21 — Chicago, IL

9th Annual Conference for Institute of Ritual Abuse

Sponsors: Voices in Action, Inc.

(All welcome!)

Contact: Nina Corwin (312) 463-1085

NOVEMBER 13-17 — Chicago, IL

8th Intl.Conf. on Multiple Personality/Dissociative States

Chmn. Bennett G. Braun, M.D

Sponsors: Rush-Presbyterian-St.Luke's Medical Center Focus: Memory

(Note, this is the primary scientific conference dealing with new research in the field. Presentation of information is geared to professionals. Workshops may be closed, but scientific portion of conference is open.)
Contact: Dissociative Disorders Prog., Rush North Shore Med.Cntr. 9600 Gross Pt Rd., Skokie, IL 60076. Phone (708) 933-6685

Another View of Conferences

By Dorothy P.

I went to an MPD conference last year. My gut feeling was that I didn't belong there. I had attended professional conferences before. Those conferences were attended by me and other people working in my field. Our clients didn't attend. In fact, the professionals under whose direction we worked didn't attend either. There was no place for them there. The conference was only for us working in that field to share our problems and our solutions, to learn new ideas and better methods of working with our clients and our employers. Those were my reasons for attending conferences in the past, but I didn't have any of those (typical) compelling reasons for attending the MPD conference.

I had other compelling reasons for going, and so I went. I went because I needed to hear what other therapists were saying and doing. I went because I needed information to evaluate for myself where I was in my therapy, what I

could expect, and maybe even a little to satisfy my questions about whether the diagnosis really fits. I went and I got answers.

One thing was disappointing. It shouldn't have been. I should have known that outside of the therapeutic dyad, therapists aren't the gods and goddesses we sometimes think they are. They are just like any other people. They told their war stories, sometimes spicing them up a little for attention, just like we did at my old professional conferences. I can't tell you how many times we told stories that began, "Do you know what that client expects me to do?" Therapists say the same things. Then they sit back, just as we did, and wallow in the attention and understanding of their peers. Freedom of expression among people of like experience seems to be one of the things professional conferences are about. It is universal and it doesn't change.

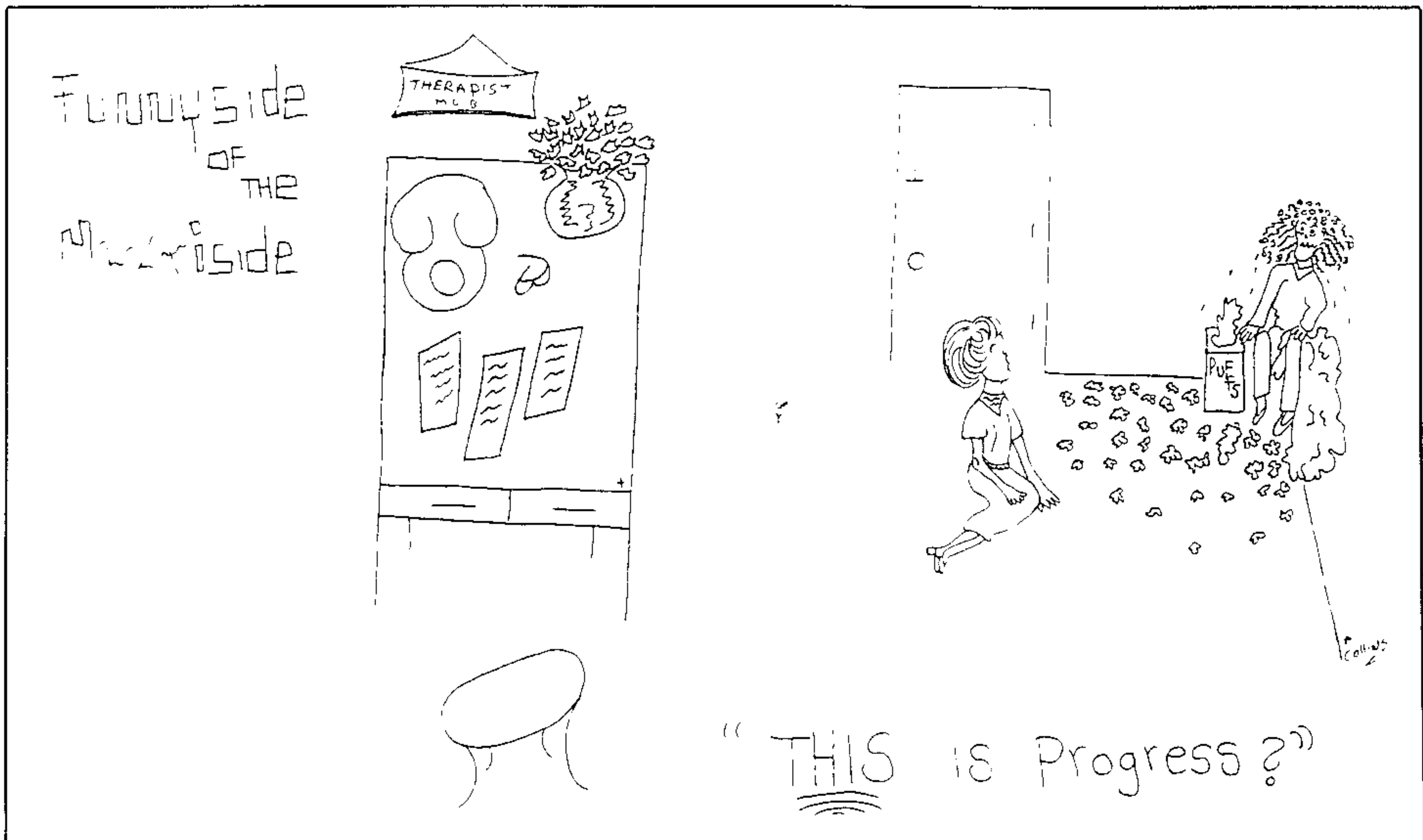
Don't go to an MPD conference unless you are prepared to tune

out the things you don't like.

Therapists attending the conference aren't expecting clients and won't cater to our needs or vulnerabilities. We didn't want clients attending my old professional conferences, and had they come we would have proceeded just as though they weren't there. Some sessions at MPD conferences deal with how therapists can take care of themselves. Therapists don't want clients sitting there learning about their weaknesses. We didn't either, and we cleared the house of everyone other than working members of our profession when we discussed sensitive issues.

So you see, the feeling in my gut was based on valid past experience. But I went to the MPD conference anyway and I will go again. The unwritten caveat in the fine print of MPD conference registration forms reads "travel at your own risk." If you can ignore the risks, then go!

MV



Recovering

By Rita M.

Q:How do other multiples feel about sharing session time with their alters? Sometimes I feel cheated because I don't get to talk to my doctor.

A: This is a tough question. I'd be interested if readers would write in and share their experiences about this particular problem.

Briefly, some multiples experience this and some do not. It depends on how much co-consciousness one has with one's alters. It is a good idea to work toward co-consciousness, so that most alters are "listening in" even if they aren't present to do work in therapy. Getting well really requires that the multiple work within him- or herself for internal cooperation, sharing of information, contracting for time out/sharing the body and getting needs met.

I will probably repeat this many times. . . a multiple is a whole person who just happens to be more separate internally than "normal" folks. Thus, all of the alters together make up a whole. Sharing is very important, even with alters that you might not like. Everyone inside has work to do, and no one should be excluded from therapy. If you (the 'host') aren't getting enough time with your doctor, talk to the doctor and to all of the others inside and discuss it. Make up a contract that is fair to everyone and that everyone will agree to. Dr. Putnam says in his new book *The Diagnosis and Treatment of MPD* that whoever comes into the session should be the one who leaves at the end of the session. I think this is a good guideline.

Bottom line: communication, discussion, and negotiation within

and between the selves or alters is how you can address this problem.

Q: I'm frightened by the label "MPD". Can you help?

A: I can honestly say that I did not find the MPD label frightening when it was given to me. Actually, it was a relief. I just finished looking over a folder of poetry I/ we wrote before I learned I was MPD, and it's full of hints that there were many of "us" inside me. I guess I wondered for a long time before I found out, and finding out for sure helped me make some sense out of the confusion.

However, in the present climate, I can see that the label of MPD might not have such positive connotations. One thing I know I worry about that never really concerned me before was the possibility that somehow information would leak out (via my health insurance carrier) and that it could cause problems for me personally or professionally. That has not happened, so I consider myself fortunate.

I suppose the label "MPD" could be frightening to many people. However, if I had to choose a disorder to have, I'd choose this one. It is *curable*, unlike other mental health problems (most notably, schizophrenia, bipolar illness, other personality disorders, and so on.) It's also rather creative. Actually, MPD is simply an elaborate defensive system that a child utilizes to survive that which otherwise would not be survivable. If you had not developed "alters", you probably would have died of your abuse, or from the overwhelming grief and sense of aloneness that goes with the massive betrayal of those charged

to love and care for you.

One way to look at MPD is this: if you have MPD, you've had it all of your life (or most of it.) If you have MPD, denying that you have it isn't going to make it go away. MPD is something you *do*, not something you *are*. It isn't right or wrong. . . it just is. So, just take it as it comes. It doesn't mean you're crazy, nor does it mean you're not responsible for your actions (and those of your alters.) It means you're in a lot of emotional pain somewhere deep inside. It means you have a problem and you need help for it. It means you can get help. It means, perhaps most of all, that you're still alive.

If you really have difficulty with MPD I suggest you broaden the category. MPD is a Dissociative Disorder. There is a range, or continuum of Dissociative Disorders, with MPD being only one form.

It seems that whenever MPD is mentioned, the names **Sybil** and **Eve** are never far behind. Dr. Kluff calls it the 'SALE/SALS' syndrome (ie, "She ain't like Eve, She ain't like Sybil." I repeat: *There is no one way to be MPD.* Just because you have MPD does not mean you are like either of these two individuals. Each client is an individual, and while there are similarities, no two people are exactly alike. I would suggest that you *never* compare your self with anyone, especially with the more-publicized cases. Listen to others, relate to the feelings (which are often incredibly alike), but don't *compare*. That's a trap too many people fall into. You'll either feel you don't measure up, or feel you aren't that bad. Both stances get in the way of working in therapy and getting well.

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

Sharing a life

By Myra H.

As a person who is in an intimate relationship with someone who has MPD and as a survivor of sexual abuse myself, I would like to share some of my thoughts

I know that opening one's heart and sharing one's life with someone with MPD is hard at times. Being close to anyone who is healing from severe abuse is painful, if your heart is truly open to another you cannot help but feel some pain. But each of us must remember that it is our job to take care of ourself first. It is my job to live my life, to set boundaries which protect my sanity, to find meaning and happiness. If I get on someone else's nightmare roller-coaster ride and allow myself to be overwhelmed and consumed, that's my choice, my responsibility. I am choosing it even if my choice is unconscious and really more a reflection of my co-dependence or other issues. I am not a victim of my partner's stuff, and it is important for me to take responsibility for having chosen to get involved with someone who has intense work to do.

One of the greatest gifts of healing that I receive in my relationship is being challenged, every day, to take responsibility for my own happiness and sanity. As a recovering co-dependent the lessons are certainly not always easy and I can think of few more challenging opportunities for me to do my own healing work. I think that it is imperative for those of us in relationships with people who have MPD to consciously examine and own our own issues, and to be working our own programs of healing and recovery. It is all too easy to become inflated with an identity as the healthy one or the savior and thus not look honestly at ourselves.

Mary Dowd is the Editor of the Survivor Book project, an anthology of Ritual Abuse survivors testimonies which is in preparation. She lectures internationally on the subject of MPD and ritual abuse. Her article is intended to give people an idea of the subjects covered at professional conferences on MPD/DD.

Conference Review: Psychodiagnosis of MPD Columbine Psychiatric Center April 7, 1990

By Mary Dowd

These seminars were set in the gymnasium of Columbine Psychiatric Center in Littleton, Colorado. This novel idea created an ambience heavily influenced by the patients who stay at the 16-bed Dissociative Disorder Unit. The walls were covered in art work, some of a professional standard. Images of multiplicity leapt out from everywhere, accompanied by recording of patients interpreting their work. The total environment touched this difficult subject with deft gentleness and grace — a theme that continued throughout the day.

Multiple Personality Disorder raises many issues about the concept of self and the theory of cognition as well as the whole diagnostic process. Rather than being an anomaly, I believe this disorder holds the key to many illnesses, since those who suffer from it have a myriad of symptoms.

Nancy Cole, who runs regular group therapy sessions for inpatients on the unit, gave a provocative presentation on the cognitive aspects of MPD. Nancy explained that multiples need to build an interpersonal bridge with their therapist, thus creating a mutual world where trust and safety can coexist. Chronic trauma leads to chronic distrust. Within this context there is scope for reorganization of the cognitive process and eventually mastery over dissociation. Nancy said that she believes dissociation was an active disengagement prompted by the unbearable. To know would mean to die. Healing therefore becomes a parallel process with healing the private world within that holds the trauma, and the external world which previously denied and enforced it. Safety and validation are powerful tools.

Ralph Fisch reviewed the concept of dissociation in a historical synopsis. He stressed the time laps between the 1860's and the 1980's when interest lay dormant. Those patients who were troubled by dissociative symptoms were left largely untreated or misdiagnosed. Fisch gave a fascinating account by one of his now integrated patients on her concept of time while dissociating. She said that, for her, multiplicity was like flying through time without any kind of control.

John Kurkjian explored the whole concept of self that the issue of multiplicity brings into question. Gleaning from several schools of psychology, he demonstrated that the multiple's sense of self is completely traumatized by a toxic upbringing. Quoting from the work of Jean Baker Miller, a feminist psychologist, he explored the way women develop the sense of a healthy self in this society.

Finally, Rich Mangen presented his findings on diagnostic tests with multiples. He cited that the use of standard and advanced psychological tests helped anticipate issues that would arise in treatment. These tests seemed to evoke memories of trauma as well as corroborate the impact of brutality on the emerging child. His anecdotes were full of the terrifying reality that his patients were forced to live with every day. Testing seems to clarify that multiples are typically highly motivated, creative, and remarkably committed to their recovery.

Healing is extremely painful but nevertheless, entirely possible. It brings gifts to all who are involved in the process, be they patient or caregiver.

Healing

By Dorothy P.

Memories are based on our knowledge and perceptions at the time they were formed. They are very real but they may also be inaccurate.

Such a memory surfaced for me in a hypnotic trance session with my therapist. It was the image of a very little girl running in the grass. I could see her very plainly, waving her arms and laughing, and I could feel her excitement. She was following a man she knew and trusted, but I could not make out who he was. Suddenly he turned his face toward the girl and it was the face of a monster, grotesque and snarling. I saw the girl's laughter turn to terror and I saw her freeze in her tracks. I felt the impact of her terror as she looked at that monstrous face. In that instant the image disappeared but the feeling of terror remained.

Whose face was it? We went back to that memory many times and each time my therapist urged me to stick with it and find the answer, but I could never see who it was. The sight of that face always froze the little girl and me in terror and then it would disappear. Soon that image began to haunt me. Over and over I would see that girl running and feel her terror as the man turned and became the monster.

Then one day, while I was driving my car to a local shopping center, I saw the girl running again, waving her arms and

laughing as very young children do. And I saw the man she was following. But this time I recognized him as my father walking into the field, carrying a shotgun in his hand, and I knew he was going hunting. I saw him turn his head and call in anger.

But his angry face wasn't looking at the little girl. He was looking past her at a point distant behind her. He wasn't angry at me. He was angry at my mother who was not protecting me from danger.

The memory was finally completed. But rather than feel relieved, I felt off balance. My adult eyes had just seen the image of a child's misperception. The terror I had experienced so many times was based in that misperception. The trusted figure had not been angry at me. With that realization an inner belief of a trusted figure turning into an angry monster began to crumble, and a corner of my belief system began to shift.

The fears and mistrust I have endured during my lifetime are based in more than that one memory. Some of those memories are proving to be accurate but others, like this one, are proving to be distortions. The important thing in this work of healing is that we be open to new perceptions and new truths, and that we allow them to help us grow.

MV

Input Wanted

A research project focused on partners of individuals with MPD is now underway. The study will explore personality type (using the Myers-Briggs Personality Inventory) of husbands, wives and significant others. Researchers are interested in any hunches, thoughts or ideas that such persons might have about their personality type and their relationship. Interested persons may write to Mary Edwards or Gail Pierson, 54 Park Place, Appleton, WI 54915

Attention bookfans! Here's a chance to put in a plug for your favorite bookdealer. One of MV's best friends is compiling a list of bookstores that offer or are willing to order materials from small or alternative presses, or locate out of print books. Write to Lynn D., 2323 W. Edinger Ave., Santa Ana, CA 92704

Thanks to all who shared art and writing! MV needs your work to help others! — LW

Questions for Readers

MPD "Jet-Lag"?

By Teresa M.

Do other people with MPD suffer what I call jet-lag?

Whenever I have to concentrate for long periods of time at work or at home, I get real tired like I've been on a long plane trip. It seems that when I have to stay in one personality to take care of a particular routine, this breaks up the natural rhythm of my system. I have to withdraw inside with the rest of my personalities to rest and replenish, so I feel in balance again.

To work with this problem I try to take time out and give myself *mini-vacations*. I find that I cannot work as long at different activities as I'd like to. This is sometimes hard for me to accept.

If anyone else has a similar condition, I sure would like to hear how they handle their jet lag!

Fear of Finishing?

By KC

I need to hear from those who are near completion of their treatment or have completed it.

Am I the only one who feels so much resistance to finishing? Am I the only one who wants to keep my relationship with the therapist as it is now?

I am afraid of what it means to finish and what it will be like.

I feel as though I should invent a crisis or two just to keep things as they are. I have been very honest with my doctors so they know this, and try to help.

However, my biggest help would come from those who have been there.

I also have a lot of ambivalence about the last few remaining alters coming out. I feel as though I will have nothing in reserve or no protected parts remaining in case I need them. I am afraid to expose the raw nerve that was and is so vulnerable.

How have you experienced this? How do other therapists deal with it? I would appreciate any help I can get.

(Send your replies to MANY VOICES. We'll print as many as we can — LW.)

Will I Ever Love Me?

Will you ever love me
I don't know, says I
Will you ever see me
All I can do is try

No one ever showed me
How to trust, how to love
No one ever told me
You can truly feel as one

How can I get in touch
Will I ever see the light
How can I break through
When this wall was built so high

Trust says you, It's easy
Now is the time for Love
Trust, and show your feelings
You wont break, you wont die

Will you ever love me
I'll love you all the time
Will you ever see me
Like a beacon in the night

By Sue

"23"

I have lived a thousand lives
Yet, I have not lived.

I have wisdom beyond all ages
Yet, I have none.

I have split to ninety-eight
Yet, I am alone.

I have died a thousand deaths
Yet, I am not dead.

My story was ended
Yet, it has just begun

By 23 Danielle



(This poem is dedicated to every client who ever thought, even for a moment, that therapy is too expensive. And yet we keep going back...)

Ode To Dr. Seuss

*It started at first over a period of years...
Some bitching and moaning, a collection of jeers.*

*I marched off to counselling for some unknown reason
To discover, at last, it was some sort of season.*

*A collection of memories so dark and so scary
Came out of my mind. It was really quite eerie.*

*I said, 'Oh no, really, this couldn't be true.'
But, my counsellor said, 'Dear, this really is you''*

*So, I plowed through those stones week after dim week,
And the horror kept growing, looking bleaker and bleak.*

*I climbed up vast mountains of gruesome and gore
Til I got to the top and still there was more.*

*I yelled at my counsellor, "You evil, mean bitch...
Is this what you do to make yourself rich?"*

*She sighed and she smiled and told me she knew.
In a year or two more, I'd surely get through.*

*So I've paid her some thousands and more than my share.
But, I'm starting to think that some day I'll get there.*

*Cause now in the nighttime when it's late and it's cold,
I have a keen feeling there's not more to be told.*

*Those feelings are bringing me back to myself,
And I don't always wish they were still on the shelf.*

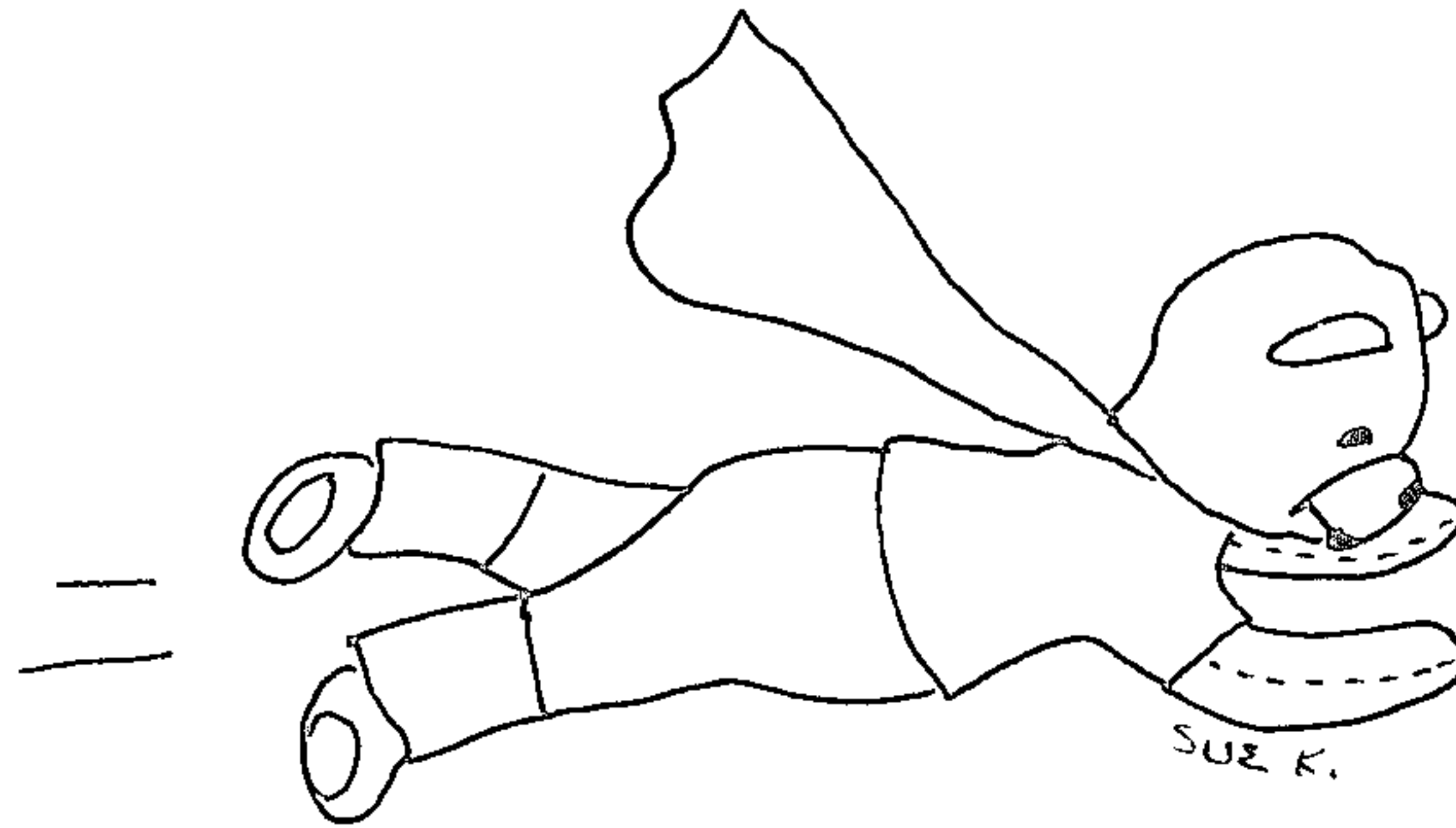
*So, horror or not, I'll get what I need
Despite that damn counsellor and her mountain of greed.*

By Jace

Anna Panda

Anna Panda calms my fears
She holds my hand
and wipes my tears
Anna Panda may be small
But sometimes,
no one's there at all.
Sometimes I'm hurting all alone
The house is full,
but no one's home.
Anna Panda comes to me,
She hugs my heart
when no one sees.
She lets me rock her and I can
feel
what it must be like
to be real.
Being real
is being loved
just for being.

By Connie B.



Books

The Loony Bin Trip

1990 by Kate Millett 317 pgs
Published by Simon & Schuster, NY.
NY. \$19.95 Hardback.

This book is the effective and appropriately frightening autobiographical story of feminist author Kate Millett's loss of freedom in various psychiatric institutions, here and abroad. The noted writer of *Sexual Politics* was incarcerated, isolated, and medicated against her will.

How fortunate for us her ultimately triumphant escape and slow climb back to functioning in the world. Here is a gifted writer and advocate for those who are less articulate, or are still locked up!

Her description of "depression", which she later realizes is justified grief, is right on the money.

Her conclusions about the "medical model of mental illness" are an indictment of psychiatry today. "Diagnosis is based upon impressionistic evidence: conduct, deportment, and social manner. Such evidence is frequently imputed. Furthermore, it may not even be experienced by the afflicted party, but instead may be observed by others who declare such a one afflicted. . . . Commitment laws are so written that the afflicted shall be deprived of judgement on the application of next of kin in conjunction with psychiatry. Their purpose is to deny the allegedly ill

person the legal entitlement of any and all rights, civil, constitutional, or human. This is unlike anything we know of in physical medicine, where the prevailing attitude is compassion and respect. In fact, the mental hygiene code, modeled originally on the criminal code, binds the afflicted party under every method of legal restraint. The afflicted is in a sense one accused, hospitalization constituting a type of arrest, accompanied by police power and physical force both in seizure itself and in detention, where escape is prevented by locks and bars and prohibited by statute as well. Having committed no crime, one can — while drugged and unable even to comprehend the proceedings, without even counsel of one's own choosing — within a routine five-minute hearing lose one's liberty for an indeterminate period, even for life. Without the right to refuse 'treatment', a human being is defenseless before such proceedings."

Long quote, I know, but I was very taken by this book — content, style and emotion!

— Lynn D.

More Books for Little Ones

We want to tell everyone about our very very favorite story books. There are two of them that go together: *Tales of the Kingdom*, and *Tales of the Resistance*.

All the stories and the people in the stories help us kids feel better, because someone understands how we feel. There is an Evil Enchanter who is just like our abusers — but all the kids get help to get away from him. And then there is a wonderful Park where the kids go to get better, and good big people help them get strong, and no one is ever an orphan because everybody always belongs to somebody.

It is really wonderful, but it takes too long to tell about. You have to read it yourself. Oh, and the pictures are wonderful. The man and woman who wrote it are David and Karen Mains. It is published by David C. Cook, 1986.

— Butch, Pixie, L.G., Ellen
(Us Kids)

A special book for our Little Ones is called *Hunches in Bunches* by Dr. Seuss, and published by Random House. The little boy in this book can never do anything because he has so many hunches. Each hunch wants to do something different. Everytime he starts to do one thing, another hunch comes along and tells him to do something else. So he makes himself into a lot of different little boys and they all talk and argue and then they make up their minds (Sound familiar?)

— Harriet T

Coming Up!

April 1991

Your thoughts about prevention of child abuse. How to stop passing it along in families. What you've done (or hope to do) to assure an end to the pattern of abuse in your life. ART: Draw the self you are becoming. DEADLINE for submissions: February 1, 1991

June 1991

Working with your Dark Side. Coping with rage. How you keep your angry self from feeling betrayed or forgotten when you modify violent acting-out. ART: Draw your inner protector(s). DEADLINE for submissions: April 1, 1991

August 1991

It's easy to talk about the little kids inside, but what about the teens and adults? How do you balance their needs? What are their skills and responsibilities? Their problems? ART: Draw an inner adult helping an inner child. DEADLINE for submissions: June 1, 1991.

October 1991

The stages of therapy you have experienced. What you see as progress. What is your most stubborn problem. How you are working on it in therapy. ART: Draw your special comforts. DEADLINE for submissions: August 1, 1991.

December 1991

Transforming holidays into happy (or at least tolerable) days. What you do to protect yourself from memory triggers on special days. New traditions created for healing. ART: Draw a picture of you and your best friend. DEADLINE for submissions: October 1, 1991

Susan Priest May 2, 1988 *



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.

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