

MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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PARENTING

Many readers requested this topic. Parenting is never easy, and for a parent who dissociates, the complications can be formidable. But the need to stop the cycle of abuse is paramount. Of special interest is the writing on this page. It is the most difficult, most important piece of writing received for this issue. I thank the writer for her courage.—LW



Attention!

This is my fifth writing of this piece. My goal is to state my feelings. I hope they are clear.

I have not heard many brave warrior women tell this experience. I will do my best.

I am under 40. I have molested children. I have a female body. I do not hear others say this. I hear only men bodies tell of this experience. We know women do this too. We are angry that some professionals believe that this was just a "teenager babysitting phase." We still have these sexual drive emotions directed at children. We do not act on them. We make it safe by making a joke when children come to our work by saying to adults that we hate kids. We stay away from children. We molested to "get off" and to experience control. We don't hurt children anymore. We have the sexual power drive aimed at children and we are a female body. We think (and hope and pray) that other women speak their minds to therapists and get help and say it is not just a "teenager babysitting problem"...that it is real for women just like men who talk on TV about hurting kids. Please help to let us know that we are not the only ones who feel this way. Abused people often abuse. We can stop the cycle if we tell a professional. Please tell them the cycle is for women and men. Please tell me the cycle is for women and men. —Thank you.

By N.W.

Tips For Better Parenting With DD

By Tammy & Parts

Being Ego-State Disordered, and a parent of two young children (ages 7 and 8), I am very eager for this issue. My approach may not work for everyone, but here goes:

1. Explain your "down days"

I have let my children know my problems are only mine and do not revolve around them. Sometimes I can give a distressed part of me a time to "feel" later, when it's not appropriate at that time. (I have no idea how I do this, yet.)

2. Don't give detailed abuse stories

In my house, the word "abuse" is enough. I don't believe in gruesome details which, in my opinion, are traumatizing. Remember your child loves you, and may not be able to handle details.

3. The curious child.

Sometimes my oldest child will push me for details anyway. I solved this by giving her a designated age when she could have details. I believe I said "18" or something like that. I said it would be our special day, and she was flattered that I made her a special promise. This seems to satisfy her for now.

4. Tell them you're not contagious

This was one of the first questions I was asked. Imagine how scary that must be!

5. The weekly sessions

We had a play session where I acted like my therapist, and they loved it. *Make it fun*, (nothing heavy, please!) We make my therapists' name an easy household word. (Think about how the word "doctor" must seem to a child.) We made a storybook about therapy and even illustrated it together.

6. Don't make DD scary

I found that when I need to explain something to my children about DD, it's better to do it while setting the table or driving to the grocery store. Long, serious, arranged discussions

seem to exaggerate or make it scary to my children.

7. Boundaries

When my daughter innocently told my neighbor I dissociated, I was shocked. While not making her feel ashamed or bad for telling, I used the example of how she feels uncomfortable showing everyone her report card. She quickly understood and was satisfied.

8. Choices

My children know who abused me or who I "feel bad about". In my situation I still have very close family ties. I have never told them who they could love. They can decide for themselves. (Note: I realize every situation is different.)

9. Don't burn-out your kids

Remember, you're dealing with children. Don't make DD your whole life. It's not a daily topic in my house. It's very important that you don't make your kids pity you. My kids do not see me as a sick, weak, and unstable person. I try to always remind them I'm not sick. Children need to feel as if they can depend on you. It's important that you tell them when you're feeling *good*, too. (My detachment really comes in handy.)

10. Prepare them for other people

When I was hospitalized, my children heard many stories and opinions from uninformed and ignorant people. I have made a point of giving them the correct information in words and examples they can understand. My children know more about feelings than some adults do. Remember, people forget that children have ears, too.

11. Hospitals

This is difficult because children associate hospitals with sickness, death, and separation. I explained this by showing my children the different types of medical care. We read books on the subject and I'm sure they understood. It helps to give them the

phone number and let them walk around. Showing them comforting areas like the snack area, lounges, and (to my surprise) the bathroom, seemed to help. Tell them to draw you pictures and maybe, if possible, show them your room. My children like the fact that I have a friend who is a nurse there. My children have difficulty talking to me before going to bed when I'm in a hospital. I have found out this is when they are tired, more emotional, and more likely to dwell on my absence. They seem to do much better if I call them after school or in the mornings. My husband and I have noticed they do better if I don't call several times a day. (This is very difficult, though.)

12. Normalizing

I think most of all you have to try to make your children's lives as normal as possible. Those little extra trips to the park, or family outings, are important.

13. Don't be mysterious

I don't make myself a mystery to my children. If they suspect a big secret you can imagine what they conjure up. While not baring my soul, my children know I have some issues that are sometimes difficult. If we are watching a television show (big trigger area) that upsets me, I will leave the room and explain that it "upsets me inside." They seem to understand and will often hug me. When I journal, my daughter will feel left out. I bought her a journal and she loves it. She also knows my journal and tape recorder are mine only. (It is still a good idea to keep them somewhere out of reach.) I keep a good memory journal for her curious moments, which she can read anytime.

14. Tell children good memories.

I like to tell my kids about good memories so they don't think I lived a nightmare all my life. Kids love stories.

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*TIPS, cont'd.***15. Hold your head up**

I live in a small community and I'm sure several people know things about me. I still go to school functions and get involved in school activities. I think it's important my kids know I'm not different from other mothers. (This can be difficult.)

These are just my ways of coping with ESD and children. I'm far from being the perfect mom, and it can leave me feeling guilty and unsure of myself. Motherhood is difficult, and being ESD is not like MPD. It helps that I'm not amnesic, or use different names.

We are far from being the "Brady Bunch" and I'm sure I will make many mistakes along the way, but this is one generation in my family that is not going to be afraid of Mom or Dad.

P.S.: Remember – lots of hugs and kisses, too!

MV**Corrections to MVMC**

Some errors crept into our new resource guide, *MANY VOICES/MULTIPLE CHOICES #2*, which we profoundly regret:

Northwestern Institute
50 Bethlehem Pike
Fort Washington PA 19034
1-800-344-NWIP

Louisa Lance, M.D.
Medical Director, DDU

College Hospital, Cerritos, CA no longer offers a dissociative disorders program.

A new health-care option:
Renaissance DD Program
GreenOaks Hospital
7808 Clodus Fields Dr.
Dallas TX 75251
(214)991-9504 Ext. 868
Robert J. Herbert M.D., Medical Director

And under the Support category, a reader sadly informs us that *LOOKING UP*, in Augusta ME, is no longer functioning.

We welcome corrections and additions to our MVMC list at any time. Some copies of the 32-pg MVMC#2 are still available at \$7 in the US, \$8US for other countries (postage included). So if you subscribed too late to receive it free, you can still have a copy.

MANY VOICES wishes to thank the following generous contributors for their help in supporting our work:

Angels:**The Center for Trauma and Dissociation**

4400 East Iliff Avenue
Denver, Colorado 80222
1-800-441-6921

Dr. Nancy Cole, Clinical Director

Benefactors:**The Menninger Clinic**

5800 SW 6th St.

Topeka, Kansas 66601

Contact our Women's Program

1-800-351-9058 ext. 730

Friends:**National Treatment Center for MPD and Dissociation**

Del Amo Hospital

23700 Camino Del Sol

Torrance, CA 90505

1-800-645-3305 or 310-530-1151

Walter C. Young, M.D., Medical Director

Center for Abuse Recovery & Empowerment

The Psychiatric Institute of Washington, D.C.

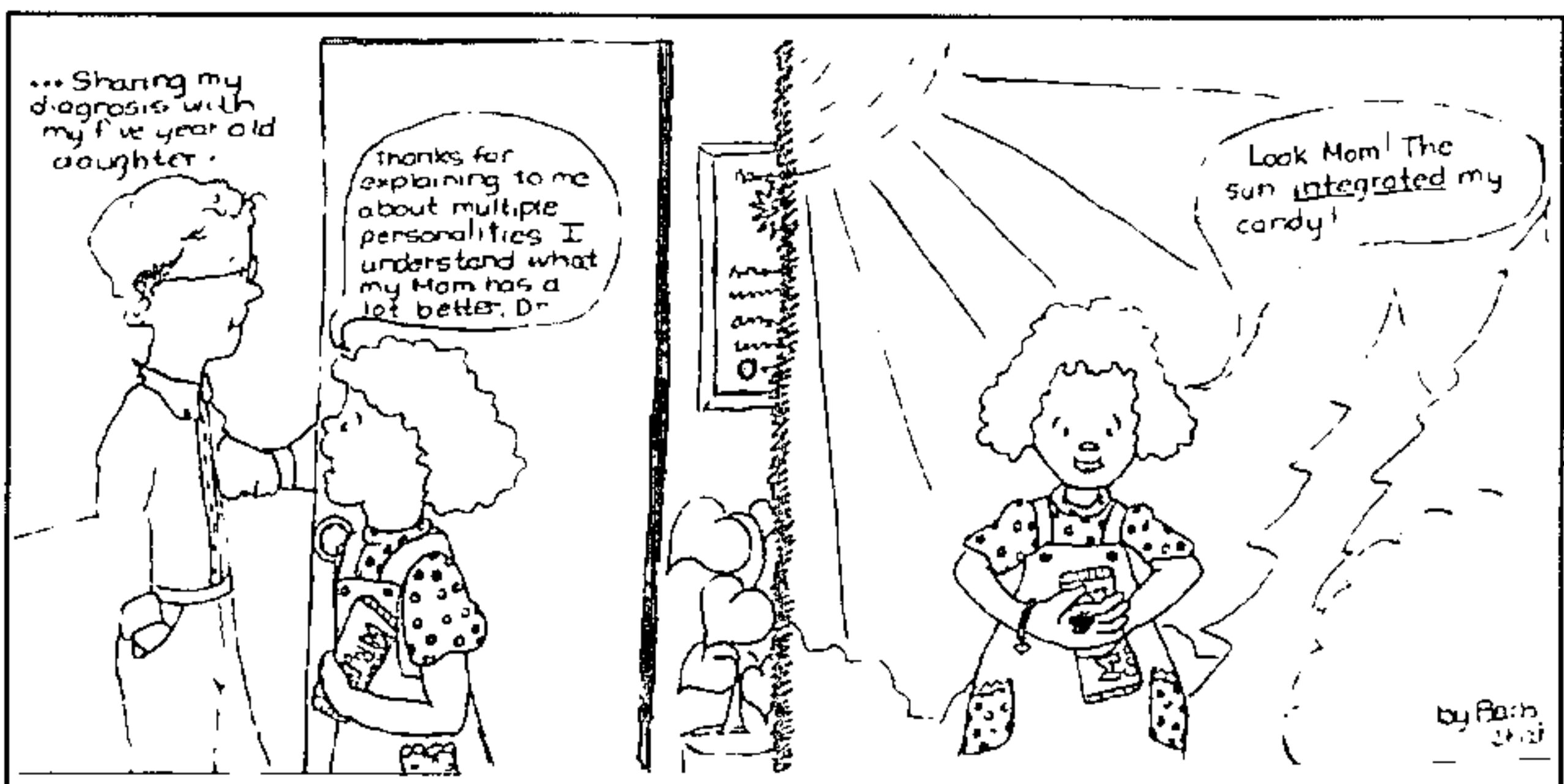
4228 Wisconsin Avenue N.W.

Washington, DC 20016

1-800-369-CARE

Joan A. Turkus, M.D., Medical Director

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Therapists' Page

How to Find the Right Road for You and Other Useful Tips for Parenting

By Lynn Benjamin, M.Ed., and Robert Benjamin, M.D.

Lynn Benjamin, M.Ed., is a clinical member of the American Association for Marriage and Family Therapy and a Supervisor-in-Training. She is a parenting educator and trainer at Parents' Network, and a consultant at Northwestern Institute of Psychiatry (both in suburban Philadelphia). She has a private practice specializing in family and parenting issues, particularly with clients who have a dissociative disorder. She has four children ranging in age from elementary school through college age.

Robert Benjamin, M.D., is a psychiatrist and family therapist who serves as Associate Medical Director of Northwestern Institute of Psychiatry and is a consultant to its Dissociative Disorders Program. He is the father of the same four children.

Imagine yourself at the wheel of a car, responsible for all of the passengers in it, and not knowing exactly where you are going. You have a vague sense of where your destination is, but you are completely unfamiliar with the roads. You reach into the glove compartment, and you pull out a map. It is a tattered piece of paper, faded in spots, indistinct in other spots, and in some areas riddled with holes. It is obviously out of date, and you can tell that some of it looks just plain wrong.

Parenthood can feel like such a journey. While it is uncharted for everyone, the dissociative parent has additional burdens. Not only is the route unknown, but it is fraught with directions that may be vaguely remembered, not remembered, or faulty to begin with.

The good news is that there are ways to replace the wornout map and get a new, more accurate one. This more current map has been tried and confirmed by other travelers. It shows you the short cuts and detours, alerts you to hazardous areas, and while some wrong turns are probably inevitable, it usually guides you on a rather direct route to your destination. Hopefully, it is even scenic enough to provide enjoyment of the landscape along the way.

For everyone, parenthood is vast and complicated. It is both a biological and a psychosocial task that carries with it an ethical responsibility to ensure the health and well-being of the next generation and of future generations. It lasts from the time of

pregnancy and birth until the time of the death of the individual. It is a developmental process that is intimately tied to the stages of development of the child: pregnancy, infancy, toddlerhood, the preschool years, the elementary school years, adolescence, leaving home, and adulthood. Parental growth corresponds to making the transitions from one stage of the child's development to another. It also includes resolving discrepancies between the expectations and realities of both child and parent at each stage.

Of course, much of what parents expect of their child and of themselves springs from their own childhood experiences. In the situation in which a parent has a dissociative disorder, a reliance on the past may not serve the parent well through the maze of the present. A past in which a person has been chronically traumatized, in whatever way, does not facilitate the "normal" growth of parenthood. Not only may that past be achingly painful, it may, in many cases, be lost to conscious awareness. This predicament leaves the dissociative parent in a terrible bind: facing the same dilemmas of raising a child as every other parent, but without the access to familial models that allows for resolution at key transitional times.

Additionally, the parent who copes with multiple personality disorder may have many symptoms that interfere with parenting:

- *switching from one altered state of consciousness to another

- *engaging in behaviors that accompany switching

- *hearing a multitude of voices in the head that results in a sense of confusion

- *having child alters who compete to come out and play with the biological child

- *having cognitive distortions about the child, the parent, or the nature of the relationship

- *forgetting periods of time

- *forgetting personal information about a child or not recognizing a child

- *feeling as though the child himself triggers certain altered states

- *hurting the self

- *experiencing symptoms from other disorders that co-exist with the MPD: e.g. alcoholism, depression, eating disorders, etc.

Other issues that may come up are emotional separations due to dissociative episodes, physical separations due to hospitalizations, social problems that make it difficult to deal with a child's teacher or entertain a child's friends, marital conflicts that interfere with team parenting, a lack of consistency in parenting, and the many adjustments on recovery. Often a parent's own self-worth is tied up with the child's behavior or achievements, or with the parent's own perception of himself as a parent. Finally, the guilt and shame that often haunt the dissociative parent add one

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THERAPISTS' PAGE, cont'd.

more impediment to an already taxed situation.

Regardless of obstacles, most parents want the best for their children and are willing to jump over hurdles to make the situation as optimal as possible. The following compilation of "Don'ts" and "Do's" is only a partial list. Every item may not work for every person. Consequently, we encourage you to think about and take what best seems to fit your own life circumstance. Feel free to add to the lists and make your own personal reminder sheets.

DON'T:

- *assume anyone else has all the answers, whether they be advice books, "healthy" neighbors, relatives, or clergy
- *expect children to care for you or provide you with the love and caring you didn't get from your own parents
- *overburden your child with details about your disorder or your trauma history that will induce guilt, shame, or excessive anxiety
- *forget that any time you decide to work on your parenting will help your child and your relationship
- *beat yourself up emotionally when you make a mistake; all parents make mistakes because there are *no* perfect parents

DO:

- *engage in individual psychodynamic psychotherapy and work to achieve co-consciousness among alters in order to parent in a consistent way; integration works even better
- *observe appropriate boundaries with your child
- *think about adjunctive family therapy with your partner and/or child
- *learn about normal child development behaviors and capabilities that are appropriate to different ages
- *get a psychological evaluation of your child for dissociation or other life stresses
- *set up an empowering support system with partner, friends,

family, parenting groups, etc.

*get involved in a school, civic, or church-related program for parents

*learn about the expected responses of children to new or stressful situations

*forgive yourself when, in spite of your best efforts, you feel overwhelmed, frustrated, or defeated by your inability to perform up to your expectations as a parent

*explain as much as is appropriate to your child's age and understanding about your disorder including about necessary absences from the family for treatment sessions or for hospitalization

*credit yourself for your many struggles and your openness to becoming a better parent; all of us are in the process of "becoming"

Sometimes parents ask "how" they can explain certain situations to their child. While by no means conclusive, we have included several possible ways to explain certain common occurrences.

HOW TO EXPLAIN THERAPY

(to a younger child)

Mommy (or Daddy) needs to see the doctor (therapist) to get help with problems that I have. Some of those problems go back to the time when I was little. It is not your fault that I have problems. It is not your job to take care of me.

(Continue for an older child)

What I do need is for you to appreciate that I'm trying to do the best I can to be a good parent to you so that you can grow up to be healthy. Sometimes, like all parents, I fall short in that goal. I hope that when I make a mistake, we can talk it through together so that we can figure out how to make things between us go better.

HOW TO EXPLAIN DISSOCIATION OR MULTIPLE PERSONALITY DISORDER

(to a very young child)

Sometimes I have trouble with my thinking.

(to an older child)

I had a very difficult time in my past. In order to get through those times, I had to learn ways to forget

what was happening to me.

Sometimes I still forget things. I'm trying to learn how to remember more and to learn more about myself so I can be a happier person and a better parent.

HOW TO EXPLAIN ALTERS

(to a school-aged child)

Sometimes you may notice that Mommy (Daddy) is acting differently or even strangely. I may surprise you by dressing differently or talking differently. I may suddenly seem very sad, very angry, or very young. I don't mean to confuse you by this. I want you to know that I will always try my best to be a good parent to you in spite of my own difficulties. I am trying hard to work on fixing these problems so that I can get better.

WHAT TO SAY IF A PARENT HAS HURT A CHILD

(to a young child)

If I have ever hurt you or done things that you thought were wrong, I am very sorry. I never want to hurt you again.

(continue to an older child)

I want to find times when I can listen to you tell me about your concerns so that we can stop bad things from happening to you. We may need to get help from other people whom we trust (co-parent, other relative, neighbor, friend, teacher, clergy, and, if necessary, law enforcement) if I do not understand that what I'm doing is hurtful or wrong. I want to learn how to be the very best parent that I can be so that you can grow up to be healthy and strong.

Sometimes a child is hurt at the hands of other people. Trauma happens to all children to various degrees. Usually these are the minor traumas of everyday life that are unavoidable and not the fault of the parents. Sometimes when a parent is preoccupied with her own problems a child may be more vulnerable to getting into difficulty, getting hurt, or getting exploited by others. At other times, a parent may be overprotective and intrusive because he may be trying desperately to guard a child against being hurt like the parent was hurt as a child. It is often hard for any parent to know how to strike a balance between these extremes. A parent

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needs to be able to discuss these issues with someone who knows why the dissociative parent is liable to err on one side or the other; that is, because of her own difficult life experiences and/or faulty role models. This trusted person may be a therapist, co-parent, or some other supportive person who is aware of the diagnosis, and who is knowledgeable about children.

This discussion of parenting has focused on how difficult parenting with a dissociative disorder can be. There is also a bright and profound side that needs to be acknowledged. Parenting for anyone is truly a transformational experience. Discussing the issues that come up with one's own children in therapy can propel the therapy forward as the person compares present experiences in the parenting role to past experiences as a child. Additionally, informed parenting can be utilized as a healing experience for someone who has had traumas in his

past. A parent who has been traumatized has an opportunity to parent a child in healthier ways that she has been parented. In that process of doing it better for the sake of the child, the parent can also offer healthier messages and options to herself. An appreciation of the connection between how one was parented and how one parents can be key in promoting the self-understanding that fosters growth and recovery.

RESOURCES FOR PARENTS:

Boat, B.W. & Peterson, G. (1991). *Multiple personality disorder explained for kids*. Chapel Hill, NC: The Childhood Trust.

Clarke, J.I. & Dawson, C. (1989). *Growing up again: Parenting ourselves, parenting our children*. New York: Harper/Hazeldon.

Galinsky, E. (1987). *The six stages of parenthood*. New York: Addison-Wesley.

Gesell Institute of Human Development series:

Your one-year-old (1982), Ames, Ilg, & Haber, NY: Dell

Your two-year-old (1976), Ames & Ilg, NY: Dell.

Your three-year-old (1976), Ames & Ilg, NY: Dell

Your four-year-old (1976), Ames & Ilg, NY: Dell

Your five-year-old (1979), Ames & Ilg, NY: Dell

Your six-year-old (1979), Ames & Ilg, NY: Dell

Your seven-year-old (1985), Ames & Haber, NY: Delacorte.

Your eight-year-old (1989), Ames & Haber, NY: Delacorte.

Your nine-year-old (1990), Ames & Haber, NY: Delacorte.

Your ten-to-fourteen-year-old (1989), Ames, Ilg, & Baker, NY: Dell.

Gil, E. (1990). *United we stand: A book for people with multiple personalities*. Rockville, MD: Launch Press.

MV**I Saw A Bird**

I saw a bird fly,
And I knew I flew too.
I flew in my mind, at night,
way past the tree tops
where it was safe.
I saw a bird dig.
I dig too.
I dig in the past of my mind.
I saw a bird hurt.
I hurt, too.
My hurts were inside,
They were hard to hold.
I saw a bird's wing broken.
My wings felt broken
And I looked for love.
But I felt cold and lonely
And my hurt wings needed soft touch.
I saw a bird walk.
I walked toward softness and warmth.
I saw a bird's wing mended.
I will mend
With the grace of love.
Then I will soar, free and whole.
I saw a bird.

By Emily and Friends



Parenting Issues

The topic of parenting with a dissociative disorder is near and dear to my heart. I believe that while it is certainly difficult to parent even under the best of circumstances, that having to cope with dissociation makes the job all the harder. What do you say to the child you've just given the third degree for coloring on the walls when she looks at you and says, "But, Mommy, Mae (an inside child) did it!" Or when your teenager tells you that you *did* give her permission to stay out until midnight on a school night with a bunch of kids you don't know? Or when you are holed up in your room feeling unreal and they want you to drive them to Susie's house, and her dad wears bolo ties like your abuser, and you aren't sure you remember how to drive anyway...? The lists go on and on. I think that it is imperative to the welfare of the children to have a variety of coping strategies and a strong support system available to them. It is extremely difficult when your extended family is made up of abusers, or if you are a single parent unable to rely on support from the children's other parent. But if you are able to rally help (without becoming burdensome on any one individual) it can make a world of difference to the kids, and to your peace of mind, at least in this regard.

Discussing with the kids openly about your specific problems without being graphic as to their nature, and enlisting their help and be useful to you and make them feel less helpless about situations that can easily become overwhelming to them. I try to make things a little less intense by doing a lot of pre-planning and thorough explaining when I can. Setting up a clear set of rules that are to be followed, and also going over the "what ifs" can be helpful. The hardest part for me is accepting that I can't always meet my own expectations as a parent, and feeling that I've failed the kids. When you are so consumed by how painful this process is, or worse, experience time losses and have no idea what went on in your absence, it can feel as if you have no right trying to parent.

But I feel that my therapist gives me wise insight when I express my doubts. He says that my kids would suffer far more without me, and that there are statistics that prove that kids do better if they are with their mothers, provided that they aren't being abused, of course. I counter that at times with my fear that other alters can be hostile, and he points out to me that we all are allied in the protection of the kids, which I know to be undeniably true. I think my kids know that I love them, and that I want to be a good mom. I try to reassure them often.

It's the everyday things that I have difficulty with, like worrying that my fears will make them fearful, or that the behaviors of other alters are inappropriate or embarrassing to them, or frightening, which undoubtedly at times they are. I just keep reassuring, trying new strategies, consulting with my therapist, relying on support from others at times and loving the ones who I feel have given me much more than I have to them. At times they are my life-line, my ultimate reason for trying just a little bit harder to make it through this hellish therapy, my reason to get out of bed (if only for a few minutes on a *very bad day*) because I am warmed by their sweet and sometimes sour words. They are my validation that abuse CAN end with me.

By Barb et al



Undoubtedly the full surfacing of my MPD, diagnosis, therapy, memory retrieval, abreaction and the entire process has severely affected my family life, parenting, and marriage. Of course the two are interrelated, in my case — my memories of severe abuse surfaced due to pregnancy, childbirth, and parenting. Having a resourceful helper alter made all of the above easier — surrounding ourselves with support, love, physical and emotional help, counseling and therapy which all contributed to being a good mother. Unfortunately, no system is perfect, and my daughters (2 and 5 years old)

had to witness harsh personality switches and alters. When I think I see the results in their behavior it hurts, and floods some of us with guilt, but I know that none of us ever directly hurt them, none of us wants to. At this point I am proud to say I manage to be the good mother I want to be by continuing to make sure I have time to take care of myself while my daughters spend time with safe relatives.

The other "secondary victim" of my healing process has been my husband, who for years gave himself earnestly to the relationship and endured terrible abuse from my alters. Unfortunately, he had a breaking point and ended up hurting all of us back by betraying us to another woman secretly and sharing with her the entire contents of our problems. We aren't able to overcome this and return to the intimacy we once shared, but we all think he's a great father and partner in many ways — so we have all decided to stay together and work on all that happened. My guilt-holding alters took all of the blame for what happened. Others of us read enviously about other couples where it looks like the non-MPD partner had more commitment than ours. Others believe that this needed to happen — we all feared being betrayed and now we have to face it did happen.

Having MPD makes it even more challenging than balancing parenting, career, and taking care of oneself usually is. We have so many needs to look after so that we can be there for the girls. We, like many MPDs, are sick a lot, need a lot of rest, time to deal with memories surfacing, processing, keeping a journal, physical exercise, reading, etc.

I would be considered a high-functioning MPD by those who understand the subject of DD, and a "normal" member of society by even those who don't — but the truth is that I don't feel we belong in either category. To function well is a blessing and a curse — it comes with more responsibility than we can handle and

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PARENTING ISSUES, cont'd.

the real world out there is always judging us as normal and expecting us to be so. As an attorney who deals with women's and children's rights, I come into contact with my own pain daily and have to switch off, but still remain human. I'm studying social work to be the most human lawyer I can, and to obtain the necessary skills for the work I do. But what's most important for me is that my two little girls are safe, taken care of by loving people whom I trust -- and that takes a lot of energy.

I think that someday I'll tell them what happened to us. Nowadays when my pain spills over and I'm crying, I tell them that I'm remembering some sad things that happened when I was a child. Once we were out visiting the family, I fell in a ditch, and got very frightened. It brought up terrible memories from the cult. As expected, a child came out and started to cry. I was scraped up and bleeding. The girls were very understanding and that felt very good to my inner children.

I think we've all figured out a lot about how to be there for each other as a family, balance the needs, and take care of one another. It just demands a lot of cooperation.

By Anon



I am compelled to write you about my own experiences with my family/significant others and MPD. My biggest issue is time loss and the fact that my family/friends do not understand that just because "I" was there, doesn't mean I "remember" what was said or done. My husband's reaction once was "That's right, they are part of you and you know what I am talking about -- so quit playing dumb." I am not dumb, and still don't know what the hell he was talking about that day.

No one understands the panic I have when one moment I am in the kitchen and the next thing I know I am downtown. I am disoriented and near panic when this happens and in fact there are times when I actually start running, without realizing at first why I feel so out of place. I am still not used

to switching even though I am co-conscious with some of my parts. Some of my switches are subtle and in the past few months I have noticed that it is sometimes hard to tell who was just out.

I have tried to explain to some persons what it is like for me, but unfortunately the only time the subject comes up is when I have just lost a few minutes, hours, or days. It is impossible for me to explain to them what just happened while I am still near panic, disoriented, and trying to stay grounded.



My daughter and son are losers in the world of MPD also. They have watched me fall to pieces and be hospitalized over and over. Currently my son has PTSD, and I know I am part of his problems. The golden rule in my house is they call me Mom no matter "who" is "out", and when I talked to the kids about this new rule, my son said, "But Mom, what do I call David when he comes out to play?" Quite frankly, I didn't know what to say when he asked that.

If I had it all to do over and could have stopped their father (ex-husband now) from disclosing my diagnosis to my kids, they would never have known till they were grown. Until then I would have simply said that I have what is called a dissociative disorder, and they may have to repeat a lot of things because I forget a lot. My decision to tell them when they are grown would be done the same way I pick or choose whom among my supportive persons I would tell. I don't tell everyone I know. I have learned from my mistakes that it isn't safe to tell everyone.

I told my brother and lost him the same day. I haven't seen him in two years. He told me to get a job and stop sucking on Social Security. Then he told me to never set a foot in his yard again and to stay away from my father (adoptive father.) Soon after I had a peace warrant on me which later was dropped. Except for a phone call in which my adoptive father was very cold and indifferent, I have had no other

contact with my adoptive family since then.

I have contact with other multiples and some have not disclosed their diagnosis to their family members. Some chose not to even tell their family they are in treatment. For me, it would have been impossible not to tell them I was getting help. When I began therapy I was "dealing" with an eating disorder and self-mutilation. I was also suicidal and pretty much unable to function. I believe that just as each person with Dissociative Identity Disorder is unique, so should be disclosure. I know it is cruel to say that persons who want to disclose are on their own, especially in deciding who to tell or not tell. I realize you may already feel isolated enough because of the disorder. But there really is no right or wrong way to decide who should know. I can only say that maybe you should ask who would benefit most from the disclosure: you or them. If your safety or their safety is at stake, then by all means find a nice quiet place and tell them. If it is a sibling or your child, then I suggest that you might want to consider your therapist's office as a place of disclosure. That way your therapist can answer any questions they may have and help you by being supportive and keep you grounded. Your therapist can also help you to go over all your reasons for disclosure. You don't have to be alone, and remember the bottom line is *every part of you is in charge*. It is better to wait a few months or weeks or days till the other parts agree you can gain from disclosure than to jump in if they may not back you up.

By Mary F and the Gang



Should children be told about your MPD? Yes, I think children should be told. I believe children see things very clearly, even when we aren't yet able to see these things for ourselves. Because of this they should know what's going on so that they can better understand what they see and not read more into them than there is. Children blame themselves so easily for things

over which they have no control. It's our duty to give them the information they need in a way they can best understand to help them put what they see in a better perspective. I'm not saying they need to know the gory details about what caused their mom or dad to have MPD, but they do need to know that things happen which they hadn't caused. At times mom or dad may be upset and it isn't their fault. At times mom or dad may need to go away for awhile and it has nothing to do with what they may have said or done. It's part of the process of healing and moving beyond the pain of the past to a place where they too have choices and can feel love.

We have been diagnosed with MPD for three-and-a-half years and telling our son was one of the first things my husband and I did. It was a difficult decision at first because we weren't even sure what it meant to have MPD ourselves, much less explain it to a then ten-year-old boy. At the time our MPD came out we were living a much different life than the one we have now. My husband is in construction and at that time he was working out of town. We had a foster boy living with us who was thirteen. I was seeking treatment for chronic pain in a city about 150 miles from my home.

It was during one of my therapy sessions for chronic pain that my alters decided it was time to let the world and me know they existed. I don't remember much of the session except that the psychologist looked a little strange and asked the friend I was commuting with if she would drive. Well, we had a few more sessions before the psychologist suggested that it might be a good idea if I went back to a therapist I had seen a few years earlier in my home town. In this way I would have a closer contact if I needed one. I still had no idea what was going on and thought I was just under a lot of stress. We had already decided to give our foster boy up, which was very difficult to do; we cared so deeply for him and still do.

It took a while for the official diagnosis of MPD to be given and then it took even longer for it to sink in enough to realize that perhaps we should tell our son. By the time we

realized how serious this thing was, we were hospitalized. It was before we went into the hospital that we told our son about MPD. He of course didn't understand what was going on with his mom, and neither did my husband. I was confused and not functioning well at all.

While I was hospitalized my son had to live with three different families until my husband could wrap up his job, which he soon quit completely. My son was put into therapy to help him understand why his mom was in the hospital and what this thing called MPD was all about. During the three months of my hospitalization my husband read everything he could get his hands on about MPD and my son was educated by his therapist.

As I mentioned earlier, it's been three and a half years, and we have been hospitalized many times since then. I believe, because of the therapy he receives when times get tough, and our openness, that he has become a well-adjusted teenager with a good sense of who he is, who is better able to live with his mom's many selves. This hasn't been an easy road for any of us, but with the support of a good therapist for all family members and open communication between everyone, it has been a whole lot easier than it could have been.

By The Knot



Our host has 3 young children.

Many of us do not like children. We do not find them amusing or endearing. They are a nuisance. We do not like being around her children. She is lax with them. She lets them yell and run around the house and make messes. She cuddles them when they cry and listens to their drivel. How does she ever expect them to grow tough?

She never makes us take care of the children, but sometimes when we get angry, we come out. One of us (Chris) just gets very quiet and does not talk. Others of us will scream. We are not allowed to cuss or scare the children, although we did a couple of times. We

are not allowed to hit, although we would like to. We are kept in tight rein because of those children and it is hard on us — to be subjected to them, but not to be able to express our anger and frustration. She keeps telling us "My outside children come first, before anyone else."

Our host is just now beginning to understand our dilemma.. It is difficult for her, because having bad feelings about her children is unacceptable to her. In therapy we can sally all the feelings we have about her children. This is the only thing we have found that helps. When we get angry we could conceivably let off that anger by physical exercise, but she cannot leave the children alone. This is a real dilemma, but we are working on solutions.

By Charles & Co.



I was diagnosed with MPD three years ago. Although I still experience new memories, I have been able to complete a semester in college and will continue school, where I take art. My little girl is ten years old, in the fifth grade. She has known about two years that I have MPD. I have given her the opportunity to talk to my therapist with me present, and once I was not present to give her some privacy. She learned that I couldn't always choose who I wanted to be in my switching and she found out why I have MPD. My therapist explained to her I was hurt over and over when I was a small child and now sometimes when I remember the times I was hurt, it makes me feel bad. She accepted the explanation and my strength was validated by my therapist (an outside, authoritative person who she knows and trusts.) She was provided with a little book to read: *Multiple Personality Disorder Explained for Kids*, by Barbara W Bost, Ph.D., and Gary Peterson, M.D. The foreword in this little book is written by Tommy (age 14) and Lynda (age 13). Their mother was diagnosed MPD six months earlier.

This book helped my little girl a lot.

(Continued on Page 10)

PARENTING ISSUES, cont'd.

Some of the things in the book did not apply to me, as we are all unique. But after her questions about the book were answered, she was satisfied. The main thing my child needs to always know is that it is *never* her fault I get sick, and it is not my fault either. My child is proud of me. She knows I am not like other people but she respects my creativity and my accomplishments with my art. We do a lot of things together and build a lot of wonderful memories. I am very proud of her too.

I am a single parent. I am here for her, and she is the little girl I could have been. I encourage her in all her endeavors. She is a good student in school and active in Girl Scouts and other activities. I try to help her with the things I never had the opportunity to be exposed to. The fact that I have MPD is not longer a big secret. We are comfortable with our lives. She knows I work hard on my therapy and she has seen the progress.

My system cooperates well when it comes to dealing with my little girl. We have two rules: we can't do anything to hurt our body, and nobody may ever harm our child. She has never been abused. I thank God for her every day. I respect her rights and the alters who aren't appropriate rarely come out around her. We do the work we need to do while she is at school or not home.

So far, it is working well. My child has given us much strength to press forward and work hard to get through the hard times. We want to never let her down. Now, if I need to be hospitalized (which isn't often anymore) we have a system. My child knows who will care for her in my absence and we communicate daily until I return home.

Children are little people who have a lot of love to offer, and love is all they want. My love for her is unconditional, a kind of love I never knew as a child. I am forty-four years old. Having a loving little girl has helped my system a lot, in recovery. I have a ways to go yet, but we are making it...together.

By Brenda E.

MV

Working with "The Others"

By B.S. D.

Being a mother and a wife with DID is very, very, very, very difficult! I chose to tell my children who, at 14 and 20, are old enough to grasp the main concepts of dissociation and how it affects a person. I felt it necessary to explain my situation to them because they were aware of my often strange and erratic, or depressed and aloof "moods", and they did not understand. With younger children this may not be the best approach.

My husband has been very supportive of me throughout my process (so far) and he helps with the children and domestic chores a lot. I do not think I could handle all of the responsibilities without his help!

My children have been helpful and understanding, although they are uncomfortable discussing DID and/or certain child abuse issues. We do our best to respect their boundaries.

In creating and thinking about the chart below, I realized that as long as I stay on the LEFT side as much as possible, life with DID and the family runs much more smoothly. It is not always possible for me to operate on the LEFT side; often there are more parts on the RIGHT side than on the LEFT. When all parts move to the RIGHT, I experience serious mental turmoil and everyone in my system and my family suffers.

+ ACCEPTANCE +	- DENIAL -
Listen to Them	Ignore Them
Allow Them	Shut Them Out
Hear Them	Silence Their Voices
Love Them	Hate Them
Respect Them	Curse Them
Honor Them	Control Their Behaviors
Learn About Them	Resist Them in Therapy
Learn From Them	Suppress Them
Comfort Them	Push Them Away
RELAX	FEAR Them
Drop the Defenses	Control Their Thoughts
Share Them	Hide Them
*** TRUST ***	*** NO TRUST ***

Partner Participation

After much preparation and negotiation, the consensus from my mutual support group was to have an evening put aside to include partners. Well, what a success. Everyone benefited from it. The partners felt comfortable as their mates were in attendance. Similar problems were tabled with helpful from suggestions from others, and those without partners found it to be very educational and promising for their future as well.

As it was such a success, that evening we all agreed to hold quarterly meetings with our partners, and it was then noted in our mutual support group rule document.

I wanted to share this happy news with you and others, to encourage others to initiate these types of meetings. It made a world of difference.

By Phyllis

What the Children Learned

By Barb, et al

I feel that there have been both positive and negative aspects with regard to parenting as a multiple. I was diagnosed over four years ago, when my children were eleven, six, and three years old. I considered the issue of whether or not to tell my children almost immediately, weighing the pros and cons seriously, and posing questions to my therapist about how I should approach it. I was extremely hesitant, fearful that they wouldn't be able to grasp an explanation. After all, I certainly wasn't accepting the explanations I was being given too readily.

When it was decided to share my multiplicity with them, I asked my therapist for support in doing so. What followed left me so completely thrown for a loop, because in sharing with the children, I actually gained significantly in my own acceptance.

We gathered in my therapist's office, with my husband. I recall feeling like I was about to divulge to them that I was, in reality, a criminal. I found it difficult to begin, so my therapist asked the kids if they knew why I was

seeing him, and then proceeded to give them a very simplified version of the dynamics of dissociation and multiplicity.

My two elder children sat listening solemnly, their expressions a cross between boredom and polite compliance. My youngest squirmed on my lap. When my therapist asked them if they had ever noticed that I was different people, my little one said, to my utter amazement, "Like the one who is my friend? I play with her."

She went on in detail describing the four year old playmate that lived inside of her mommy, and also referred to a "mean mommy", and a "nice mommy" (who thankfully was her title for me).

The children began to bring up examples, and discussed my multiplicity so naturally and comfortably, that I felt almost jealous of how easily they acknowledged it. But mostly I was hugely relieved, and left wondering what I had been so nervous about.

Throughout the years, we have had

many rewarding, as well as some difficult times, due to their openness about my multiplicity.

My eldest child did a stunning presentation to her sophomore class last year about child abuse and the development of MPD, and petitioned a local mental health agency to start a support group for the children of multiples.

My impish middle child introduced me to her music teacher, apologizing for my delivering her late to her lesson by telling her that I forgot lots of stuff because I had MPD, and gave her a lengthy, if not embarrassing, account of exactly what that meant.

My little one went through a period of coercing little ones inside to buy candy and carousel rides that I had vetoed. All in all, I am sure that being open about myself with my kids has been the right choice, because as my youngest, now seven, puts it, "It's not good to have secrets when you love someone."

MV

Dear Many Voices,

My name is Amber. I am 12 years old. My mother Crystal was diagnosed with MPD in May of 1993. She is in the process of integration; we still have a long way to go for her to be healed. Since this issue is talking about dissociation and the family, I wanted to tell you what it has been like from a kid's point of view. I'd like to tell you a little bit about my mom and her MPD. First of all, it has never frightened me like it might, to some others. She has never been suicidal or tried to hurt me or anyone else.

I remember a time when we went to the Detroit Zoo. While I and my family were there we had a lot of fun. One of the alters named Cryssy came out. She really liked the giraffes. She calls them "ralphies". One thing bothered her: really big statues of Egyptian people. She was afraid they would hurt her. My dad told her this was not true, and that she would be safe; that she could see them, but they couldn't see her. That was a turning point in my mom's "safe" issues. Next, we went to a dinosaur exhibit in the Zoo that was really cool! There we bought Cryssy a "red dinosaur". She was embarrassed when she came back to herself to realize she was wearing it!

One day when I came home from school, my mom and I were going to make cookies, but then Cryssy wanted to color. She made all kinds of pictures. Some of them were of when she was sexually abused, some were happy pictures of our family. Now I am aware of the many people inside my mom who are all part of our family. I even had six moms be there for me! They helped me when I was sick, played with me and gave me advice. For my mom, dad, and me it has been a good learning experience. I'm sad that she was abused, but I'm glad that she developed MPD so she could survive.

My mom is still in therapy and keeps a journal almost every day. She has started writing a book called "Inside Angels, Self-Healing from Multiple Personality Disorder". My dad and I have our own chapters. We will share our experiences with MPD and its healing process. Someday I hope to write books that will help children cope with parents who have MPD.

Thank you for taking the time to read this. I hope it helps somebody to not feel so alone.

MV

A DD-Parent Tells It Like It Is

By N.N.

I am the mother of three children, and I have MPD. My husband suffers from severe PTSD. We have three children who are dissociative to varying degrees: a teenage son in his first year of college; a teenage daughter; and a son in his twelfth year. We had no knowledge of any of this until 1-1/2 years ago when my first memory of incest surfaced. Half a year later, my daughter started on memories; a few months later, so did my husband.

We have found parenting to be a real challenge. Without knowing why, I always felt defensive and protective of my children. I did not demand or expect certain things from them, because I was always trying to make up to them for some nameless thing. A few months ago our therapist gently pointed this out to me: "Their hurting has now stopped." Since then, we have been expecting more from our children. We are all getting healthier, but sometimes the load is so heavy I want to lay it down, walk away, and never come back.

My younger son has always been a special challenge. We realized early-on that there was something wrong here, and started the round of specialists when he started school. Eventually the list of suggested diagnoses grew to contain: attention deficit disorder, mood disorder, dyslexia, learning disability, bipolar disorder, epilepsy, neurological impairment. Oh yes, the word "atypical" was added to all of these possible definitions for him. His IQ profile ranged from 90 to 170. Sometimes he could focus and be absolutely brilliant. At other times he would just not be there. Now we are letting him know what we expect from him, setting guidelines as to time he must spend on learning processes, and leaving it up to him to figure out how to focus himself and be present. Things are not smooth, but are better.

I have given all of my children permission to remember anything I may have done to them. So far, none

of us have detailed memories of my interactions with them. I have done only enough work with my adult memories to know that there are heavy things lying in wait for me, when I am strong enough to look at them and be able to continue living.

Why did I say my youngest son is "in his twelfth year?" A couple of weeks before he had his 11th birthday, his behavior degenerated so much, none of us were able to stand him. We found out that all of us remembered 11 years old as being one of the worst years of our lives. We reframed my son's birthday, and I do not even THINK of him as being "11 years old." His behavior cleared up, and I feel quietness and peace inside when I refer to his age as "in his twelfth year."

My teenage daughter has been another special heartbreak. We were unhealthily close, enmeshed, before I got any memories back. We were each other's best friend, always knew what each other was thinking, how to help each other, etc. It was hard to pull back. It was hard to watch the pain she went through as her own memories struggled to break through. It was hard to find my balance around her. I have one child part inside that comes out only with my daughter. It's fun; we both enjoy this part. But this is not being her *mother*. It is hard to separate out the correct role. Are we fellow-sufferers? Am I someone she comes to for guidance (when some days all I can do is barely stay afloat)? Am I someone who has injured her? Do I lay down the law for her, or do I give her freedom to find her own best way? As time passed and we pulled away from each other, this has become easier. What has become harder for me is the knowledge that I no longer trust her. As she has become stronger and more honest with who and what she is, some days the struggle between good and evil in her is almost palpable. Slowly we have found out that it is not always wise to leave our kind, sweet, loving daughter alone unsupervised with our youngest

son. After such periods, frequently his confusion, disorientation, and anger were rampant.

Our oldest son is in college. Another heart pain. He has no memories, only very strange dreams, intuitions, bizarre reactions and little quirky behaviors. He finds that his mind is much clearer, away from us at college; he is able to study and grasp things more quickly and easier. Is he safe from our relatives? If he needs help, how can he even begin to explain his family history to the average person, or even the average therapist?

As I am starting to rejoin the family again, re-entry is painful. Mealtimes are a constant struggle to stay present; not to wince at unhealthy patterns I see being enacted, but to calmly talk them over with my husband in private. To enter into family "fun" is often beyond me. When we watch videos together, I frequently have to leave the room. On family outings, I choose between being physically present, trying to stay mentally present while parts inside are screaming in pain; or once more backing out and leaving my family to go their own way without me.

Another parenting problem for me has been *inconsistency*! (I wonder why!)

Family meetings are something we tried but had to let lapse as we simply were not healthy enough to carry through without causing more hurt and pain among ourselves.

Shall I tell of the financial difficulties of our family? Our insurance covers therapy only for our youngest son, and at that, only a small part. Our children are fortunately intelligent and hard-working enough to obtain college scholarships. Black humor arises when my therapist asks me if our family finances will allow me to come twice a week, for two hours at a time. (YES! YES! I WANT TO STOP HURTING! I WANT TO GET WELL NOW! I WANT MY CHILDREN TO

(Continued on page 13)

CHALLENGES, cont'd.

EXPERIENCE ME AS A HEALTHY ADULT BEFORE THEY LEAVE HOME!) And when I respond in the affirmative, tells me I should also take a year off of work!

Most bittersweet moment: after one of our first family therapy sessions, we ran into two of my children's teachers talking to each other. They were impressed with our children's workaholic attitudes, their intelligence, their deference to adults. They wanted to know our secret for raising children like ours. They wanted to do everything just like we did.

MV



In Silence Still

In silence still
I run my hands over the places
where names have been even as a
child;
I try not to breathe at all just like then
wishing hard I would just disappear
from the cozy and erotic eyes
that haunt me
and hold me prisoner within my
cries.

My body burns with pain so
loudly
that I wonder if it can be heard;
I wish it were stone,
untouched from sky to ground,
having become only my own.
My hand trembles,
ashamed.

I search for places to hide,
wincing from every moving shape
in the dark
and in the light —
Dying as real as it can be.
My memories grow,
edging surrender...
piercing me.

By Judith Lundin Lowe

Recovering

By Rita M.

Q. My question is about the energy drain in therapy mentioned in the Oct. '93 issue. It was such a relief and surprise to read of the occurrence. My therapist also finds that at times my distortions create a physical drain on him such that he has difficulty "staying with me". Where can we find more help about this subject?

A: Thank you for the feedback. Professional literature does cover it. In general, I would recommend writings by Kluft, Putnam, Ross, Comstock, Vickery, etc. Much of the information can be found by these authors in the journal *DISSOCIATION*, published by the ISSMP&D. You might also check with Stern's Book Service in Chicago. Your therapist might do some reading about transference and countertransference, separation and attachment, and projective identification.

This energy drain phenomena is part of the therapy process, and it provides useful information to the therapist. Usually it tells me that my client is avoiding something very painful and significant to them, or is

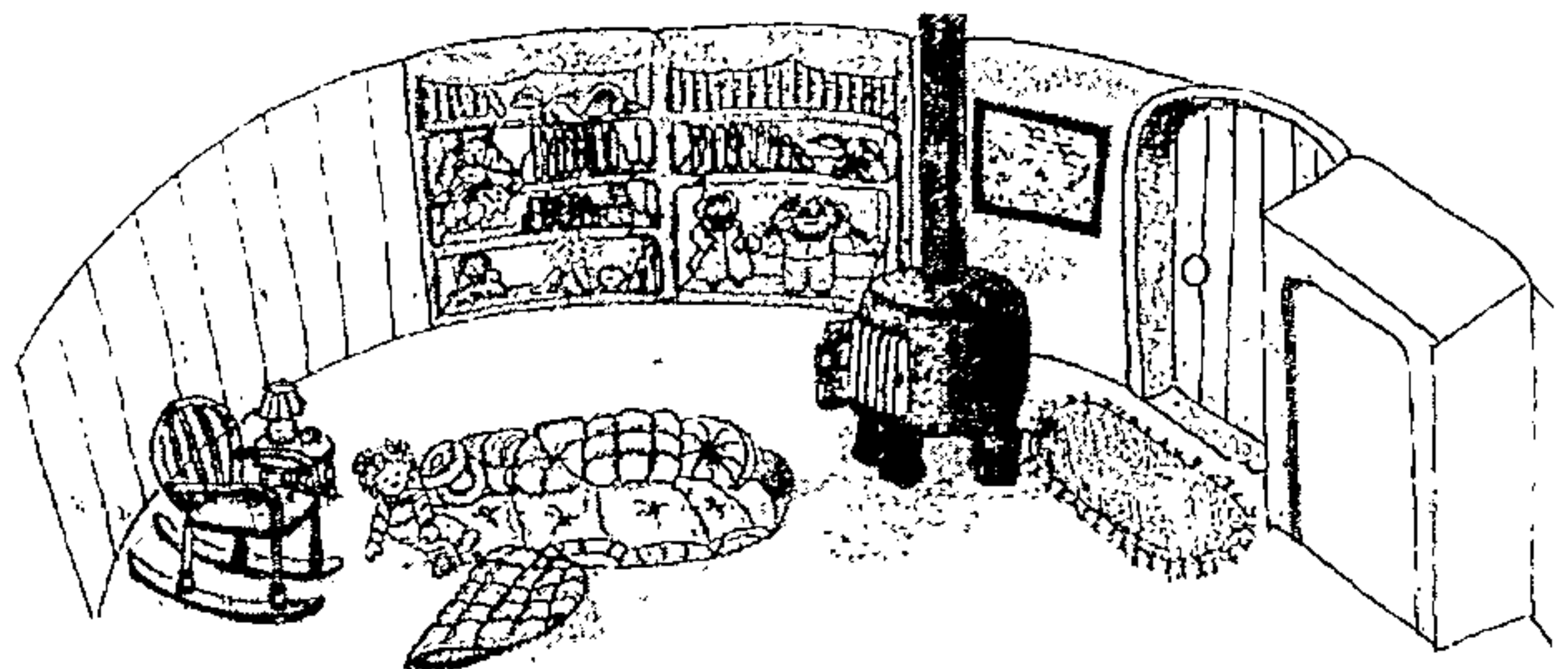
blocking it from their awareness in a fairly conscious way. The energy drain can be experienced by the therapist in a variety of ways: sudden, extreme exhaustion, dizziness, inability to stay focused on what the client is saying, daydreaming, feeling bored, spaced out, even frustrated and suddenly angry. (Of course, the therapist has to think about and process his/her own reactions and determine if it is their stuff, first!!!)

When I realize this is going on, I bring it to the client's attention, and we talk about what's happening right now: what he/she is talking about, feeling, what is being triggered, what the person needs from me right now, etc. Usually, each client will have a pattern, so once the therapist gets the hang of it, it'll be fairly easy for both to acknowledge that something is going on. It's as if one or both can recognize the clue and say "Hey, look at what we're doing again...what does this mean this time?" With some clients, it's a short-cut to getting down to business.

Congratulations on your discovery...Good luck in your work!

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



Safe Room By ABB

Guiding Us the Rest of the Way Home

From Diane and the Pod to Dr. C.A.R.

When you're abused as a child, it makes that child pretty sad. People always told me to smile, like a smile would make everything all right.

Dr. Carol has taught us that we have a right to be sad and to feel mad about what happened to us. She doesn't even tell us to smile or to stop crying. In fact, she accepts all of our tears and all of our smiles, all of the good days and all of the bad days.

She taught us to feel again, and not to be scared of the bad feelings. They won't last forever now. They feel like they will last forever, but they don't. Not any more.

Dr. Carol has taught us how to live in a world with feelings. She taught me something that I had never learned until I was in my 30s: that what I feel and think about another person can never, never hurt that person. My private thoughts and feelings about someone else can never hurt them. When I learned that, I was amazed, and it took a lot of practice to get used to it. I was taught that if you wished someone dead or had bad thoughts about someone else, something bad would happen. Either I was going to burn in Hell, or something bad would happen to the other person. Well, it just doesn't work that way.

Anger was such a confusing thing for us. He (my perpetrator) always seems so angry, and we never wanted to be like him. Along with his anger came a lot of pain and destruction to us, so we grew up thinking that when you got angry at someone, they always ended up getting hurt. Anger scared us, so it wasn't something safe that we could do. After all, what if we got mad, and turned into him! It took six years under Dr. Carol to understand the difference between feelings and actions, and only the latter can hurt someone.

Having feelings is part of our healing process. We have a wonderful doctor, and we have a best friend. She is the one who taught us to feel. We work hard in therapy, and we are now on the mend. She has changed our lives forever, and we still have a lot to learn. We hope she will always be there, to guide us the rest of the way home.

MV

Resources

The 2nd Annual Conference on Ritual Abuse and Mind Control, for mental health professionals, will be held Feb. 18-20 at the Williamsburg Hospitality House, Williamsburg, VA. Sponsored by BEYOND. Presenters include Donald Beere, PhD; E. Sue Blume, CSW; Catherine Gould, Ph.D. and more. For information call (804)358-8808.

Sexual Abuse Treatment Symposiums will be held Feb 23-26, in San Antonio, Texas, and June 22-25 in Seattle, WA. Organized by META Resources. Call Barbara Murdock at (404)933-0215 for info.

A variety of groups and activities are offered by SHARE!, the Self-Help And Recovery Exchange in Los Angeles. Call (310) 305-8878 for current information.

Canadian Survivors, note National Art Contest sponsored by A.W.A.R.E. Show how sexual abuse has affected you. Deadline, 11/30/94. Call or write for info: A.W.A.R.E., 2150 Burnhamthorpe Rd W., PO Box 186, Mississauga, ONT L5L 3A2. PH: 1-416-607-8208.

A.W.A.R.E. is a non-profit society, attempting to raise awareness across Canada about the crime of sexual abuse. It is attempting to develop a fund to assist survivors with the financial cost of therapy.

Susan Araujo, a psychotherapist for incest survivors, wants to contact "thrivers" in healing for research and a book project. Write to RR2, Box 79, Cold Spring, NY 10516. Phone (916) 265-4294.

All For One is a client facilitated support group for DD in Macon, GA. If interested, call (912) 745-0372.

Letters

A deaf subscriber with dissociation feels extremely isolated and concerned about ways being deaf interferes with her recovery. If you have ideas or suggestions, or can identify with this experience, send your letters to Linda B., c/o MANY VOICES. I'll forward replies. (Give permission if I can publish excerpts.)
-LW

I get sick of people telling me I don't fit some preconceived definition or pattern of "textbook" MPD. I'm writing because I think my therapist is under the impression that my system of persons is only internal ("it's all in your head"). If we cannot trust anyone yet and therefore don't expose ourselves to anyone, does that mean we do not exist? Must one learn to "come out" in the therapist's presence

to get better? Can most personalities work only through our "speakers"? Is it necessary to prove what our system consists of? Does it really matter, when working toward unity? I don't ever want to be like these "TV MPD's" who switch back and forth to convince others that it is real and it does happen. Isn't trusting "ourselves" the most important thing?

About the only time that our personalities come out in inappropriate places is when they are triggered by abuse-related incidents. My question: is there anyone else out there that is like this? I pray I can communicate with others like us.

By Paul, Deana, Anne for Rachel, etc.

I'm currently in the process of looking for a new therapist, someone knowledgeable of MPD, which hasn't been difficult. Having only Medicaid to pay for therapy narrows my choices, of course, but there are some willing to accept it. The problem is after they learn, not from me, that my father is a successful, wealthy businessman. Asking him for assistance would be asking to be abused again. He was one of the perpetrators and at this point, contact is limited for safety reasons.

Short of legally changing identities, do you have any suggestions on how to pursue therapy without being victimized again? Grateful for your help, hopeful that there is some.

By D.D. & We

Resources

Researcher with MPD seeks info for senior paper on subject. For list of questions, write to J.M., PO Box 1475, St. George, UT 84771-1475.

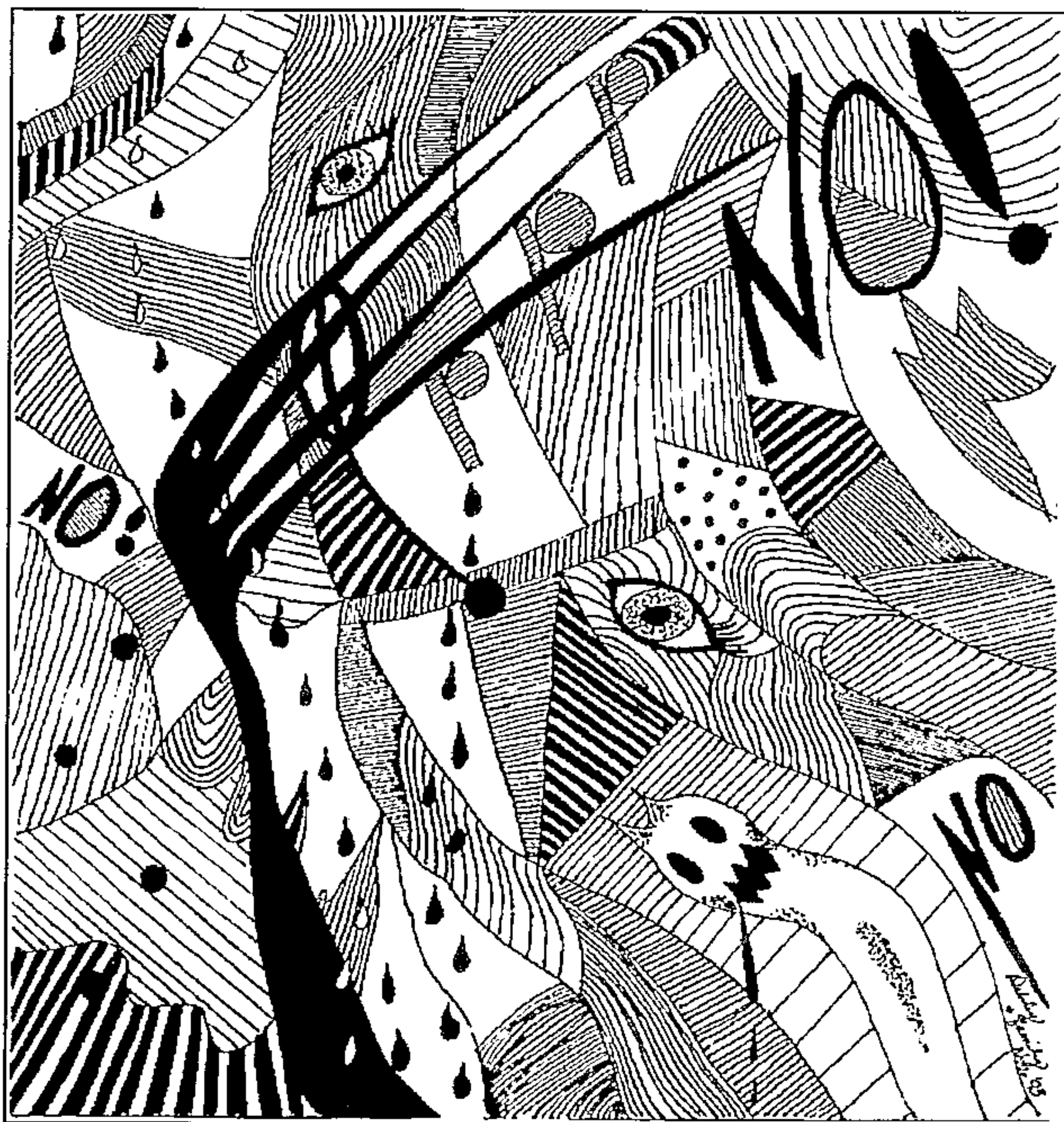
Survivor Connections, Inc. is a non-profit organization/newsletter primarily for persons abused by priests, doctors etc. Also offers registration of perpetrators, networking etc. Write to 52 Lyndon Rd., Cranston, RI 02905-1121.

New publications about sexual violence available from the Illinois Coalition Against Sexual Assault. Write for ordering info: ICASA, 123 S Seventh St. #500, Springfield, IL 62701-1302.

Laugh & sing with Peter Alsop, presenter of the Power of Laughter and Play conference. For brochure, write to Moose School Productions, Box 960, Topanga, CA 90290. (310)455-2318.

Cincinnati woman with visual impairment seeks driver service for her employment. 1-3 days/week. Hourly rate + mileage. Must own car, be dependable, have excellent driving record, read maps. Call Shari, 931-8813, 6-10 pm.

Survivors of Incest Anonymous Inc. (SIA) can provide survivor/speakers for your event, including experts on repression & memory retrieval. Also, new literature available. Call or write to SIA, PO Box 21817, Baltimore, MD 21222-6817. (410) 433-2365.



Books

Shattered Images: Phenomenological Language of Sexual Trauma

By Dee Spring, PhD. A.T.R. © 1993 by Magnolia Street Publishers, 1250 W. Victoria, Chicago IL 60660. \$36. 305 pages. Paperback. (Probably available only through the publisher at present.)

This is a powerful and useful book by an art therapist who has done much work with DD & MPD. I didn't know until reading, but the author (who has her own private practice in California) is herself an incest survivor. The clarity and depth of her work surely comes because of her clinical skills (through the experience of her personal pain.) The book is not specifically for MPD, but all exercises (drawings, art work, projects, etc.) clearly are empowering and useful to anyone on the continuum of abuse.

There are clear, helpful diagrams to help identify personal inner roles — identification of states of treatment through resolution (the first time I've

felt actual hope about the possibility of healing). I have long known that art (color) is my language but have not known how to tap it and use the inner knowledge I already have. The book has work sheets — art assignments that can be done at home and brought into treatment to work on. Inner voices of alters can clearly identify with her use of a "Civil War Palette" to define inner roles and conflicts. There are questionnaires clinicians can use at onset of therapy to gather information.

—By Carol T.

Bunny

A Storybook for Children Who Have a Parent with Multiple Personalities.

Written & illustrated by Lauren Lund. © 1993. Published by Soft Words Publishing, PO Box 3218, Pueblo, CO 81005-0218. \$5.95. 36 pgs. Paperback.

A fairy-tale-style story about the experience of a child (Bunny) visiting a doctor (Owl) to find out what's wrong

with his mother (Mother Rabbit.) "Sometimes Mother Rabbit is not Mother Rabbit at all. Sometimes she is someone else. Sometimes she is River Otter," says Bunny. Using simple words, the book talks about the feelings and experiences a child with a dissociative parent may encounter. It gives an example of handling a crisis, and what that feels like. Especially insightful is the explanation that MPD is not something you catch from someone else. "It is not an illness. It is a way of thinking." A lovely, helpful little book. —LW

NOTE: A full-color poster is now available, showing the cover of the survivors' classic story book "The Silver Boat", by Ann Adams. \$3.50 plus postage and handling. Both poster and book are available thru the publisher, Behavioral Science Center. (Book is \$11.95 plus \$2 handling). Write or call BSC, 2522 Highland Ave., Cincinnati, OH 45219. 1-800-966-1231.

Write for us! Draw for us!

We at *MANY VOICES* want very much to see your work. We would give each of you a valentine if we could! Thank you!

April 1994

Double-topic issue: Experiences of men in therapy for DD. What has been helpful in finding male support. ALSO: Graduating from therapy...how do you know when you're ready?

Therapist/client discussion. ART: From the male perspective (men or male alters.) DEADLINE: Feb. 1, 1994.

June 1994

Healing from Multiple Problem: DD and alcohol, eating disorder, other addictions; legal/criminal justice system; What do you do first? How is therapy different? ART: How you picture your healthier future life. DEADLINE: April 1, 1994.

August 1994

Funniest (or strangest) things that have happened in therapy for dissociation. Light-reading

suggestions & kids' books. ART: cartoons and drawings of unusual occurrences in therapy. DEADLINE: June 1, 1994.

October 1994

Creating your own healthy circle. Developing social skills. Groups for therapy &/or support. Meeting peers (How To, risks, rules for safety etc.) Penpal pros & cons. ART: Socializing with outsiders. DEADLINE: August 1, 1994.

December 1994

Double-topic issue: Dealing with the health-care system (insurance, medical doctors/dentists, social service agencies.) ALSO: Reducing dissociation in stressful situations. ART: A gift you'd like to give yourself, a friend, or the world. DEADLINE: October 1, 1994.



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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