

MANY VOICES

WORDS OF HOPE FOR PEOPLE WITH MPD OR A DISSOCIATIVE DISORDER

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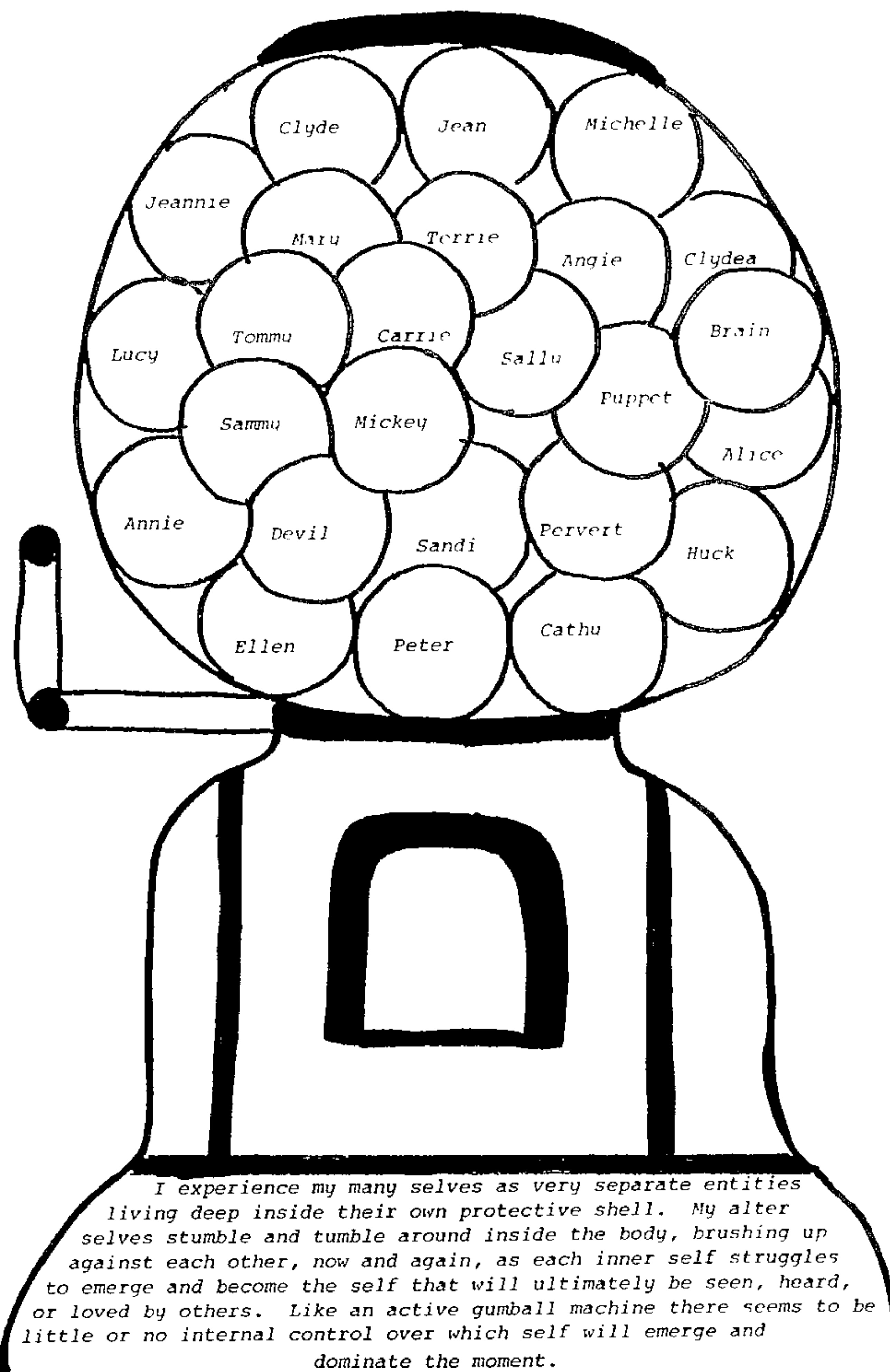
Theme: Diagnosis

Our theme is Diagnosis, and I want to thank all of you who sent material on the subject, whether we had room to print it or not. Receiving the diagnosis of a dissociative disorder is a powerful event to many, as your writings showed. Yet as one writer points out, though receiving a diagnosis may seem traumatic, the terms professionals give us are really a framework for healing. There is a need for pros to accurately depict "what's going on" in a patient in a few words, to help them identify similar patterns in others, do research, and explain to families and insurance companies that indeed, this person has a problem...but there are ways to begin to solve or improve it.

So it is interesting that as this issue was being readied for the printer, I learned that the next edition of professional diagnostic guidelines, the DSM-IV, will probably include a changed name for Multiple Personality Disorder. Instead, this group of symptoms and behaviors will likely be called *Dissociative Identity Disorder*, while MPD will remain in the title in parenthesis...so people can find the reference and know it was called this in the past.

I am sure some people with the MPD label will be upset by this change. Some professionals are very upset about it, as well. My personal opinion is that, in the short term, there will be chaos and discomfort among the community that is already familiar with the terms Multiple Personality Disorder or MPD. But in the long term (and immediately for those not "into" the MPD scene) this name change

(cont'd on page 2)



By Jean and the Gang

(Diagnosis *cont'd*)

could be strongly beneficial.

Like it or not, MPD is a emotionally-loaded term... it carries a strong stigma in the outside world. It is exploited by the media as "strange and weird". It frightens spouses and employers, making it even harder for persons with this diagnosis to obtain or maintain a "normal" life. Many professionals "disbelieve" in MPD, and I think part of that is due to the name itself, the mental image conjured up by the words "multiple personality" (which implies to those who think literally, multiple people or bodies.) The phrase Multiple Personality can be "crazymaking" in itself. Some people actually complain if they don't get called "MPD"... as if the label carries some sort of glamour or specialness they crave.

The term *Dissociative Identity Disorder* is more neutral and abstract. It doesn't carry with it the

baggage of past media events. I think it more clearly defines "what's happening", in that identity is a word that describes inner structure and relating to inner awareness of self, while personality seems to me more exterior. A diagnosis of DID may be less traumatizing, and so more people may be willing to accept it and work on their problems instead of abandoning therapy.

I don't want to minimize the anguish the label-change may cause in some people who are committed to MPD as a descriptor. Those who have books out with MPD in the title, those who have careers built on the "treatment of MPD", and those who have come to believe that separateness is special may have a hard time of it at first. The anger ('pros can't make up their minds!'), the loss ('but I LIKED MPD, it describes ME') and the mixed feelings need

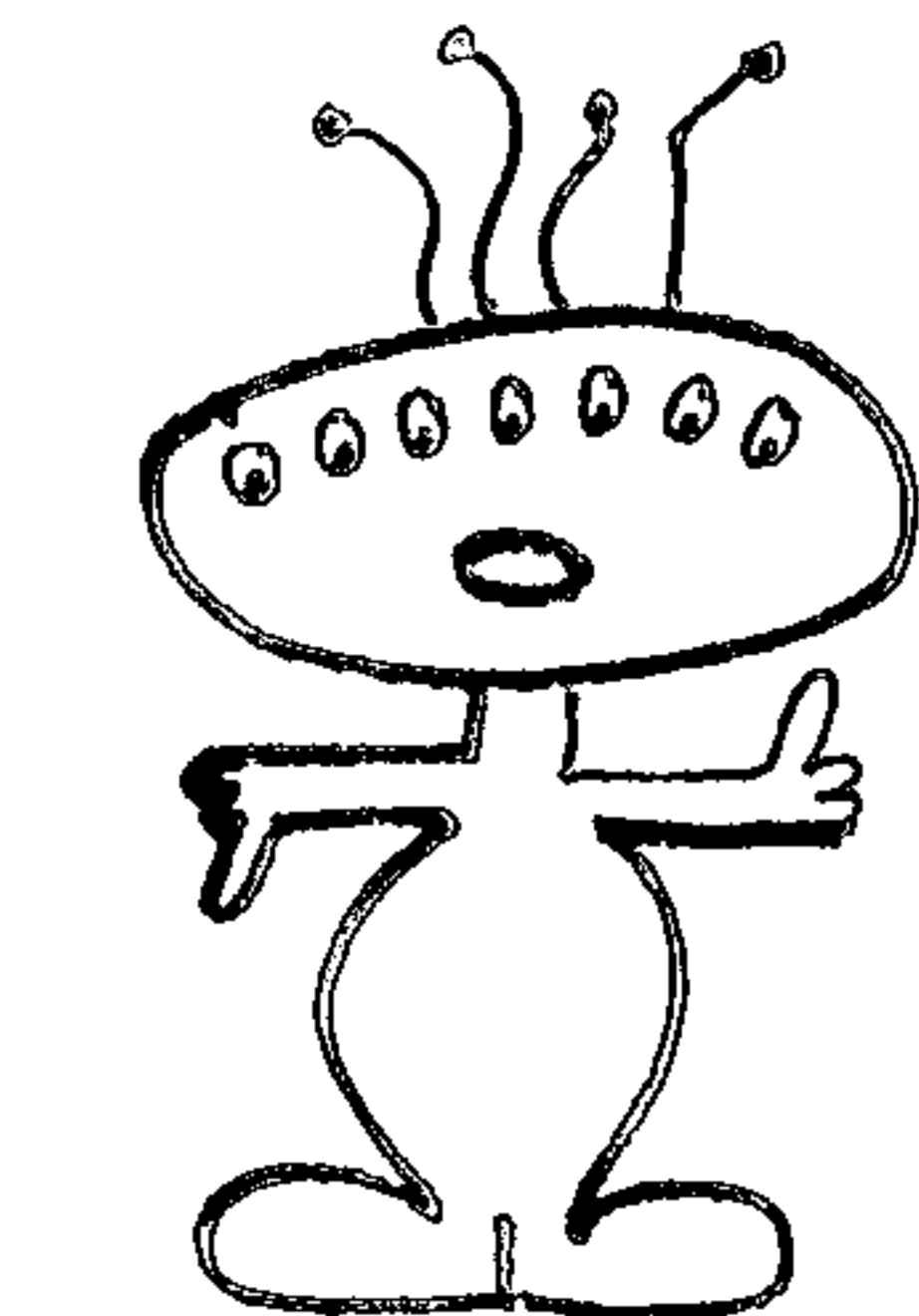
to be explored and dealt with on both sides of the professional desk. *MANY VOICES* will welcome letters on the subject.

The professionals have to deal with this name change their own way. But for persons diagnosed, the bottom line is "You are YOU." No label, no outside terminology, no textbook definition needs to change your essential self(ves) as you perceive that structure to be. If the term MPD is changed to DID, you will not be any different (unless, of course, you choose to be.) It may remove some short term advantages, but it will offer possible long term improvements in the sense of "fitting in" to society. And finding your comfortable place in society is what healing is all about.

—LW

MV

What We Have Learned About Ourselves in Therapy



I AM NOT SOME PURPLE ALIEN FROM ANOTHER PLANET LIKE I FEARED



I DON'T HAVE TO LET ANYONE IN MY HOUSE IF I DON'T FEEL SAFE. EVEN IF IT IS AN UNCLE. I CAN SAY NO.



WE CAN HUG A TEDDY BEAR AND IT IS OK IF IT MAKES US HAPPY. WE CAN EVEN SLEEP WITH A BEAR IF WE WANT TO. IF A BEAR COMES TO THERAPY OUR DOCTOR WON'T GET MAD OR CALL US A BABY.

By KATHY M
THE FOG

WE CAN MAKE REAL TEARS WITH SOUND!



OUR DR'S HANDS WILL NEVER HURT US OR TOUCH IN BAD WAYS. NOT ALL HANDS ARE DANGEROUS. WE CAN TRUST SOME PEOPLE.

ANGER

WE CAN BE ANGRY WITHOUT HURTING ANYBODY.



WE DON'T HAVE TO WORK 60 HOURS EVERY WEEK TO BE WORTHY OF LIFE. PLAY IS A GOOD AND NECESSARY THING.

IT ISN'T BAD TO WANT A TROLL EVEN IF THE BODY IS 25 YRS OLD!



WE DON'T HAVE TO BE AFRAID OF CRAYONS. WE CAN MAKE PICTURES.

LOVE

DON'T HURT I AM WORTHY OF LOVE FROM OTHERS. I DON'T HAVE TO EARN LOVE OR PAY FOR LOVE BY SACRIFICING MYSELF.



BAD THINGS WON'T HAPPEN IF I GET TOO HAPPY

The Label

I went to the Hardware store to find a board
 Long and wide enough to hold it.
 Now... to attach it to my shoulders
 I'll need lots of glue, no doubt.
 My shoulders have strengthened and grown
 A little on their own recently.
 How fitting that glue and human strength
 Are both needed for the sign.
 Time to fasten the label to the board.
 It will get heavy, at times.
 I hope her shoulders can keep it up.
 There it is... a fine sight. It reads
 MULTIPLE PERSONALITY DISORDER
 Done in red, of course,
 With a genuine tear-stained finish.
 Actually, it doesn't feel so bad...
 Wait a minute... quit that... please don't!
 There it goes,
 Tipped over again.
 He really didn't mean it.
 "Just taking care of myself," he said.
 Your alters make me feel
 'uncomfortable'
 And it's healthy not to do
 What I don't feel good about.
 I'm sure they're very nice, but it is
 best
 For me to only talk to the host."
 I understand you feel hurt and
 rejected.
 Now, can we go on to a different
 subject.
 I'm tired of this one."
 Tomorrow... I'll go to the Hardware
 store.
 Is there another way to keep the sign
 off the floor?
 How can I protect the sign from
 carelessness,
 Fear, and the disgust of the loved one
 Who doesn't want to mess up his view
 of life?
 "NOT A PROBLEM" says SUPER
 GLUE
 "I'LL KEEP IT UP FOR YOU.
 I LIKE THE SIGN BECAUSE I
 DESIGNED IT.
 I EVEN LIKE THE FINISH.
 I LOVE YOUR ALTERS TOO.
 YOU'RE RIGHT... THEY'RE TRULY
 FUN TO BE WITH.
 DON'T WORRY ABOUT YOUR
 BEHAVIOR...
 AROUND ME...
 I HAVE THE BROADEST, STRONGEST
 SHOULDERS
 YOU'LL EVER SEE!

By Clare for the System.

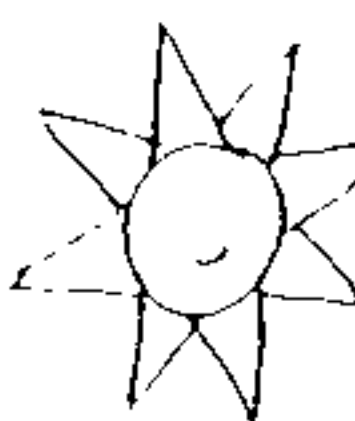
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The Center for Trauma and Dissociation
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 Dr. Nancy Cole, Clinical Director

Benefactors:



The Menninger Clinic
 5800 SW 6th St.
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 Contact our Women's Program
 1-800-351-9058 ext. 730

Friends:

National Treatment Center for MPD and Dissociation
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 Torrance, CA 90505
 1-800-533-5266 or 310-530-1151
 Walter C. Young M.D., Medical Director

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Conferences

Survivors Reaching Out
 presents the Third Annual
 Conference for Adult Survivors of
 Extreme Child Abuse, June 19,
 1993 at the Holiday Inn in
 Sacramento CA. \$25. This
 organization is also presenting a 2-
 Day conference in Sacramento
 September 11 and 12 for clergy of
 all denominations who serve abuse
 survivors. Call 916/967-0424 for
 details, or write to 5513 Hammond
 Ct., Citrus Heights, CA 95621.

**The National Coalition Against
 Sexual Assault Conference**
 (NCASA '93) will be held Aug. 3-8,
 1993 in Chicago. Over 90
 workshops, including a special
 Women of Color Institute, will be
 offered. For information write or

call the Illinois Coalition Against
 Sexual Assault, 123 South Seventh
 St., #500, Springfield IL 62701.
 217/753-4117.

**Survivors, pro-survivors and
 professionals** are welcome at
 V.O.I.C.E.S. (Victims of Incest Can
 Emerge Survivors) 11th annual
 conference, July 8-11 1993 at the
 Ramada Renaissance Hotel,
 Springfield IL. Call 1/800/7VOICE8
 or 312/327-1500 for info.

Seminar for professionals only.
 Donald A. Price, PhD will present
 a two-day seminar on treatment
 for adults molested as children:
 post traumatic stress and MPD.
 DeMoines, IA, Sept 17-18 1993.
 Call 801/364-1410 for information.

Don't Fence Me In!

By Ann, et al

Recently, a number of my co-workers became ill. The official diagnosis was "the flu". As people returned to work they compared symptoms and doctor recommendations for healing. While there was a common core of symptoms such as congestion, sore throat, etc., there was also a wide variance in suffering. A few sailed through the whole episode without missing a day at work, while a couple of others became severely ill with complications such as pneumonia. In each case, there was also a common core of healing recommendations: plenty of fluids, rest, aspirin, etc. as well as a variety of treatments with drugs, meditation etc.

The important point was that no one questioned the variety of diagnoses or treatment: all were generally accepted as what was needed by that individual.

Why, then, do those of us labelled as "survivors" or diagnosed with MPD get fenced into expected behaviors and treatments? Once labelled, we seem to be expected to have certain symptoms and the treatment is prescribed based on those expected behaviors, whether we have them or not.

While hospitalized a couple of years ago, prior to my MPD diagnosis, I was sitting with my therapist for my allotted fifty minutes. Ongoing construction had apparently awakened a number of beasties, a rather large example of which was sitting on the wall above the therapist's head. Unable to concentrate with the beetle so prominently in my sight, I pointed it out to the good doctor, who jumped up in obvious fear. Undaunted, I took off my sneaker, stood on a chair, swatted it good and dead and returned to my seat.

As I was retying my sneaker, I realized the doctor was staring at me with a most thoughtful gaze.

"What's the matter?" I asked innocently.

"Most survivors would never have attempted to do that without asking for help. Why didn't you ask for my assistance?" she replied.

"You're too short, your shoes are too thin and you appeared more afraid than I," was my answer, all of which was written in her notes as I shook MY head in amazement that such a simple act was to be so heavily analyzed (and surely discussed at the next staff meeting!)

I often heard while hospitalized or in group, that "most survivors" this or "most survivors" that. Instead of asking me what I felt or wanted, it was presupposed, just because I was an abuse survivor.

More recently, upon hearing that a much beloved group was to take a hiatus in order for the therapist to do some personal growth study, I was forced to start hunting for another group. I called several people with whom I had previously worked, hoping for recommendations.

The hypnotherapist, who had gone to great lengths to assure me that MPD was no big deal, was determined, however, that I needed a survivor group at the least, but preferred for me to go to an MPD group.

A therapist with whom I had done a twenty-week survivor group and who had helped to uncover my MPD, was appalled that I was doing "just" a (general) women's support group where knowing each other after hours was allowed and touching was permissible if asked for (handholding, hugs, etc.) When she asked what sort of contract I had regarding my personalities "coming out", she was shocked at my reply: "I don't have one," I said. "After all, I don't have one in my everyday life, do I?"

Only one therapist, beside the group therapist, dared to ask ME what I was looking for in a group. My individual therapist has always supported me in my decisions about such things, allowing me to

make mistakes and learn from them. (Thank you Ramsey, Anne and Bob!)

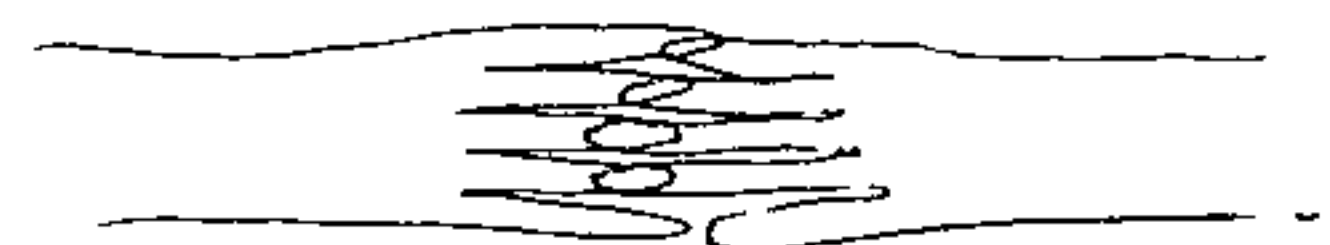
Even as I related my extensive group experiences to potential group therapists, I found that stating what I wanted wasn't the way to go. As soon as I mentioned "survivor" or "MPD" I could hear myself being labelled, filed, sorted, spindled and pigeonholed. The very behavior that is rewarded "on the outside" such as stating one's needs, is seen as resistance, recalcitrance or nonsense, when done to therapists, who "know what is best" for me. Such double standards abound!

Why can't we who labor under such diagnoses as MPD be given credit for knowing ourselves? After all, we're told how intelligent we are to have found such a creative way to survive our childhoods. I didn't trade that intelligence for a diagnosis: both co-exist. Just because I am a "peopled" person, doesn't mean I have to listen to therapists' every dictum and take it as law. (Boy, I bet this article will have me relabelled, diagnosed, and further categorized! Can't you just feel it?)

I need "room, lots of room" to heal as I need to heal, not necessarily as prescribed by "experts" and books and the literature. Give me the space, the credit for asking for it, and the respect for knowing what I want. See not only the individuals within me, but the individual that we are and honor the differences from others with the same toe-tag.

Please: Don't fence me in!

MV



Learning to hold hands and comfort each other, even though we are scared. — By Dana 4 and Others for D and Associates

From Craziness to Peace

By Chris

My reaction to the diagnosis of MPD? I hated it. I felt crazy — always crazy. I wanted to know 'why me'? Why did I have to have a "crazy" response to my past? Lots of kids are abused and don't wind up multiples. Besides, nothing so terrible happened to me. The abuse wasn't severe enough, at least not what I can remember. I *couldn't* be a multiple. I said I was making it up, lying. I was an extraordinarily good actress, I wanted attention, I imagined it, I read it somewhere. Anything was better than being a multiple. Better to be a liar, a malingerer, any kind of "sick", but not multiple. I sent an incredible amount of energy and time maintaining my denial. It was very important to me. In part, denying the MPD allowed me to continue to deny, or at least minimize, the extent of the abuse. It took on a life of its own. Oddly enough, it took the opposition and denial of a friend to jolt me into openly acknowledging what I secretly knew was true. One night I heard myself complaining to my therapist about her attitude, and the irony struck me. I realized that deep down I *did* believe the diagnosis. And if so, then I had to acknowledge and stop arguing and fighting about it.

I would love to be able to say that made all the difference, but it has been an uphill struggle. I am still influenced by the opinions of others. One friend, herself a victim of abuse, totally denies it. Another gives lip service to being supportive and believing but asks questions and probes me in a way which implies judgement and the necessity on my part to prove something. The worst reaction, however, was from a trusted friend/religious advisor. Having already been helpful and supportive of my attempts to understand my abuse in light of religious concerns, I felt he would be a safe person with

whom to share this newest information. To my shock and dismay, he attributed my MPD to Satan and attempted to "rebuke" the evil in me. Being a traditionally religious individual and believing in the reality of such a being, I was particularly vulnerable to this interpretation.

I have learned to be more cautious about whom I tell. I have found true friends who, while they may not always have understood, have always believed. They have loved me the same now as "before" the MPD. It is from these I have drawn strength and the beginnings of self-confidence. They are courageous people who are not frightened or threatened by what they do not understand. Instead, they seek to come to understand it. By doing so, they validate me; they reaffirm my worth. I am not simply a carnival freak show. I am a real live human being. My alters are real too, with legitimate thoughts and feelings, as well as legitimate reasons for being. Oddly enough, I asked my therapist how it felt to have a patient with MPD. After some thought, he responded that he didn't think of me as a multiple. I was surprised, to say the least, and questioned him further. He said he just thinks of me as Chris with others. For me, it was the perfect answer. He speaks to the others when they come to a session or when he feels he needs information they might have, but the fact of their existence does not rule all our discussions. Most of the time, some or all of them are listening in, even if they don't speak. My therapist has come to know that what he says will be heard by any number of individuals. That can work to our advantage or detriment. Those who are hypersensitive may listen in and get their feelings hurt without anyone knowing about it. On the other hand, messages of hope and strength have reached alters who would not come and speak openly.

On a more practical level, having a host of others can be both a boon and a hindrance. Talents and abilities are multiplied in the "one" individual most of the world sees as "me". Oh, but so are the flaws and idiosyncrasies, the fears and insecurities. There are embarrassing moments when I am faced with the evidence of another having acted inappropriately. This has happened a couple of times at work. We are still working on full cooperation and dealing with decisions made in the past by one or another which still impact on our life today. A long time ago, another abuse victim told me she would not change her past, despite the abuse. She said it made her what she is today. At the time, just beginning to deal with my own abuse, I thought she was nuts. At the very least, I couldn't understand how she could feel that way.

But now, I know it's all about self-love. I have MPD, and as I come to love myself more fully, I can say I would not want to be other than who I am. That doesn't mean I wouldn't like to change some of my circumstances or past events, but that's not the same as changing me. If being who I am means me — and the others — then that's what it means. I am a conglomerate. I may love it at times, and I may hate it at times, but it is ME. It is US. We can go on from this time. WE can learn to work together in harmony. WE can learn ways of cooperating and achieving happiness and success. I don't have to do it alone; none of us do. We have our inner helpers, as well as a small nucleus of understanding friends. There is still an awful lot of work to be done and certainly some difficult times ahead, but there has been a peace and a rest which has come with the acceptance of the reality of the MPD. We will be still and feel the peace.

MV

Therapists' Page

By Moshe S. Torem, M.D.

Dr. Torem is chairman of the Department of Psychiatry & Behavioral Sciences at Akron General Medical Center, Akron, Ohio. He is a fellow and current president of the International Society for the Study of Multiple Personality and Dissociation (ISSMP&D). He is also a fellow of the American Psychiatric Assn., the Academy of Psychosomatic Medicine, and the American Society of Clinical Hypnosis.

I like Walt Disney's statement: "If you can dream it, you can do it." That's why I encourage the development of positive imagery skills in my patients.

Some people think of imagery as the mind focusing on specific pictures, also called "visualization". But I view imagery in a broader sense, employing all the senses: hearing, taste, touch, smell, as well as sight. It may be true that actions count more than fantasy in some situations (you can imagine writing a term paper, yet if you don't write it down, you can't turn it in.) But it's equally true that if you can't imagine yourself doing something positive, it's difficult or impossible to start or finish the action.

The use of imagery for healing is not a new idea. For thousands of years, techniques of meditation, imagery and visualization were widely used, by the shamans in primitive tribes, to the physicians of Greece, China, and religious healers in various parts of the world. Only in more recent times did Cartesian dualism artificially separate the mind from the body, leading to questions such as "is it real, or is it just in your mind?" By denying the inseparable connection between mental and physical health, the so-called Age of Reason was not very reasonable at all.

The imagined experiences that emerge from guided imagery can have a particularly profound and beneficial effect on survivors of trauma.

This is because survivors of trauma usually have a high capacity for dissociation and self-hypnosis, so imagery "feels natural" to them. It's like second nature. They often think and feel in imagery, and process information in pictures and images.

The natural capacity for vivid imagery can also get such a person into trouble, with flashbacks for instance. Flashbacks, or intrusive images, can touch you in all five senses as well as in your feelings and thoughts. In flashbacks, patients may not only see but hear the sounds of

the people who traumatized them, experience the tactile sensations, the smell, the taste, and of course the feelings they had at the time of trauma: the fast-racing heart, the fear, the sense of helplessness.

By actively learning to create positive and healing imagery, the patient can indirectly learn to control flashbacks.

I'll briefly describe a few of the imagery techniques I use, but first I want to caution trauma survivors to ask their therapists for help with this. I recommend that people utilize their therapist as a sort of guide or mentor while they learn to use the proper imagery. Many people who are trauma survivors have a tendency to automatically imagine themselves in a hopeless future. The individuals who do imagery on their own may focus on imagery that is negative or self-destructive, and thus make their situation worse, not better.

The first, basic imagery technique I teach is the universal imagery for relaxation. I ask the person "Where would you like to go that would be most relaxing and comfortable for you?" The reply may be an ocean beach, or an inland lake or park, or the privacy of their home where they feel safe. Once the choice of location is made, I ask them to assume a comfortable position, hands resting in lap, and with eyes open, or closed, which ever they prefer. Most people go ahead and close their eyes. I just keep talking with them, pacing myself with their breathing. When the patient breathes in I say "That's right, breathe in," and then "Breathe out. And as you keep on breathing comfortably like this, in and out, notice how the inner calmness spreads all the way down, from your head to your toes, top to bottom, inside out and outside in." When the patient is comfortable with this, I say "We're opening a channel of concentration in which you may visualize yourself on your favorite ocean beach." And then I guide the patient through very specific details: to look at the sky, notice the color,

notice the difference in color between the ocean and the sky, notice the patchy white clouds and the waves as they break on the beach, white and foamy, one after the other, breaking and receding back. I remind the patient that this has been going on for hundreds, thousands, and millions of years. I ask him to notice the beach itself and the sand... is it yellow, or white, or gray, or a blend of these colors? Are there people walking or jogging on the beach? Are there seagulls or pelicans in the sky? And what is the sound, the sound of the waves breaking on the beach. I ask the patient to feel and taste the salt spray on the face. And I say "While you are experiencing this, notice what an incredible sense of calmness and relaxation has been spreading all over your mind and body, putting them in synch together. And you may wish to internalize that, and notice the inner joy and calmness." And I ask them to describe how they feel right then.

Once they experience this, with all the positive sensations and images, then it's easier to teach them to focus on the positive. Then they can go on to other kinds of images.

One very helpful kind of imagery is future-oriented imagery. As I mentioned earlier, survivors of trauma typically exhibit symptoms of what Lenora Terr has called a feeling of "futurelessness". They have a sense that there is no future for them, or it is very negative. They can't see themselves alive two or three or five years from now. Some people have such a limited sense of future for themselves, they can't even see themselves alive and positive a week from today. Part of the reason the phrase "one day at a time" is so popular is that it relates to this sense of futurelessness experienced by troubled people.

So I've worked out a number of imagery experiences I call "Time Trips". In one called "Back from the Future" I ask the patient to imagine herself fully healed, recovered, living

(cont'd on page 7)

(Therapist's Page cont'd)

in a healthy way. What would that be like? I help them focus on that experience so they don't get bogged down in the negative. Perhaps the patient is named Jane. I'll say "Now suppose you can visit Jane in 1998. Where would she live, what would she look like, what does she do? Does she work? Not work? Is she married? Single?" Once we work out all the details, I ask if the patient would like to see Jane of 1998, then come back and describe what she saw. If the patient says it would be interesting, we do a future-oriented guided imagery rather like this:

Visualize a time machine, to visit Jane of 1998. The time machine is invisible, and you the visitor from 1993 are invisible too, so she cannot see you or hear you, so you can go into the house or even be her companion without her noticing it. You can actually see what she does and where she goes. And then you can come back and describe to me what you see — or you can stay there and describe it to me while you're there. I'd like you to internalize these positive images of the fully healed and recovered Jane and describe them as an anthropologist would, one who visits a country and takes notes, and writes it down when she returns."

Some people ask me to be the copilot in the time machine, or to stay in the machine and guard it. Others say they don't want me to come but they want to be in radio communication with me while they visit the future. So that's what I do. It depends on the individual, what they prefer. They visit the future, do the exercise. I guide them in the direction of the positive, and then they come back and their assignment is to write up in specific details what it was like to visit the future.

When they write their descriptions, many of my patients use the past tense in writing. I see that as a very positive, productive sign. Because using the past tense means they are referring to something that, in their minds, has already happened. Even though it hasn't actually taken place on the outside, in their internal mind the recovery they imagined has already happened. They have hooked up with a positive image for healing and recovery. It becomes an antidote to their sense of futurelessness.

Before their next visit to the future, I ask them to write a letter to "the healthy Jane of the future", telling her she's going to have a visitor from the year 1993 who would like to interview

her. Would she be willing to accept this visitor?

After we get an answer, we take another trip. This time the patient meets with Jane of the future. They may go out to the theatre, the opera or take a walk in the park... they do something pleasant together. And then I specifically request that they eat together, either in the house, cooking together, or they go out to a restaurant, whichever the patient prefers. I like the eating scene, because both of them eat and swallow. The swallowing is symbolically an image of incorporation and internalization. The patient swallows the food and internalizes the positive healthy images and the pleasant experiences.

Next I add something else. When the person from the present interviews the one from the future, she is asking what her life is like, how she feels about relationships, how she feels about her spiritual life and so on. Then I ask the person from the present to tell Jane of the future about her struggles today... and to ask Jane of the future how she resolved these issues... how she stopped cutting herself, for example. And the patient comes back from this future-oriented imagery with some incredible insights! My patient of today is actually consulting with her future-self who is already recovered! Many of my patients have found this very useful and empowering.

Another Time Trip involves traveling to the past, and rescuing the Abused Child. In this, the adult of the present goes into the time machine that resembles a helicopter, to rescue the little boy or girl they once were. Often I go with them for safety, and we are both invisible, so the perpetrators can't see us. We fly into the scene of the trauma, and I keep the engine running while the adult finds and rescues the child. The adult tells the child that she is a special agent that has come to save her. She takes the little one in her arms and returns to the helicopter-time machine, and we return to the present. Once back, the adult "adopts" the child from the past, and cares for him or her, writing a journal letter where the adult promises to protect the child and nurture it to full healing.

This technique assists both ego-strengthening and self-parenting. The imagery says "This little child is in you. You are the one who will take care of it," and so it prevents all the problems of the therapist becoming the parent. It keeps the boundaries

more clear and shows patients that healing and recovery is their job.

After this exercise, one patient said to me, "I'll be darned. So many doctors told me 'You can't change the past. You might as well forget it and go on with your life. But you can change the past!'" She was saying that by rescuing the abused child, she had changed her traumatic history. This method helps people who sometimes feel stuck in the past. It's an incredible form of patient empowerment.

There are many other kinds of imagery that can help trauma survivors, such as symbolic guided imagery that uses symbols instead of concrete images. One type is the Red Balloon technique. In this script a client climbs a mountain carrying heavy containers filled with excessive shame and guilt. After finally reaching the beautiful mountain top, he finds a large helium balloon with a gondola attached. The containers filled with excessive shame and guilt are placed in the gondola and the balloon is released, to soar far, far away becoming smaller and out of sight, carrying away the heaviness of life and leaving the client with a great sense of relief.

A symbol of natural transformation is the metamorphosis of the caterpillar into a butterfly. And to help patients learn to control impulsive behavior, one can use the Tomato Plant technique, where in imagery a seed is planted, sprouts, grows tall, flowers, and tiny green tomatoes form. The patient learns to wait until just the right moment to pick the ripe tomatoes.

The chicken/cow manure turning into compost is another helpful form of symbolic guided imagery producing therapeutic healing relief. This type of image I found helpful in patients who experience their communication of past traumatic events as something filthy, smelly and dirty like animal excrements. The patient is told about the natural phenomenon of turning smelly, filthy cow manure into fluffy pleasant-smelling compost that is useful as a fertilizer for vegetable and flower gardens. Emphasis is also focused on the process of turning the cow manure repeatedly and mixing it with dry leaves and mulch, at times creating heat and steam resulting in the formation of the desired compost.

Self mastery can be enhanced using imagery of driving a car, and controlling its every move. And a safe way to remove persistent intrusive

(cont'd on page 8)

(Therapist's Page cont'd)

images, images that continue to distract *after* they've been thoroughly worked through time and again in talking therapy, is the Laser-beam Pulverizing technique. In this visualization, a paper picture of the haunting, intrusive image is placed on an easel, usually on an open balcony. The client goes into the building, and aims a laser-beam-gun (an imaginary weapon) at the picture. Poof! It vaporizes! We do it again and again, in imagery, until the traumatic picture is eventually replaced by a more positive or neutral image.

These are just a few examples of the ways people can work with imagery in their healing process. It works because usually our actions subconsciously match the images we have subconsciously in our mind. If we see ourselves in an outcome of failure, as hard as we try, subconsciously our actions will lead to that image of failure. But if the image we see in our minds, over and over again, has an outcome of success... our actions are much more likely to eventually lead us to a successful resolution of the challenge we face.

MV

Because we care**By Tracy P**

This poem was written about the hospital staff who cared for me. They had NO experience with MPD and told me they didn't believe in it.

You aren't leaving
Because we say so.
You don't matter,
We won't listen.
Just stay quiet,
Be a good girl.
Don't be honest,
Don't be open.
Keep the mask on,
Hide your feelings.

Just try feeling,
And we will stop it.
Locked doors and isolation
Are the rewards
For expression of feelings.
Do it our way,
Or we will punish.
You are kept in constant torture
Because we care.

Recovering

(This month we are printing Laura's reply to Rita M.'s column of April, 1993. Laura offers a different perspective to the question of a therapist "going inside".)

In April a reader asked how her therapist could "come inside and see where we stay and what it looks like and see everybody." Rita's answer was that the inner world is a psychologically constructed place, without form, shape or physical substance, and she suggested mapping (drawing the inner world and parts.)

Although I agree with Rita in the literal sense when she says that "no human being can go inside another human being," I do think that someone can come inside you in a different way.

We too have longed for our therapist, Sarah, to come inside. What we mean is that we want her to see things from our inside perspective, not from her outside perspective — to see them from the inside of us looking out, not from the outside of her looking in. Once, when we were very little, we bruised our leg. Our mother didn't understand how much pain we were in, and we said to her, "Touch it, Mommy, and you'll see how much it hurts." That is the kind of thing we mean when we say that we want Sarah to come inside.

It is not just a physical place that we want her to come into. It is an atmosphere that envelops us and that is totally unrelated to the outside world. When we need to communicate with the outside world, we run things through a translator. We have become pretty good at translating, and most of the time outside people don't realize that it is not native to us. But we don't belong outside. We belong inside, which is the only place that we do not need the translator.

At first, Sarah didn't know how to come inside even though she wanted to, and we didn't know how to show her the way. But

little by little, as we have been working with her and she has come to understand what our multiple world is like, she has started to be able to come inside. The first getting in was the hard part. Once she started to get in, she has come back again and again, and each time she gets in a little farther. (Even though we want her to be able to come inside every once in a while, it is important to us that she maintain her outside perspective most of the time — she needs her outside perspective in order to help us.)

Recently, Sarah watched StarTrek-VI with us. There is a scene in the movie in which Kirk and Bones are prisoners in a dangerous, hostile, freezing place like Siberia, with a magnetic field all around that prevents communication with the outside world, and where bad things happen to you. You have to be on your guard every second, even when you sleep. It is a little like the second level in us (we have three levels.) We knew that the movie was not exactly what the second level was like physically, but it was close in feeling and atmosphere, and we wanted Sarah to see it. After we watched the movie together (not the whole movie, just the part that was like the second level), we did feel that she could be in the second level with us — that she could see it and feel it from our inside perspective.

Sarah still hasn't come inside all the way, but each time she gets in a little more. When she comes inside to places where she hasn't been before, we feel so good. We had been alone in there for so long without anyone knowing we were there, and now Sarah knows.

By Laura

MV

Sharing is Learning

Dear Readers:

I want to thank you and encourage you to keep the ideas coming. The last weekend in March our system was in crisis because Easter was coming. A part was suicidal. At therapy we had formed a fellowship within to watch this part, and made a contract with our therapist. We had already contacted a support line twice that weekend.

Then we received MV. It changed things for us. The Bowl of Ice idea from Linnie for Muffin worked for this part. It allowed her to feel the pain she feels she needs. It also brought her back to 1993 from 1955. The markers-on-the-skin-for-scars idea from Glenda and the Gang worked too. It got her to see the scars and feel them without hurting the body. She is having a hard time gripping the fact that she tried to do good and be kind to others. She is a gentle person to have witnessed such horrors. She wrote her flashbacks of cult activity on small pieces of paper and put aside in an envelope for later.

Please offer our warmest thanks to the readers who sent in these ideas and encourage others to tell what you know that helps. I think if MV didn't come that weekend, this system would have been in the hospital or worse.

By Karen, a Guide within Diana



Unnoticed

I wish I were a rock.
When I die, I want to
be a rock when I'm born again.
I'll be in the river and water
will rush over me.
I'll be in the meadow and
a kid will sit his butt on me.
I'll be part of a high mountain.
The sun will shine on me,
then the snow will cover me.

I wish I were a rock.
I want to be here and
feel the water, the sun, and the
wind.
And nothing more.

By Jasmine G.



Kaleidoscope

I am like a kaleidoscope
many colors and many parts,
some very close in hue
some very different.

sometimes parts group together
and form an organized pattern
other times it is just chaos
with each piece going its own
direction.

some patterns are beautiful
and make sense.
some are so scattered, there
seems to be no semblance of
sanity.

...ever turning, ever changing,
stability merely a dream so far
away.

people use the kaleidoscope
to try and find the pattern of their
desire.

but often the pattern is not there
and they go away.
other people are happy just to see
the colors
and stay around for awhile.

how do you make the green pieces
into pink pieces
into blue pieces into yellow
pieces...
or do you?

By Mary S.

MPD

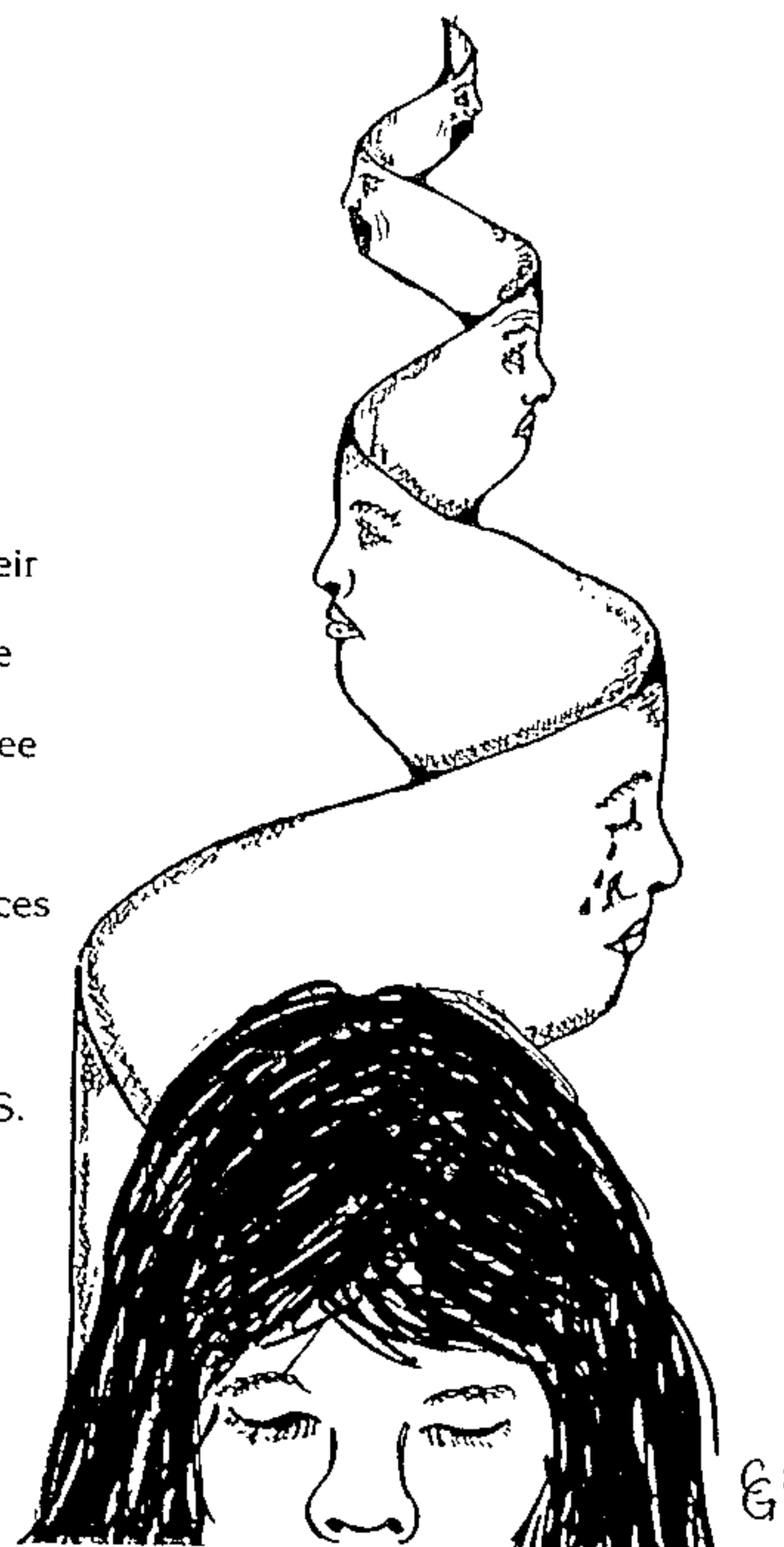
MPD — state of mind
for a mind devoid of alternatives
Living in snatches is better
than the emptiness of no recall

MPD — breaks up feeling
portions it out
Others claim the memories
of feeling weighted time

MPD — the freak
of abducted time
I, hostage
of our troubled mind

MPD — best choice
of another time
I'm left to cradle others
in passage from we to me

By Mary Jane H.



Diagnosis — We Search for Meanings

Thank God for Nan. She began this journey in 1985 alone and ignorant — except there were real people in her head talking to her. She named them the "headpeople", and begged therapists to please take her seriously. That took until October 1989. They drugged us to get rid of the voices. It worked too, until we went off the Meds. The headpeople were/are still here.

Call them what you want. You have to be comfortable inside with your labels. The most important part is harmony in the co-conscious.

My case manager taught me that the labels don't count. It's not to overdose, cut, burn, run away — all the things these labels cover. It's not important what label the personality has if they are holding the razor. (I have a problem with that. I fight it, but it gets very hard.)

What labels should be used are acceptance, something we never had as a child; safety; love within towards each other, self-esteem, happy part of the time, healthy use of emotions, etc. These are the things under DD-NOS, MPD, Fragments and Ego States — daily life or survival. It's you being YOU, not someone else inside or a famed idol. It's just coming to terms with "OK, I have this. Here's my next step."

That sounds simple. It isn't. It's hard. The only reason I have come this far is the grace of God and all the helpers He has given to me. Having Him to trust in gives us the feeling and knowledge that I am never alone.

Which is impossible for MPD. Someone is always inside with you. I just know I never would be this far without God.

By Martha in the Stacy Person



My name is Twelve and I am one of fourteen alters that make up DV. I like to write and at least for now I am the one most in treatment.

When we got diagnosed with MPD almost a year ago I felt really happy and relieved. For a couple of months before our therapist suggested we see a specialist for a diagnosis I was reading stuff about MPD and I just "knew". When it was official, it was like my life made sense for the first time ever. We always thought we were 'way too forgetful, 'way too spacy, 'way too unobservant. It seemed as if 10 times more people knew us than we knew — they would call us by name and it would feel so stupid to not know who they were. And lots of times we would be driving or in a parking lot with no idea why. The worst part was we really felt mentally deficient and lots of people treated us that way, by making jokes about how spacy we were, or how we needed a fulltime caretaker... stuff that was funny to everybody but us. All of a sudden, when an "expert" said we have MPD it was like "Wow! We aren't deficient! We are *adaptive* and *creative* and *smart*! I always felt as if I was smart, but nobody else knew it so I'd question myself. Now I question myself less and less.

There's been a bad part to the diagnosis. I told a friend who I thought would be real OK with it and we lost her as a friend. It bothered her too much that things must have been that bad in our lives, so she can't be around us anymore. We think bad stuff happened to her too, and we make it hard for her to block that out anymore.

One more thing is that one of us is married and the marriage always was like a challenge. And now the husband sees the diagnosis as proof that stuff won't ever get better, so that's good and bad. It means he treats us like friends now (no sex) which we all

like a lot (except maybe the one he was married to) but this is real new, so we don't know how it will go.

We have PTSD too, which we've known for two years, and what that means to me is that stuff happened real bad to us when we were too young to handle it and when we didn't have anybody to help us. Now that we have some of our memories we know inside that we can survive remembering, 'cause we're older and because we have our therapist, who is super-wonderful and holds our hand and heart when stuff is real hard.

By Twelve



Diagnostic Labels — to me that is a real can of worms. At one time or another I have had ten or eleven different diagnostic labels and I don't think they were helpful to me. It is all very confusing. I wish they (professionals) would make up their mind for one thing... and I'm not sure if it is important. I am not a package you stick a label on and hope it reaches the right destination. Labels seem to serve some of the insurance companies the most, and even here it is confusing... for one diagnosis may receive more extended coverage than another. The real kicker is the NOS stuff (DD-NOS) which means to me they don't know what to call me today.

In my recovery I try to stay away from diagnostic labels and let them call me what they want. In treatment I feel the behaviors that are causing me problems are more important than any artificial category someone wants to put me in.

For me, I am a system of parts. All parts have or did have a purpose. All parts are or have been necessary for the system to operate and survive. Some parts

are becoming obsolete and as the system is improved and updated, they can or will be eliminated.

This is the way I like to think of things, and I sometimes get upset and angry over the whole diagnostic jumble. I still have problems getting professionals to agree.

By Carolyn K.



I have been reading your newsletter for about six months and have been helped in knowing that there are others who share the same diagnosis that I have.

I am 38 years old and was diagnosed as MPD about five years ago. Losing time and hearing voices from either inside or outside never bothered me since I thought it was normal. Finding myself in strange places and not knowing how I got there was also normal to me. People telling me that I lied to them or that things in my possession weren't mine was also normal, and I didn't worry about that.

But last year I really started to fall apart. Suddenly some people were becoming concerned about my behavior, and that wasn't normal. I found a counselor whom I trusted enough to talk about these problems, and while I was telling him these things I have also asked about some strange dreams/memories that I'd been having. He listened to me and believed me and then said it sounded like I was also a survivor of SRA.

I admitted to him my background in that and since then things have really broken loose. I'm now seeing a therapist who is experienced in both MPD and SRA.

The reason I'm writing is that I'm feeling very alone. It's good to know that I'm not the only MPD/SRA, but where are the other men? I have never seen or heard of other male SRA survivors. Could you please help me find if there are others out there? I don't know if I can cope remembering the other boys who were there, but that they are no longer alive.

By Raymond and Friends

Years ago it seemed that terms were expendable. When a therapist decided that you didn't fit into the diagnosis of the day, he simply changed it. When most of the fanfare and glory of using that diagnosis died, he simply passed you on to another form of therapy, another therapist, or suggested that medication (for the rest of your life) was the only solution.

All of a sudden, someone you're passed off to or meet in passing has The Answer. But wait, you think... another title? Another something-or-other that you will probably have to conform to or forget it all? Maybe the solution lies in yourself. The end to this is to end it.

Suicide, however, is not the way out — for you've been outvoted. The inner guides and children want to live and the round table quickly gathers to outline methods in which to exact a richer lifestyle.

You begin to listen and decide to take a chance on this new label. Perhaps, you think, I'll fire him in ninety days if nothing happens.

Ninety days have now come and gone. It's been a long uphill climb for now seven years. The difference is visible, perhaps sometimes only within me, but the primary focus of therapy is evident.

Terms and/or labels are often used as a crutch. As parents and educators we often provide terms for children and find that they then attempt to fit into that mold. Many of us are not so dissimilar. Many, like me, have attempted to use these labels to excuse the wrong they've done or to say that they cannot... for someone or something inside is not ready to do it.

The challenge becomes one of accepting that what's been done is due to a development of that personality and realizing that it is not that one who did it. Now I know that issues in my life caused me to seek refuge within. It has been a struggle to realize that when a child or angry adult acts out it is ME. I am responsible for what they do or say. I am not, however, responsible totally for the abuses and injustices that were dealt to me.

Titles, terms, labels — a name by any other name. Pain, trauma, stress and depression — PTSD. Daring to do or die — DD. Mercy, prayers and deliverance — MPD.

Terms are expendable. Me and mine are not. Once we are one, we shall all be free.

Written by the Round Table:

Justyn, Butch,

St. Anne and Kathryn



Diagnostic Labels — do they really mean anything? This has been one of the most difficult topics to write about. I wish I could just simply say how I/we relate to the diagnosis of MPD, but that's impossible.

It has been a few years since we received this diagnosis. The internal conflict is still the same. Some are relieved because it's the first of many diagnoses that seems to fit who we are as a person. It recognizes and acknowledges that there are many of us — not just people, but animals, insects, and spirits.

Some are angry because individually they believe they are a complete person, not one of many in the same body. Some are confused because they don't yet understand what MPD is or how it works, or how we are all supposed to function as one person. Some are very sad because it makes the dream-like memories more real somehow.

So far as therapy is concerned, now there's progress. Finding each entity, hearing their story, healing the pain and welcoming each into our system can finally be accomplished. But it's the hardest work any of us has ever done. Sometimes it's so hard that we just want to die rather than accept the pain as the reality that it is. Luckily, we have a kind and patient therapist who supports us as best she can. She gets frustrated too. But we're trying our best.

So you see, I, as the Host, didn't know what to write. I have

(cont'd on page 12)

(Search cont'd)

spent weeks agonizing over this. Is there anyone else out there suffering from similar confusion?

By D. & Associates



I have found the diagnosis of MPD quite liberating. Before my present therapist, I had two therapists who would ask me, based on my journaling, if I was MPD. When I answered I didn't know, they asked me if I lost time. Since I had no knowledge of losing time, they decided I could not be MPD. When I did get the diagnosis, I found I had tools to work with that had not previously been available to me.

Before the diagnosis, when I woke up in the morning, I would always lie in bed trying to remember what I had been like the previous day, then fit myself into that "mood". Frequently it was quite negative, but I accepted that it was important to be consistent; after all, this must be who I am! Now I can joyfully accept switches from these negative states and accept that I am someone different today.

Before the diagnosis, I had a great deal of difficulty accomplishing things; I would make lists of what I needed to get done, but that was almost a guarantee they wouldn't be accomplished. I would get angry and feel totally defeated. Now I accept that not everybody inside has the same goals as I do, and I treat the other parts with respect. We are frequently able to negotiate agreements that work for every one of us, and we all feel we have gained. My life runs much more smoothly now.

Thinking of myself as a multiple, I can comfort scared parts inside me rather than reacting and letting all of me get scared. Situations that I would previously be unable to deal with, or handle only with great difficulty, I now realize are troublesome for only parts of me, and if I search, I can frequently find someone inside

who CAN handle this particular situation.

I am very glad I now think of myself as a person with MPD.

By J.W.

I've been diagnosed DD-NOS for about four years now. I'm able to write these comments about the name of the disorder, and to write them as "I", because, as Mrs. Slocombe on the TV sitcom *Are You Being Served?* loves to say, "We are unanimous in this." That is, to the best of my knowledge as the hostess personality, I and all of my alters are in complete agreement in disliking the name. DD-NOS is so non-descriptive that it makes me (i.e., all of us) feel as though I might just as well be diagnosed "miscellaneous," as though the disorder is so rare and inconsequential that the professionals needn't bother naming it. That's the *feeling*. On the thinking level I understand there is in fact an attempt being made to come up with a better name. I really like the word "polyfragmented" which once was used to describe one of the dissociative disorders — now *that's* descriptive!

I'd like to share the following recollection that came to me recently, prompted by my thinking about the DD-NOS label. Years ago, a local supermarket had a problem with some extremely tiny insects that were boring their way into packaged products such as cereals, cake mixes, etc. Consequently, a lot of their customers had an infestation problem too, and I asked our exterminator what these little bugs were called. "Confused beetles", was his reply. I thought that over for a minute or two and then asked him what the beetles were confused about. Reply: "Oh, *they're* not confused, lady! It's just that there are so many of them and they're so hard to see and it's so difficult to tell the differences between the kinds — *we're* confused about identifying and naming them, so we just call them confused beetles."

By Patti H.

MV

Resources

(Remember friends... you're on your own in judging the safety of any resources you contact. We cannot 'check them out' for you. L.W.)

Add your 2-cents worth to the National Health Care debate! Our reader Pat S. says "I have written but I believe the more people who write about the many insurance problems people with MPD/DD have, we will become 'Many Voices.'" Address your concerns to Hillary Clinton, c/o The White House, 1600 Pennsylvania Ave. NW, Washington DC 20500.

Therapists and counselors with MPD/DD Support Group, now forming in LA/SFV, CA. A safe place to let the "secret" out and be yourselves. Confidentiality highly protected. Write if interested to Cari Grace, Psy.D. at 2219 W. Olive Ave., Box 235, Burbank, CA 91506.

Forces Joining Together is a new support group for MPD/DD in Tucson, Arizona. It is also expanding into a non-profit referral-resource service. For information, write to PO Box 43919, Tucson AZ 85733-3919.

"Supportive Alters" self-help group wants to correspond with others. Write c/o J'me Lee Hood, Rt.#1, Box 1692, Starksboro VT 05487-9707.

To Tell the Truth: America Speaks Out About Incest and Sexual Abuse! August 1, 1993. In New York, and simultaneously across the nation. Sponsored by *Bread for the Journey* and co-sponsored by Women's Studies Program of Hunter College. This free event needs more volunteers and donations, leads for funding sources, contacts for publicity, printing, art work and services. To assist, call Cheryl at 212/478-9307 (New York) or National Headquarters (New Mexico) 1-800-578-1292.

New workbooks for treating sexually abused children. Three age groups. Also *Manual for Structured Group Treatment with Adolescent Sexual Offenders*. Write to Jalice Publishers, PO Box 455, Notre Dame, IN 46556 for details.

Labels, Labels, Labels!

I was diagnosed as having PTSD about 2½ years ago and at the time it was a major relief. It seemed that I acquired a new diagnosis every time I saw a different doctor or therapist, and over a period of ten years, I had seen a few. Each time I received a new diagnosis, it left me feeling increasingly ashamed of myself. My family doctor and various psychiatrists tried about every antidepressant and anxiolytic and once even an antipsychotic without measurable changes in the way I felt or in my depression.

With the PTSD diagnosis I finally felt like someone was recognizing that I had been hurt as a child and my lack of improvement wasn't because I wasn't trying. PTSD explained why I had been having flashbacks, nightmares and unbearable anxiety. Because I rarely had a memory to tie them to, my therapist and I had been looking for different alternatives or adjuncts to individual therapy. After being hospitalized in my hometown for almost a month last summer without much improvement, I went to a hospital that specializes in the treatment of dissociative disorders.

The 15 days I spent there were more beneficial than any of the month-long stays I had at other hospitals. Most of the women at the hospital had a diagnosis of MPD. For the very first time in my life I felt like I belonged with a group of human beings, and it was the first hospitalization that I didn't feel ashamed of myself or "crazy". We could all share the same story with a few variations. Our lives had been very similar, we had suffered much abuse and were never able to tell anyone. The validation I received was incredible and enabled me to progress immensely since returning. It did create one problem though. Because my memories are so limited, I felt that without an MPD diagnosis, my abuses couldn't have been all that bad.

I still struggle with not having an MPD diagnosis, but am gradually becoming more

comfortable with just *being* and not trying to put a name to it. My therapist knows that my childhood was very abusive and traumatic. I know on a cognitive level. When my therapist asks, I just say "it happened in the fog", and he knows that my recall of the incident will be sketchy. I know that we are both seeing a side of me that I have hidden so carefully for many years. I know that I am feeling more like a human who can *feel*! For now there is much pain, but I know that someday there will be JOY. I know that I am alive!

By Kathy M.

I have a lot of trouble relating to the diagnosis of multiplicity. I don't lose time that much, etc.

What *does* work for me, however, is the treatment I'm getting at my current therapist. Her suggestions *work* most of the time. The treatment works. My diagnosis is very private to me and she respects that. She does help me face "here and now" issues: how I can make my life work *now*. I think we both focus on the treatment rather than the diagnosis. Although it is important to accept the diagnosis, it is perhaps more important to treat it properly in a way that allows the client to deal with life's challenges in an appropriate manner. The diagnosis is simply a linguistic convenience. It is the nature of the treatment that matters most to me and to my little commune!

By EAH

I want to know why there is so little written about DD-NOS, if there are supposed to be so many more people with it. I think that the disorder is on a continuum. If that's true, then we all have the same illness and it should have the same name, but MPD is not accurate. Maybe we should name the disorder ourselves, rather than letting the doctors decide on a name. It would be a lot less confusing and may make it a little less thrilling for the media, don't you think? (Except, I want to be

sensitive to those who believe they do have more than one personality — so maybe that idea won't work so well for everyone.)

I have a very hard time explaining just what it is I'm in therapy for, although I do want to be understood by someone other than my therapist. Since most of my differences are internal and don't show up outside therapy, even those who are close to me can't see the problem. I don't often "hear voices" (if I have heard them at all). I'm just undecided about things I probably should have a handle on by now, especially when it comes to intrapersonal relating. My best option so far has been to keep my mouth shut about therapy to others. The only one I can talk to who understands is my therapist, who, although he diagnosed me as a DD-NOS (a vague, 'misfit' diagnosis) treats me as if I have MPD. I'm getting a double message. It would be great to hear from others who are "in-betweeners" like me.

By Chris M.

As a new subscriber, I was feeling discouraged concerning DD-NOS, PTSD and Ego States. Being DD-NOS and Ego States is frustrating and isolating. I'm tired of people saying "which part are you?" and "what is your name?" This confuses the hell out of me because I am a family of selves that make up the visible self. I always know I'm Tammy but my behavior is also alien and confusing. I can feel the stress of other parts without the emotional connection to them. I don't feel like other people. I sometimes feel I'm lucky because I didn't dissociate my memories (as far as I know.) But my feelings were dissociated. I can spout out abusive episodes like a machine due to this. People just assume I have MPD therapy. I would love to know how other Ego-State clients feel about family, therapy, and just coping with everyday situations. I'm tired of being called a "fake" or "almost multiple" by hospital staff and a few family members.

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(Labels cont'd)

Most ESD clients are not as amnesiac as MPD clients and do not experience the degree of separateness. This creates a whole new ballgame. Multiple therapy is alien to me and I would think my therapist was crazy! (no offense intended.) For me, being non-amnesiac only heightens the feelings of differentness and can be exasperating to a point of being out of control. I think it would be easy for ESD clients to compare themselves to Multiples. This is very self-defeating and can hinder therapy and the whole sense of self. Therapists would do well to remember all eggs don't go into one basket. I believe the DSM-III is the greatest mistake ever written. Like most DD clients, I am on a constant search for identity, and putting us into a category is not the answer for DD people. We did a pretty good job of that for ourselves. We are of one family, and labels should mean nothing.

By Tammy S.

A diagnosis gives me a framework in which to understand myself. It helps me realize that my feelings are not abnormal and my actions are understandable.

Prior to my MPD diagnosis, I was diagnosed as depressed and having Post Traumatic Stress Disorder. I did not realize how these labels affected me until a hospitalization one year ago. During that hospital stay a psychologist stated I did not have Post Traumatic Stress Disorder and I was probably making up some abuse that I said occurred. He was referring specifically to the ritualistic abuse flashbacks that I was having.

I was shaken by this diagnosis. I know what my experiences are, yet it is often difficult to accept that reality. Outside validation is important to me.

Eight months ago my therapist diagnosed me as MPD. It was almost six months later before my psychiatrist included MPD in his diagnosis. Before he did this I wondered if he believed me. He even met several personalities, one of which asked him if he "believed in us."

I do feel more comfortable and assured when the main professionals in my life see me as I know I really am. I understand that labels can be restrictive and rigid, yet to me, a correct diagnosis is not a label but a framework. The diagnosis gives me a place to start, a way to help understand myself and help validate my experiences.

By Nancy F.

I am diagnosed DD-NOS. It seems like the right diagnosis because of all the things I'm not. I'm not just Dissociative because I do have an entire system, with layers of defense and identifiable alters. But I'm not MPD because I never lose time and my alters never assume full "executive command". In fact, they only show up clearly in hypnosis and I'm always there too, wondering if I'm making them up.

But knowing the things I'm not doesn't tell me what I am. Dissociative disorders are often described as a continuum, with MPD as the defining extreme. DD-NOS is thus less of that extreme. But sometimes I wonder if the category of DD-NOS includes dissociative strategies that are not just less extreme, but different. For example, MPD seems to be very boundary-oriented — when things get tough, I imagine that an MPD person moves across an amnesiac boundary into another alter. When things get tough for me, though, I seem instead to turn everything into dissociative soup — I obliterate all boundaries and mix my pieces up in a general-amnesia fog that makes it hard to form current memories, let alone retrieve old ones. I wonder if this makes abreaction more difficult for DD-NOS people than for MPD people. It's certainly difficult for me.

Maybe there is no true continuum, but instead a whole tangle of paths all trying to get away from the originating abuse. I certainly don't think I'd rather be MPD than DD-NOS. I like my functional life and my pseudo-continuity. But I hope that someday "Not Otherwise Specified" gets specified. Until then, I slide too easily from NOS

to Not Really Severe to Not Really True. Or maybe it's just me who needs to do some specifying — to ignore the categories and say: these specific people did these specific things to me, and this is how I, specifically, responded. In all this struggle, MANY VOICES makes a difference. I think I crave a "real" diagnosis because I crave a community — a group made up of all the other people who have the same label. Maybe the diagnostic category I can best accept is that of "all people who checked *client* on the MV subscription form." Looks like a good group to me.

By Karen W.

It is painful for me to read MV because I see so little that relates to my particular type of system. I have the type of system where all of my parts are hidden under a large wall of some sort, and while I feel their influence, pain etc., frequently... I still have not yet been able to make direct contact. (I have been in therapy for many years with excellent clinicians... so treatment skill is not the problem.) It causes me pain to be so closed off from what most articles focus on... to be reminded page after page of something still inaccessible to me. Even requests for artwork feel like a type of rejection, since we would so love to be able to communicate as apparently so many others are able to do.

I do want to say that this type of system has not been all bad, and sometimes I am grateful for my high-functioning, etc. Also, it appears that I am making some headway in this "getting-more-in-touch" business.

I am writing this in the event that it is relevant for others out there like me. Everyone's systems and needs are on different schedules.

By Irene

(Readers who have the same problem relating to the articles and art in MV, or who have other comments, are invited to write to us. We will forward relevant comments to Irene so she feels less alone in this. — LW)

Having PTSD and MPD

By Susan and Beth

I thought I knew everything about myself and who I am, but I'm not so sure anymore. My doubts about myself began when I, recently, learned I have PTSD. A week later, when my doctor told me that I also have MPD, I was even more confused. I didn't know I could have so many feelings at one time. I felt crazy and alone and lost and I did not know what to say to my doctor. I also felt as if the life I thought I had did not exist anymore. The scariest thought I had was that I wanted to die. I thought about suicide. A friend had killed herself as a way to end her pain. I thought that was a possibility for me. Someone stopped me, though, and my doctor said I did not need to die because I could get better.

Going back to therapy, after learning I have PTSD and MPD, is harder than it usually is to go there. In therapy, I am struggling with talking about MPD, especially

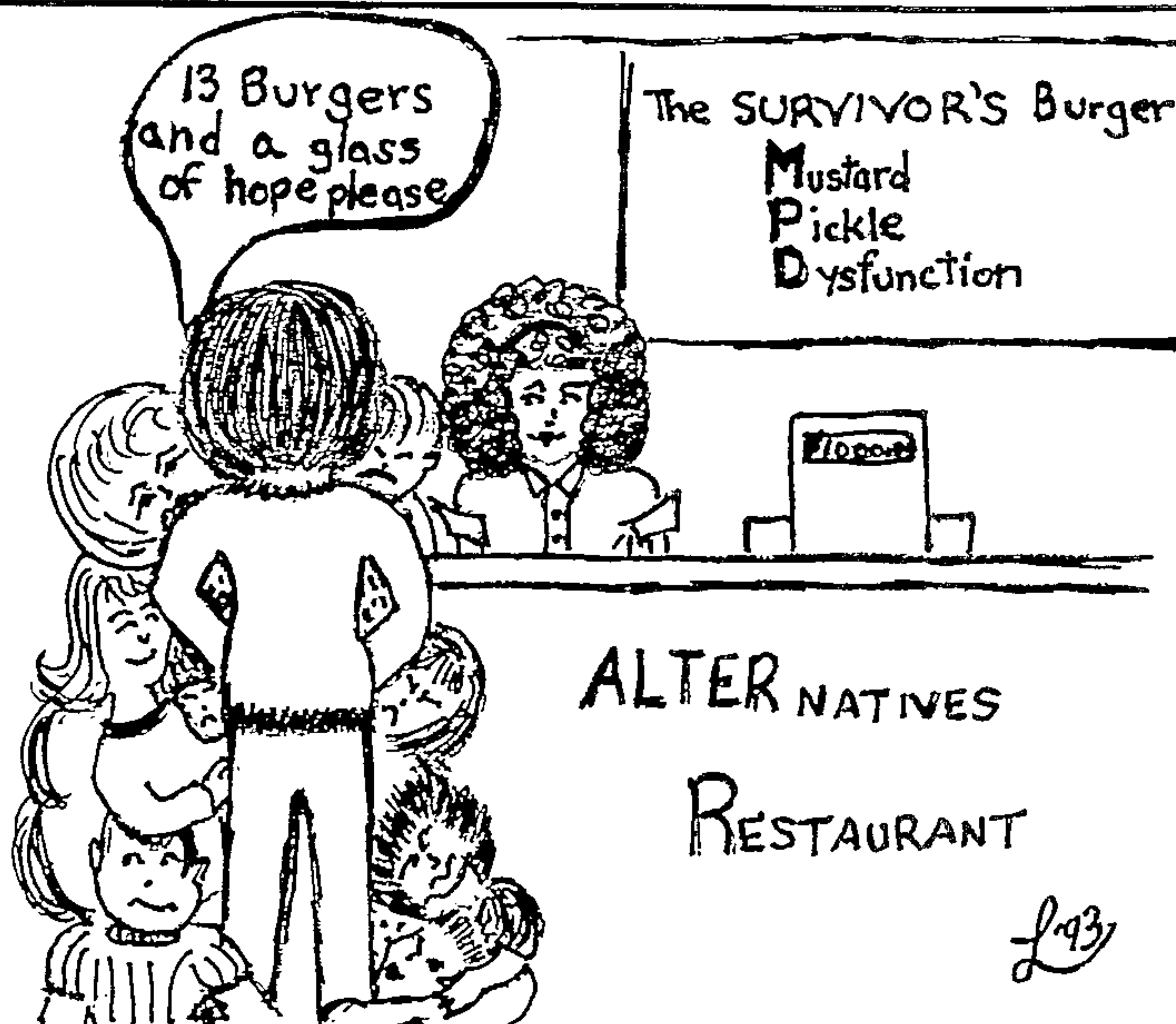
in saying that I have MPD. One afternoon my doctor asked me to try to tell him that I have MPD. That was very hard for me to do. When I did tell him, the tears came around again. I wondered if I was supposed to feel better after saying I have MPD. I hoped that if I held on tight to his hand the MPD would go away. Of course that did not happen. Instead MPD has become another wall for me to climb over. This wall is the tallest one I've encountered so far. Because of its size I feared that going over it would take a very long time.

For awhile I wished I could just walk around the wall or away from it but I knew I wouldn't get better if I did.

The two hardest things I've ever had to face up to is knowing I have PTSD and especially MPD. The seven operations I've had since 1986 have been easier to bear than having PTSD and MPD

is. The operations have not changed the way I think about myself as much as PTSD and MPD have. Telling people I have MPD is extremely difficult for me. I agonize over telling someone I am close to because I am afraid they will no longer want to know me. As for the few people I have told, including my doctor, I haven't yet been able to look into their eyes as they listen to me tell them I have MPD. And that is transformed into hiding from people after therapy, for a day or two, sometimes longer, and hesitating to answer the phone or call anyone or go places where there are lots of people. Letters are also hard to write on the day I have gone to therapy. So I will continue to hide until I am better, until I have gone over the MPD wall and discover who I am.

MV



What's Good (and Bad) About Post-Traumatic Stress Disorder

By Cathy M.

What's good?

For one thing, I understand it. Back when various professionals were telling me I was depressed (which was not news to me), they could not tell me exactly why. It took me years to realize this. They would say things like, "You are locking up your feelings instead of expressing them." And they would act like they were going to show me how to express my feelings instead of locking them up. And I would feel less depressed. I would start expressing my feelings and wind up knocked in the head as well as depressed. And they never got into the important question of *why* I was locking up my feelings. Gradually I realized we weren't speaking the same language, me being an accountant by profession.

Post-traumatic stress disorder, on the other hand, is easy to understand. You suffer a trauma, which is a really bad thing, like a death or a hurricane. Got that. You go into Adrenaline Mode to deal with the trauma at the time it's happening, then crash later. PTSD (as it's called) is basically the crash.

Not only that, but there is an established, proven recovery from it. Your professional sets you on the road to recovery, and nature takes over.

Further, the diagnosis of PTSD has a little flash to it, because it's what the Vietnam veterans often suffer from. If I told people I suffered from depression, they would leave the room in minutes. But if I say, "I have Post-Traumatic Stress Disorder, like the Vietnam veterans," people look at me with respect, as if I'm being patriotic or something.

Of course I had to learn not to actually describe the particular trauma that brought on the disorder. Leave it mysterious, that's the key. People usually are not too curious, and if they ask I say 'childhood trauma', which I hope

will bring on pictures of car accidents, but which usually gives the show away because people have learned to associate childhood trauma with childhood sexual abuse and that's not classy at all. So I try to leave it mysterious.

Sounds good, doesn't it?

What's Bad:

The cut and-dried recovery process also happens to be long and incredibly painful. I am sure a benevolent God exists somewhere who, for some reason which is not twisted (because how can a benevolent God be twisted?) decided that human beings, to recover from trauma, must live through it twice. Maybe it's because he got mad about Dante for inventing a way out of hell through the bottom and decided to demonstrate for good and all that this is ridiculous, that human beings who happen to wind up in hell while still living have to by God walk all the way to the bottom and back up to the top again, and they're not going to get off easy.

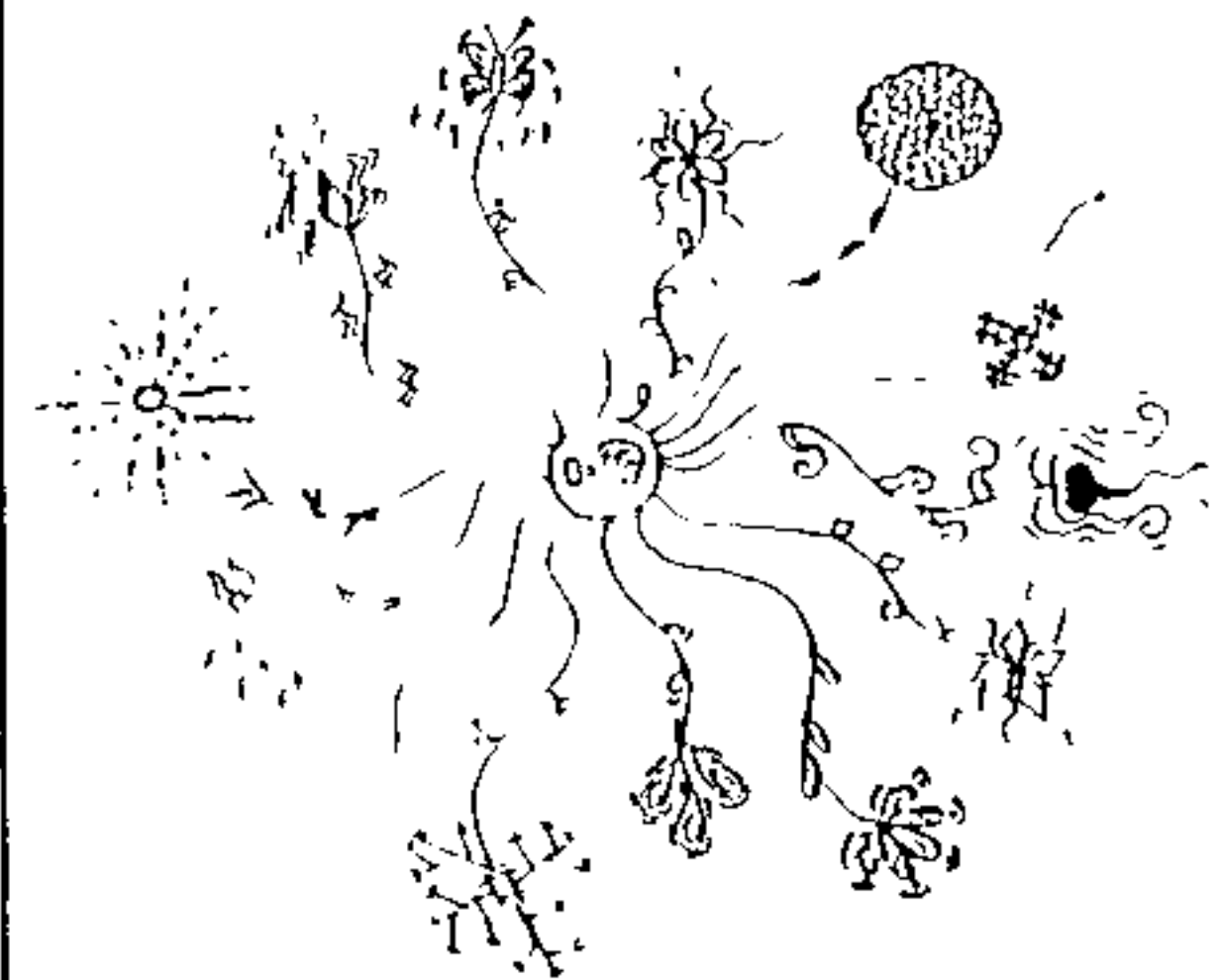
I first lived through the actual trauma itself. That's once. Are you counting, God? Then, as I recovered, I began having things called flashbacks which are identical to the actual experience except that they happen while I am trying to put the children to bed. I began to feel like those babies born with a lot of defects who need a lot of operations, because I would have a flashback, go through the "Jesus I can't believe it actually happened" period, feel better, feel human, which was the signal for another flashback, which my wonderfully-ordered mind had arranged so that each one was worse than the last, until I really began to wonder if death was that unpleasant.

However, the experience has made me a better person, because I am definitely anti-trauma. That's

why I oppose the death penalty, because death is very traumatic, not only for the person who dies, (after suffering, in our society's efforts to avoid cruel and unusual punishment, through ten years of appeals, execution dates, last-minute stays and careening hope and despair), but for those who witness, those who condemn, and our entire society. It is impossible to rule that a person is not fit to live or to carry out the ending of his life, without trauma. No attempts to dehumanize a person can de-traumatize the ending of his life. Soldiers know it. I know it. And it's about time our society learned it.

MV

Everyone Has a Flower



Drawings of flowers

Scattered throughout our lives.
Now we know why,

And with help we search.
We search for the hidden ones,
Those with so much pain.
Someday our flowers will be
complete,

And no one will ever have to
hide again.

By Us (93)

Diagnostic Labels

By Karleen

The first label I recall was *idiopathic epilepsy; psychomotor seizure state*. (That doesn't count "Baby", "Cootie", and "Pee-pants" when I was in 4th grade — I'd had a seizure on the playground and wet myself, but the diagnosis didn't come until much later.) I was in college. It was my second semester and I was hospitalized for a week of neurological testing: spinal fluid exam, electroencephalogram, pneumoencephalogram, and cerebral angiogram. Over the next year I experienced numerous neurological seizures, but more disrupting were the psychological seizure-like episodes that were not clearly epileptic. On campus I'd wander into buildings where I had no class. I'd be on the phone and not know why or whom I'd called. At home I'd fall off the ladder when I didn't want to help my Dad wash windows, or I'd fall down in the side yard and the lawnmower would go out to the road. I was treated in outpatient psychotherapy for nine months and then hospitalized when I reported chewing on my hands and my knuckles bleeding at night.

The next label was *runner*. When I was frustrated by therapy in hospital I'd run. There was no goal to which I'd run, just run from whatever was frustrating (like being forced to attend dances with strobe lights, weekly psychological testing sessions, large group meetings.) If I didn't physically run off the unit, I managed to "leave" by dissociating, which was a regular occurrence during one of the largest meetings of the week. Since this hospital unit was "open", my running away could not be tolerated very long and I was transferred to a state hospital.

The state hospital also had a label for me: *mental deterioration secondary to seizure disorder*. Whatever that meant, I don't know. I don't consider myself mentally deteriorated. My reputation went before me, though, and I was on locked units four of the six weeks I was there. There was serious abuse

at the state hospital and when I was returned to the ward after "treatments" it was reported that I'd "had a seizure and was to sleep it off." The last two weeks I had grounds privileges and the incidence of so-called seizures lessened. I learned what to say to get discharged: 1) find work, 2) return to school, and 3) submit to outpatient therapy. That was the end of June. I managed to skip #3 until October when I became quite suicidal. I was referred to a local doctor.

I was labeled again. This time it was a number 300.4 (*depressive neurosis*). That moniker hung with me from 1967 until 1984. I was in an outpatient group for two months and quit because I couldn't participate (too shy? or dissociated.) I was in and out of hospital several times from 1977-1980, attempted suicide several times, and the most serious attempt was in hospital, Holy Thursday 1979. Spring continues to be a particularly hard time for me.

I was spared the psychotic labeling because I never told anyone about the "voices" until a new doctor didn't just ask "are you hearing voices?" but instead asked "what are they saying?"

In 1984 came the label MPD. I'd recently been terminated by a private doctor who we have since found out was abusing me. An alter presented at a state agency requesting medication, had a two hour intake, and a visit with a doctor. I found a card in my pocket to call for an appointment. The alter's name was not new to me as there had been an intervention done at a job when her calls to a hot line had been traced to my phone in 1978. It was a community mental health center and the director of the outpatient department where I worked in the typing pool became my ally and his office my alter's safe place. I don't know if he ever suspected MPD at that time. I would love dearly to ask him but have no way to contact him as he no longer works there.

We thought we'd achieved integration in 1986, but I continued to lose time and get feedback from people saying I said things I couldn't remember. There are parts of my education and training I don't remember and I had to dissociate to complete the registry exam for radiologic technology. I do not practice in the field because of gaps in knowledge I gained from 1985 — 1987. I opted to stay in a low-paying part time job with considerably less stress.

In 1988 I diagnosed my own *bulimia*. I was in a nutrition course and found a label for the abuse of food I'd practiced for years. There's more to it than just big bones and slow metabolism, or unexplained diarrhea and days without eating. (By the way, I've not thrown up for over nine months, and when this is published in June it will be a whole year.)

There have been other labels thrown in along the way, such as *Borderline*, *Hysterical neurosis conversion type*, *Major depression*, *PTSD*, *Panic disorder*. But not one has made sense like MPD.

So then, how do I feel about labeling? It is useless unless it finally explains the behaviors and feelings I've experienced all my life. I'm not as afraid of lost time because I've built a network of safe people to whom I can talk freely and they often give me feedback when alters are out & about. I don't argue anymore when someone tells me I've said something I don't remember, something out of character. I just realize it's not my character but the boldness of an alter less afraid than I am to speak out about something I hide inside. The MPD label has allowed me to pursue therapy/recovery with a knowledgeable therapist specializing in MPD treatment who is not afraid of us and cares very much for all of us, every part. MPD label? OK. It fits!

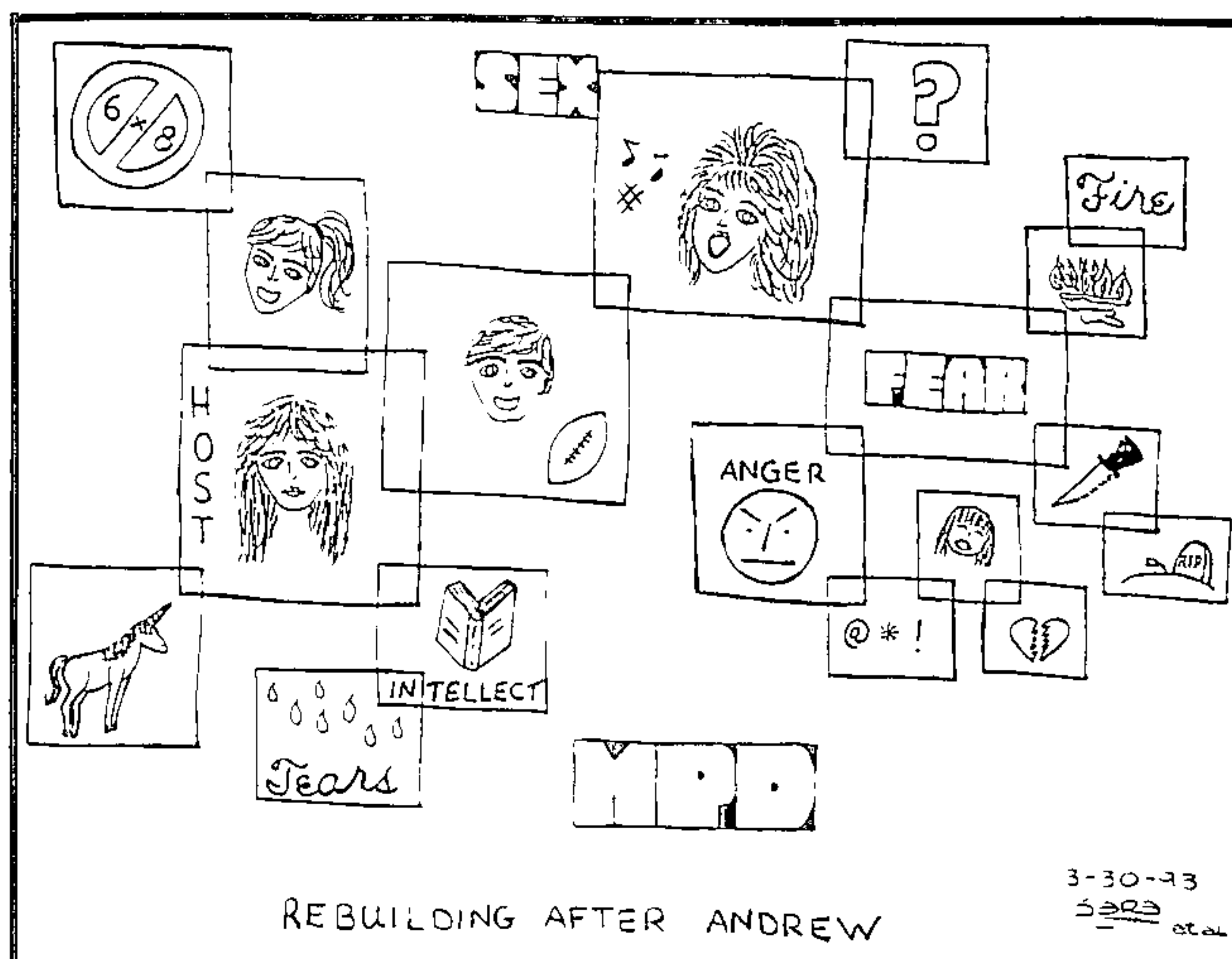
Survivor Ads

The MPD Consortium, a consumer (multiple) run nonprofit corp. provides rehab services and housing for MPD/DD clients. It is presently leasing a house to provide independent living quarters for up to eight multiples. The Consortium is seeking grant monies, leads to possible funding sources, and donations to make treatment accessible to all people with Dissociative Disorders regardless of ability to pay. To help or learn more, write or call The MPD Consortium of Asheville, PO Box 18859, Asheville NC 28814-0859. 704/255-8056.

Books by Sarai include three therapeutic children's books: Frieda the Goodnight Fairy, The Apple Tree That Would Not Let Go of Its Apples, and Dreuyfus the Dragon. Each teaches a lesson of healing. Softcover. 4-color illustrations by Goran Kozjak. \$11.50 each. Call publisher, Behavioral Science Center, 1-800-996-1231 or 513/221-8545 for information.

A self-published book, *With a Loving Heart*, a personal story of healing from Satanic Ritual Abuse, is quite graphic in detail. Its author presents it as a means of sharing her experience, strength and hope. \$10 plus \$2 postage/handling to Kathleen Dugan (pseudonym), PO Box 542, 2640 E. 12th Ave., Denver CO 80206-3299.

Need computer programming help or desktop publishing? Contact experienced IBM & Apple devotee at Crossroad Computer Software/Chiasma, 1 Windham Ct. Suite C, Princeton NJ 08540.



A Different Perspective on the "Inner Child" Movement

By Samantha D. for TC

We were diagnosed with MPD three years ago. One thing I've struggled with is attempting to understand how the "inner child" movement fits in with dissociation and MPD. Our mother was very involved in this "inner child" stuff before we were diagnosed and it has always been a bit difficult for us to understand and accept.

It seems to us that some people who are in touch with their inner child equate this with having MPD, but I know there are drastic differences. My understanding is that the inner child is a metaphor for the memory of yourself at a certain age, and provides people with a vehicle for attending to their child-like needs.

There seems to be a lot of use of the inner child to rationalize doing things that adults "shouldn't" do (i.e., playing on the swings,

eating ice cream for dinner, etc.) I feel that this movement has blurred the boundaries between MPD and non-MPD, and serves to minimize the intense pain and fragmentation associated with MPD. Many of our "inner children" are far too damaged to eat ice cream or play on a swing because of the awful abuse they endured. I see the inner child movement as a convenient tool for supporting the argument "We're all multiples."

In my mind, this minimizes our experiences and tries to turn something life-long and extremely painful into a fad, and provides skeptics with plenty of ammunition to not take us seriously.

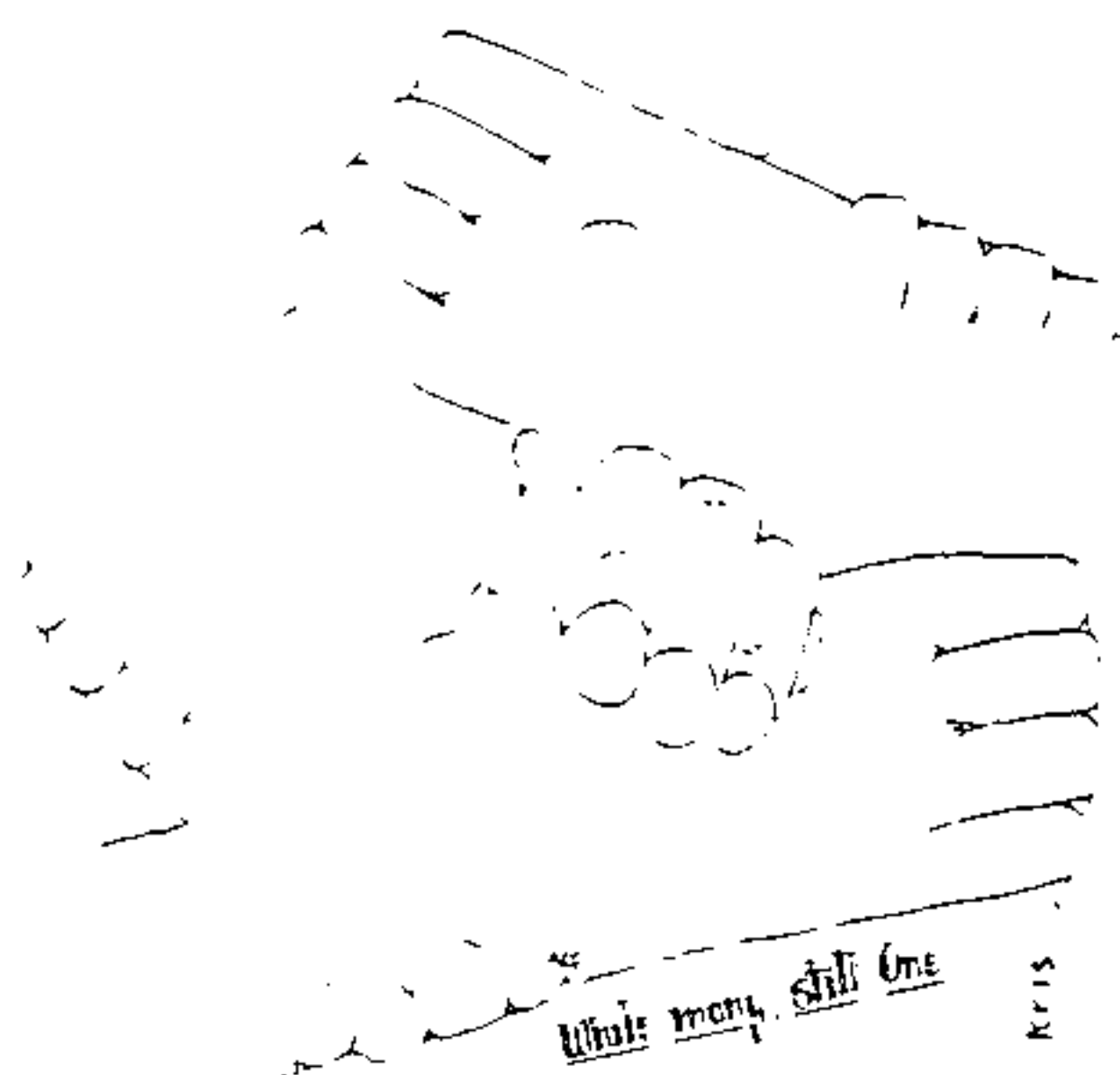
Does public acceptance of "inner child" work help or hinder your healing from dissociation? Send your comments for possible publication in the future... & thanks—LW

MV

Research

Persons with MPD diagnosis currently in therapy may help project to better identify DD patients. Self-administered test. Anonymity assured. Write Alice Neuman, PsyCare, 843 Boardman-Canfield Rd., Boardman OH 44512.

Research for doctoral dissertation: \$5 paid to non-molested adult females raised in incestuous families who complete an anonymous questionnaire. Interested individuals call collect: Joanne Wendt, M.A. at 619/674-4913.



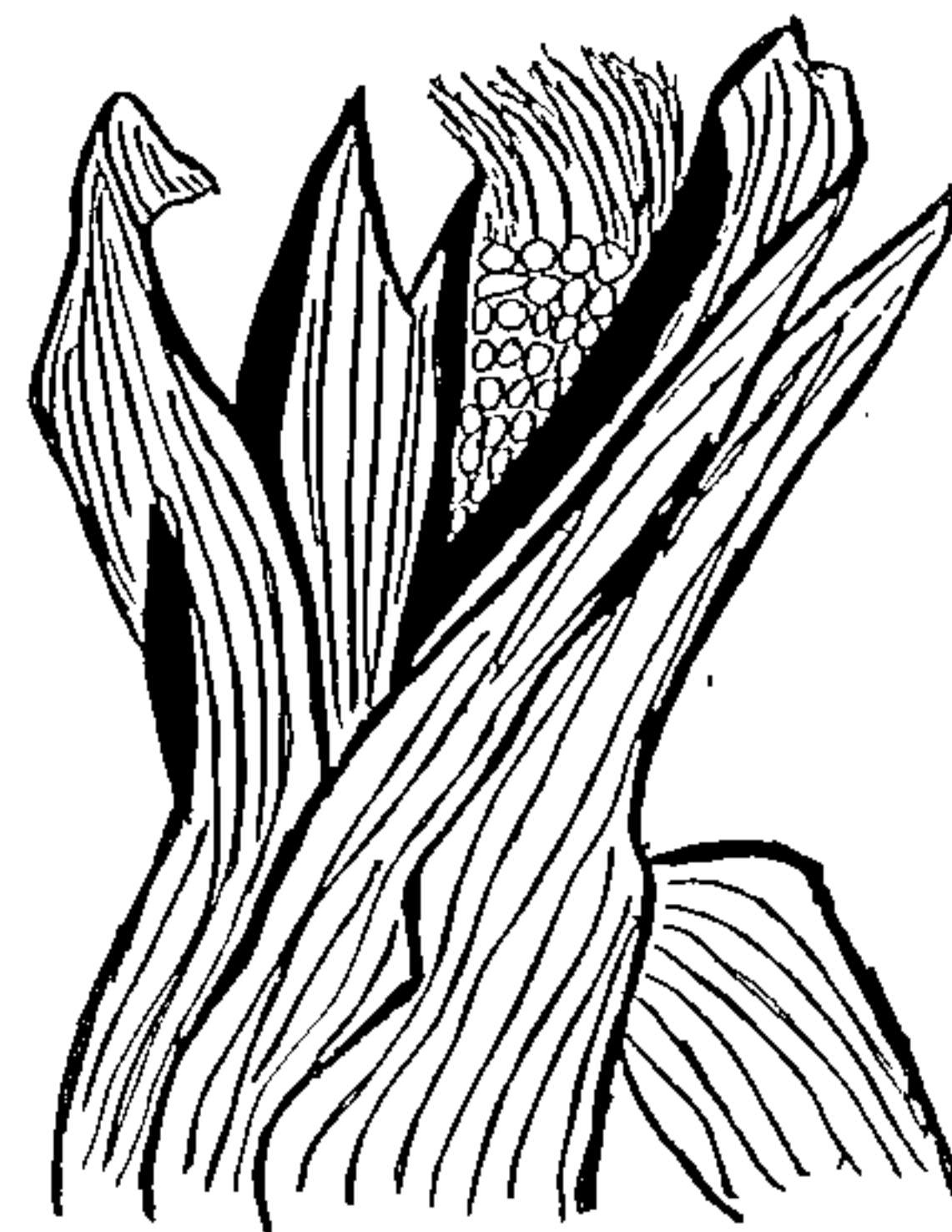
UPDATE ON MV PLANS & PROJECTS

Thanks to your generous sharing, the book *MENDING OURSELVES* (all about healing and integration) is now in production and should be ready soon. We'll announce its availability no later than our August issue. *POEMS TO OUR THERAPIST* will follow. We've got terrific material for these books, and it's all thanks to YOU!

Second... it's That Time again. Yep, we're going to be planning the 1994 themes for *MANY VOICES*, to be announced in August. So put your thinking caps on and tell us what you want to read in *MANY VOICES*. Also, any comments (pro or con) about past issues are very much appreciated, not just now but ALWAYS. I read everything. Your opinions do make a difference, so please write!

Finally... start planning your very own Survivor Ad now, for free publication in *MANY VOICES/MULTIPLE CHOICES* #2, which will be delivered FREE to all current subscribers in Dec. 93. This is your chance to market-test your money-making service or product at no cost to you, get a little home-based business practice, and maybe earn a few extra \$\$, Fifty words or less, please, including address. And if you can include a phone number so I can reach you (we don't need to print it) that would be helpful, if I need to double-check information. We'll need the ads by mid Sept., so you have time to plan ahead. THANKS!

—Lynn W



Peel off the layers —
Like a cornstalk — and
There we are. Small but
large pieces — parts
Necessary for the core.

By The Gang

Letter

Dear Marilyn, (who wrote in the April 93 issue)

I have the problem you talked about: putting into words what you need to say. It seems the more important it is, the harder it is to voice. I get angry because it makes me feel as if I don't deserve to get help. I am having that dilemma right now, and am struggling with how to tell my doctor what it is, so I feel like a hypocrite giving you ideas, because I can't follow my own advice all the time.

But I will suggest what I *have* been able to do: drawing it is my first choice. You don't have to be an artist. Even drawing stick figures doing things can convey an idea. Then once the ice is broken, and the therapist knows what it is, it is not so difficult. Another thing I have actually done is hide behind a pillow, stuffed animal, or whatever I can gather up while I talk. Even though I knew my therapist could still see me, the idea that she couldn't see my face and that I couldn't see her see me really helped.

Another idea that totally surprised me is that one or more of my alters have written about us in "story-form". I found one of these last week. It was a "story" about 3 people — only it was *true* and the 3 people were myself and 2 of my alters! It is a good idea because it makes it feel not so close or scary.

I am partially deaf, and I have deaf and mute alters. Being able to sign without speaking is *great!* My therapists (the last 2 I've had) knew no sign language, but when I watched the videos, I saw that they communicated pretty well! Maybe you could make a list of hand-symbols or alternate words for the unbearable words.

Boy, do I know how frustrating it is! And sometimes when I do say the forbidden, I feel so panicky, as if I will surely die for it, or God will strike me down. Even after I've given my therapist what I've written, I still can't always talk about it.

Hope I helped.

Denni

Books

Lights in the Darkness For Survivors and Healers of Sexual Abuse

By Ave Clark, O.P. Published 1993 by Resurrection Press Ltd., PO Box 248, Williston Park, NY 11596. (516)742-5686. 130 pages, softbound, \$8.95

This is a clear, gentle book with a strong thread of spiritual harmony running through it. Sister Ave Clark has been a member of the Dominican religious order for thirty years. She is also a survivor of sexual abuse and understands the roots and treatment of dissociation: "Multiple Personality Disorder is not demonic possession and a person with a dissociative disorder does not need exorcism." Her book will be useful to ministers and friends of MPD/DD clients as well as to the survivors themselves. There are particularly sensitive words for survivors of rape and friends of those who ended their lives by suicide. Not overpowering in its religious message, yet strongly affirming the healthy spirit. I recommend it.

—LW

THANK YOU!

For your excellent contributions.
Send *anytime* for future issues,
and *please* tell us what you want
to see in 1994!!!! YOU make MV
useful! —LW

August 1993

Having fun, staying grounded.
What works? ART: Draw yourself
involved in the activity you'd most
like to try. DEADLINE: June 1,
1993.

October 1993

Working with love and sexuality.
Limiting sexual acting-out.
Enjoying appropriate sex. What
you want from your partner and
what you can give. ART: Draw a
gift for someone you love (inside
or out). DEADLINE: August 1,
1993.

December 1993

Discovering healthy spirituality.
How do you express it? ART: Draw
your concept of spirit or, (if you
have none) what's most meaningful
to you. DEADLINE: October 1, 1993.



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.

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