

# MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

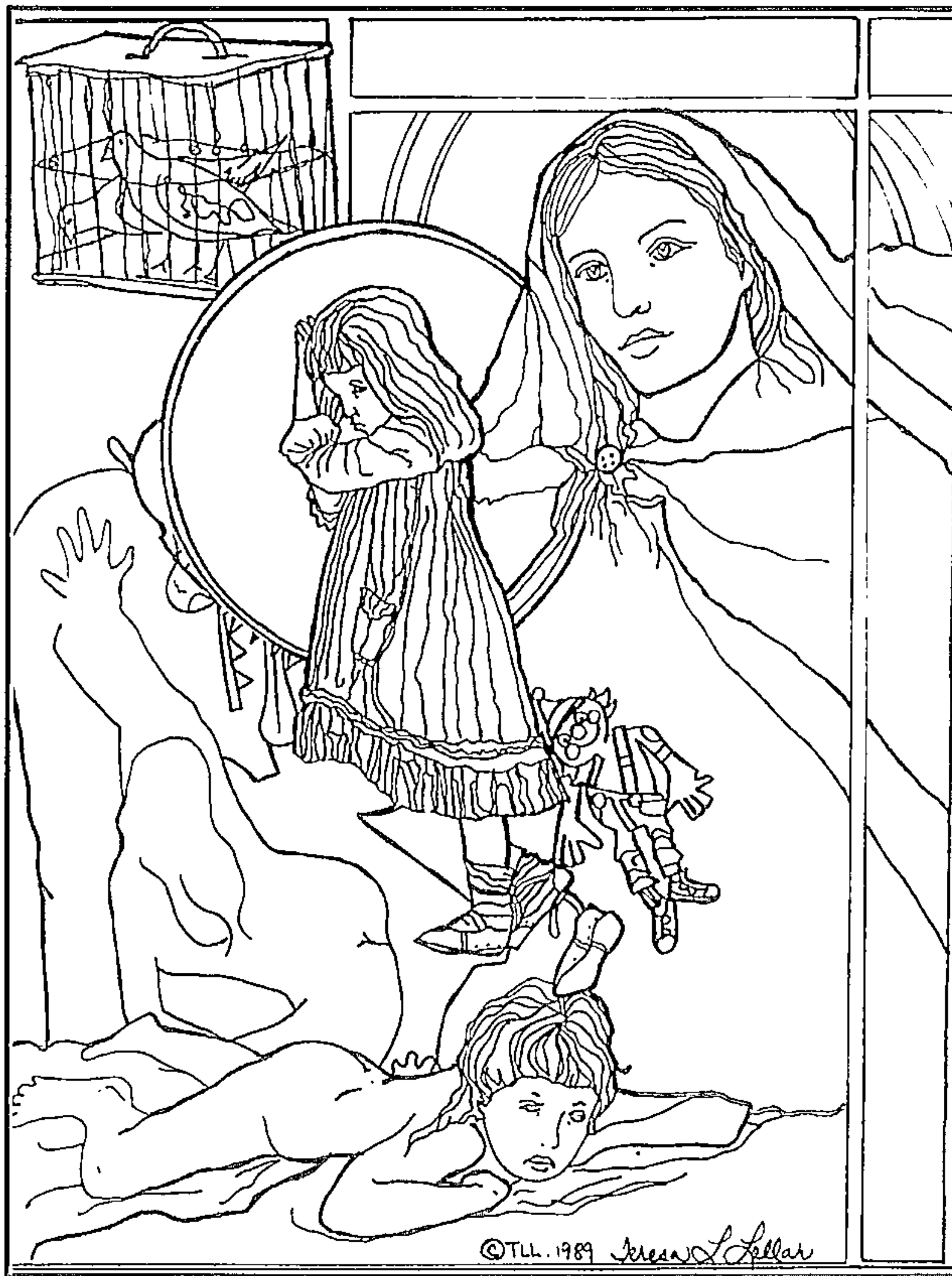
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*In This Issue:*

**Disability and Insurance Issues  
Hospitalization...& more...**



## *Soothing Shadows*

Today, I ache for my children—  
not the ones I raised in my home,  
but the ones who lived inside me  
some for as long as forty years.

They were created for a purpose  
and they served it well—  
Each and every one of them  
at one time saved my life  
or made it, at the very least, bearable.

But then came the day  
when I yearned to be whole  
when I yearned not to lose pieces of  
time  
when I truly felt I could manage on my  
own.

Today I wish I could know whether  
they understood  
that it was time for them to go play in  
the sun,  
to make sand castles and to take long  
naps,  
to feel the ocean breeze move their  
hair,  
but to bask in the warmth of eternal  
summer.

Anytime there is sunshine, there are  
shadows.  
And when I am very still, sometimes,  
I can feel a child's shadow pass  
silently over me!

How reassuring to know  
that the children are still there.  
The very thought makes me  
smile and wrap my arms around  
myself  
in a hug that is meant

just  
for  
them.

*By CE*

**MV**

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# Health Care in the USA

By The Four Dragons

**T**his is my opinion of our health care delivery system, HMO's and mental health care in the USA. It all sucks. The only difference between mental health care and physical health care is that the former is a thousand times worse than the latter. I know, because I am DID with years of time spent locked up in various mental hospitals, and I also work as an RN in a major metropolitan hospital. I see first-hand the incredible results of health care for profit.

This is hard for me to write because another part inside is deathly afraid of speaking out about our employer. Another part inside is deathly afraid of talking about our DID, because someone might hurt us with this information. And this is exactly why I need to be in therapy all the time, see my psychiatrist regularly, and take all sorts of potent, expensive medication. Without this help, we will die. DID plus chronic major depression requires this attention. Virtually none of this is paid for by insurance. I pay for these services out of my own pocket because they are not covered. It's so expensive that it eats up 1/3 to 1/2 of my income. The government gives me a few thousand back on my income tax. Oh goody. The reason I pay for this with so little help, is because insurance usually pays for maybe 12 visits a year to a therapist. By then, you're supposed to be well, I suppose.

Recently a new law went into effect. It requires that insurance coverage for mental health illness be similar to that of physical illness. So far I haven't seen much. My insurance carrier did send me a letter saying that it would now cover the approved specifics mental health diagnoses that it hadn't covered before. These include depression, schizophrenia, manic-depression and others for a total of about 12 mental health diagnoses. Great! DID is not on the list. I still won't get much coverage.

I want to know why my judgment, along with the opinion of my doctor, is insufficient evidence of need. Money is the answer. DID costs too much.

Besides, not all shrinks can even agree that DID exists, even though the criteria are spelled out in DSM-IV. Actually, physical health concerns go through the same screening process. None of it is fair or right. But mental health is worse off. Maybe part of the reason is because of the stigma it still has. It's taken me a long time to be able to admit publicly that I have a chronic mental health problem. I did not ask for this problem. I do not want this problem. But I am stuck with it, so I live in poverty to survive. And I'm lucky. I have a job. Not everyone with this can hold a job. For awhile, I couldn't either.

What's to do then? This is what I think. The first good thing is the Surgeon General's report which describes the nation's mental health system as a mishmash of restrictions, inequities and inadequacies. It's a start in bringing the scary mental health sufferers out of the closet. But there's more. One of the things that keeps me alive amidst all the suicidal voices inside is the idea that I can make a difference. I know the system from an insider's view. I want to take a stand with the practitioners and services I have to use. I talk with every lay person I can about depression. Many come back to me to talk more, because they can't talk about it somewhere else. The more it becomes OK to the public, the more the consumer will demand better care. I really believe in the power of the consumer. People are the ones who put pressure on politicians to regulate unfair practices. If each of us stands up for what is right for us, then change will happen. Personally, I do this by not allowing the insurance companies to hold me hostage. If I don't like the doctor I'm seeing, I fire him. After all, I'm paying him. I walk out of offices that treat me rudely, regularly keep me waiting for long hours, or have personnel who don't seem to know what they're doing. For example, at the beginning of my sojourn into the maze of mental health care, the doctor in the hospital required me to be in daily outpatient treatment. This turned out

to be at the county mental health department, and it was dreadful.

It was designed for people whose functioning skills were way less than mine. It was boring. I went there every day and had nothing to do but listen to all the new suicidal schemes being cooked up in my head. It was not helping me. I asked the program to give me individual therapy. I even had the signature of a psychiatrist at the emergency psychiatric services saying that I needed this. The county said No. I got mad. There is a good kind of mad that helps me to take care of myself. This was that kind of mad. I asked if I could hire my own therapist. They laughed and said yes. I don't think they believed I'd do it. I bristled inside with an attitude that said "Oh yeah? Well, watch me!" I hired a private therapist and then left the program. What if every single person in the program did that? The program would either fail or change.

It's not great gobs of power but it helps me not to feel so unable to do anything. That feeling of helplessness and powerlessness is a trigger into how things were for me as a child, and lead me straight into not wanting to live. I still have outrage and indignation at the idiotic way that the mental health care system is. But I don't want to stay stuck in that frustration. That's why I pay so much out of my pocket. I refuse to accept the inadequate care that they would "allow" me to have. And I will fight tooth and nail to promote others to take charge too. The more people that do, the less power the money-making chaps at the top of the heap have over my life.

MV





*Comforting the Little Ones*  
By Teenager of the Little Bird Family

## Owing

I owe  
you  
each and  
every  
one  
of you  
i owe  
you  
my life  
there isn't  
enough  
stuff  
i could  
ever  
say or  
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know that  
i  
thank  
you  
and  
love  
you with every  
essence  
of  
my  
being

By sjs

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## MANY THANKS TO OUR ANGELS!

**Del Amo Hospital - Torrance, CA**

Call Chris McMillin: (310) 530-1151 or (800) 533-5266

**Forest View Hospital - Grand Rapids, MI**

Call Bill van Harken: (616) 942-9610 or (800) 949-8439

**River Oaks Hospital - New Orleans, LA**

Call Martha Bujanda: (504) 734-1740 or (800) 366-1740

**Timberlawn Mental Health System - Dallas, TX**

Call Christie Clark: (214) 381-7181 or (800) 426-4944

**Two Rivers Psychiatric Hospital - Kansas City, MO**

Call David Tate: (816) 356-5688 or (800) 225-8577

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If you know of clinics or conferences that need flyers, please call us!  
We appreciate your support! — Lynn W., Editor



## Finally! We Have a New Website!!

**N**o more glucky ads from AOL hanging 'round it, either! Hooray!

Check out  
[www.manyvoicespress.com](http://www.manyvoicespress.com)

A major thank you to Leota Coates, of The Coates Group, for helping us put this baby together (well, 'helping' is an understatement. She did 98.5% of the work. & at reasonable cost, too...so if you need a web site, write to [lee@thecoatesgroup.com](mailto:lee@thecoatesgroup.com))

We have a sample newsletter on line, a new (just started) art gallery, a freshened list of URLs, & soon we'll have an extremely-thorough subject index to all the years since 1989. The new site also features Conference lists and more.

We hope to keep the site updated with fresh material. So we are asking you to send and give permission to publish art in the art gallery (4-color work is fine, best if you scan & send a jpg, but if not, we'll do it. We can include your email for direct feedback from viewers, if you like...or we'll screen the replies. Your choice.) Also send your products/services for free survivor ads (classified style); And your thoughts or queries on important topics such as integration, etc.

Plus we're announcing our special "earn a free subscription" deal: Get a letter to the editor published in a local newspaper, mentioning dissociation or dissociative disorders...(preferably, of course, giving MV's post office or web address)...and send me a clipping of the letter that appears. You'll get a FREE one-year subscription to *Many Voices*! The idea is to let more people know that dissociative disorders exist, and that people are recovering and working hard to live better, more healthy lives. If you need an info packet to send an editor, ask me and I'll send you one.

MV's old website at [members.aol.com/mvwebnews](http://members.aol.com/mvwebnews) will still exist, sort of...but we're planning to funnel everyone to the new site, ASAP. You can send email to me either at [LynnWatMV@aol.com](mailto:LynnWatMV@aol.com) (the old way) or to [LynnW@manyvoicespress.com](mailto:LynnW@manyvoicespress.com) I'll get it, regardless.

Thanks to everyone who made suggestions for the site, and if any of you have other ideas, please share them. We want this to be an ongoing development. You can help us make it great! *Many Voices* is really YOU

— Lynn W.

MV



# Insurance, Disability and More

First, let me explain that our parents taught us very well, very clearly, that "Only a bum goes on any kind of assistance. An honest person gets a job and supports self!"

So after being "let go" (the polite way of getting fired) from five jobs, I entered therapy with a therapist who works with DID clients. After a few months of treatment, I applied for and got another job (secretly, because it was against therapeutic advice.) After a month of struggling and frequent mistakes, I got fired. My therapist was upset that (#1) I applied for the job without telling her and (#2) that I had not believed her that I was a multiple without co-consciousness. (DID is real and not some lame excuse for not working). Doc didn't want us to be set up for failure. It took Doc several months to break through the feeling that I was a "no-good bum."

Going on "disability" via the Department of Vocational Rehab and a group called Network Enterprises, Inc., gave us back our dignity, found a supervised, "stress-free" part time job that we could do and still have plenty of time for therapy sessions and therapy homework. It was like losing 50 pounds. We were free to be ourselves, develop in a positive way free of failures, and most importantly, we learned that sometimes good people need a little assistance. It gave us the hope to grow and recover and also gave us enough steady income to get by. Our therapist is a firm believer in working when able, so we will be going off assistance as soon as we are able to hold a regular job.

Just a word of caution: disability is a great tool to help with the recovery process. It is not a thing where one can say "Oh, this is great!" and kick back, because the time will come to get off and make your own way again.

Thank you. I hope this helps someone else as it has helped us.

*By Anna for Pat's Flock*



Due to the severity of my mental illness I have had a terrible time finding insurance. Many companies wanted a rider so not to pay mental health bills. Most companies just refused me a policy, outright.

The Texas Health Insurance Risk Pool insures me now—but I pay \$272 a month for coverage, plus \$200 a month for pills.

I also have asthma, hepatitis and paraplegia, too.

I wish that the insurance companies covered DID/MPD. Since I am also considered mildly psychotic, I am covered for therapy and medicine. But I worry that if I ever need hospitalization, I would be placed on the wrong unit.

All my life I have wanted to work. Yet except for three weeks of telephone work, I have never been able to.

I continue to seek work I can do from home (since I'm paraplegic and can't drive.)

Don't give up! Keep on trying! All day, "we" do that.

*By Sally B.*



I wanted to share some information with you.

At the end of 1997 I was getting worried that I would have to leave the partial day hospital program I was a part of for the past year and a half, because I was worried I was closing in on my lifetime maximum benefit of \$50,000 for mental health, and I needed to still be able to continue with my weekly therapist as well. The people at the program told me to hang in there because it looked like in 1998 the law would change, and that the insurance could no longer say I have limited coverage for mental health, and unlimited coverage for, say, a heart condition...that coverage would have to be equal. The law did change in Illinois as of January 1, 1998, and I should have been able to continue with

no problems. But when I contacted the insurance company to confirm that they were aware of the change in the law and that my benefits should not be ready to expire, I got a total runaround. No one knew anything. They would not acknowledge the change in the law. The people at my day program were really helpful and got me a written copy of the law, which I repeatedly submitted to my health insurance, and still got no confirmation. It was all very stressful, since I am on such a tight budget. One week with the day program was like six months of coverage with my weekly therapist, so I was in a constant state of panic and rather suddenly decided to leave the day program (just for a few weeks, I thought) until I got things straightened out with the insurance. Well, it was July of 1998, seven months after the law was passed, that they finally acknowledged the change in the law and I was able to return to the day program. So many times I just wanted to give up and forget the whole thing. I was getting so depressed thinking that the insurance was just ignoring me because they knew I was worthless and bad, and things like that. Suddenly having to leave the day program greatly affected my mental health, and had I really gone off the deep end (which I'm glad I didn't) some people have told me the insurance company could have been held liable for the delay in acknowledging the change in the law. My therapist said that since I stuck with it though, I may have helped ease the way for others in similar situations coming after me. This was probably the first time I really fought for my rights, but I honestly think that if I didn't, they would have still told me my benefits had maxed out and not offered that the law had changed. One really has to be looking out for oneself, and I've learned sometimes, especially with insurance companies, you really just have to make a pest out of yourself...and document everything, to be heard and to get what is rightfully yours, along with everyone else.

*By the Shadows*



I looked at an insurance plan I was thinking of getting on and am now seeing red. What kinds of insurance do the rest of you have? The plan I looked at has "benefits for psychotherapy on an outpatient basis are limited to 50% of the usual and customary charges incurred up to \$50 per day not to exceed \$500 maximum per policy year...Psychiatric hospitals are not covered." I read that as 10 visits per year, less than one a month! I could not even get through my history or all my people in one year, to meet the therapist! Could you see this kind of benefit for cancer or AIDS? Never! But—could I stand in front of a legislator and lobby, saying I have M.P.D.? Only if I want to never be hired again, to work with children. The insurances are getting away with a tremendous injustice. Not only did I have to endure massive abuse with all the resultant chronic physical and emotional problems that are never gone, and receive malpractice and mistreatment by mental health professionals...I have to be poor the rest of my life to stay functional (not even near the work to be integrated.) How do others cope forever? The insurance policy and industry are terrible!

By Ann V.

*If you want to share your insurance strategies, resources or horror stories with Ann, please send. And please give us permission to print your thoughts in Many Voices or on our new website, [www.manyvoicespress.com](http://www.manyvoicespress.com) We'll keep you anonymous. Believe me, everyone has an insurance horror story to share!* —Lynn W.

MV



# Sitting in the Ashes

## Can Psychiatric Hospitals be Over-utilized by the DID Patient?

By CE

My former therapist was a wonderful storyteller. It seemed he could pull a perfectly appropriate one from the air at a moment's notice. Once, he told me about the Norsemen. They lived in longhouses and inside they warmed their houses with centrally built fires. As the fires burned down, the Vikings would push the cold ashes into a ring around the fire, and this ring often would accumulate into a very high pile.

It seems the men of the village would sometimes become depressed. When they did, they would go and sit in the ashes, and in fact, put ashes all over themselves. The other villagers would see them and allow them to be excused from their chores for as long as it took them to recover. They tolerated their brothers' need to just "sit in the ashes" and to be safe and respected. Even centuries ago, these people evidently understood a mood disorder better than our culture does today. I would guess that they would have understood DID equally as well.

I love that story because that is exactly what I felt like I was doing when I used the dissociative disorders unit of a local hospital so often when I was in the throes of healing from DID. The fact that I was admitted and discharged from the place a couple of times a month for quite a long time was not always a true reflection of my degree of "danger to myself or to others," but please don't tell my insurance company that.

Many times, the truth was that I just needed to "sit in the ashes" for awhile. I needed to go somewhere where I was accepted as normal, as intelligent, and as capable. Somewhere where my caregivers didn't avoid eye contact with me. Somewhere where people asked my opinion and honored it. Somewhere where I would be left alone if I requested it. Perhaps, most

of all, somewhere where I could be safe.

Now granted, there came a time when I needed to start seeking and finding that somewhere outside the locked doors of a hospital. (Besides, I had the added impetus of rapidly diminishing benefits.) And yes, maybe I did over-utilize the safe haven of its walls a few too many times during the transitional period between being utterly dependent and being able to find my own way. But I would argue that even those admissions had their merit as stepping-stones from one developmental stage to another.

Eventually, the pivotal stay arrived. I was sitting in yet one more therapy group in the activity room when my attitude turned on its axis. The turning point happened to occur over a cassette tape. Our art therapist thoughtfully wanted to play background music for us while we drew our assigned subject matter and the group was to choose a tape. However, the group was unable to choose a tape. The dispute raged on and on and I could feel my pulse pounding in my head over my utter frustration with community life.

Suddenly, I knew. The hospital had given me all it could give. It was time for me to leave. It had been a wonderful place to curl up and heal, but I was ready to move back into the world now. On the way out, I would say thank you to these people who had been so kind to allow me to ignore my chores and to sit in their hospital for as long as I needed.

Over-utilization? No. Lifesaving? Definitely.

I was simply certain it was time to stand up and get out of the ashes...

MV



# Non-Therapists' Page

## Soul Retrieval — A Tale of Integration

By Eileen

**M**ost of the integration articles I have read in *Many Voices* have dealt with traditional therapist-led ways of merging split off parts/alters with the main host. I'd like to tell you about another option that accomplishes the same thing—a shamanic technique called soul retrieval.

Shamans, or healers, have been around for thousands of years all over the world, and the idea of soul loss, where parts of a person split off due to trauma, just as long. What the soul retrieval practitioner does is to make a spiritual journey to find the lost parts (usually only 2 or 3 at a time) brings them back to present reality with him/her, and through ceremony literally blows the lost parts back into the person.

If all this sounds a little weird, I quite understand. Coming from a logical and scientific background, I thought the idea was crazy at first. However, I've experienced this three times this year and it works! While I have many inner children and teenagers, I am not technically D.I.D., but this technique can work for anyone, even "singles," as we all have some degree of trauma in our pasts.

A key requirement for soul retrieval to be successful is that the recipient must have an open mind to the possibility that it can work. You don't have to believe in spirit journeys, though anyone who has had an out-of-body experience has touched on a form of spirit journey. A soul retrieval practitioner is different only in that he/she can journey at will and by intent can find the lost parts of a client. One other requirement is that the receiver must be open to the fact that his/her life may radically change with this retrieval. Doubts toward either requirement will create an internal block and at that point it's unlikely that the retrieval will be successful.

There are some safety mechanisms built into the process of soul retrieval, the most important one being it cannot be forced. If my inner system or I am not ready for a part/alter to merge, it will not happen. Period. Similarly, the practitioner cannot retrieve parts that don't want to come back and merge with the host. It must be a mutual agreement between the recipient and the parts/alters. The soul retrieval practitioner is merely a bridge to link the two together.

Soul retrieval is not a shortcut to integration but merely the final step where parts/alters can be brought home and permanently merged. It should never be considered to be a "magic pill" to integration where parts/alters just instantly merge. There is a lot of work that I had to do after each retrieval. In soul retrieval parts/alters return suddenly and it can feel like getting a huge bucket of ice-cold water dumped on your head. It is quite shocking to the body's system as you instantly get the parts' memories, emotions and physical sensations. It can be very disorienting. My therapist calls it a 'shotgun approach' to integration, but it does work very well for me.

So what has soul retrieval been like for me? Before the retrieval I read every scrap of information about integration in *Many Voices* to get an idea of what I could expect. While there have been some common threads, I suspect each individual's experience is unique. My situation is perhaps unusual in that through training I have had outside of therapy, I am able to work directly with the inner children who now wanted to "come home." I knew fairly well what memories they held, some of their personality traits, and also what was likely to come back. This helped immensely and made the post-retrieval aftermath much easier for me. In comparison, a friend who had not worked with his inner children before

had a rough time dealing with the emotions that resulted from his retrieval. There is no telling just what part/alter will be retrieved. It may be one that brings back difficult emotions or memories. Or it maybe a very gentle one who quietly slips in, smiles, and merges. You have to be prepared for both situations if you do decide to ask for a soul retrieval.

Even though I already knew most of the parts that were retrieved for me, I still had a few rough days after the retrieval. I went through temporary balance problems as small children learned to be in an adult body, immense tiredness, a physical detoxification, and a real emotional roller coaster. If you've seen a cartoon character vibrate when hit by a gong, that's what I felt like. Eventually though the vibration stops, and a wonderful feeling of wholeness comes.

There has been quite a bit of humor too, as the newly returned parts adjusted to this physical world. One of my parts, who had never seen the real world, was just fascinated by things like a common plant, or the tin foil wrapped around a Hershey bar. Another part developed a strong craving for coffee. Normally I can't stand the stuff. Life can get interesting very quickly!

For a few days after the retrieval I could still feel the newly merged parts in a vague way, though the sense of them faded quickly as they truly merged. Right after the retrieval it's important to ask these newly returned parts three questions. I've found that I get very good answers at this time, perhaps because the blocks I had between us disappeared in the merging. What I've learned is that if the answer surprises me, it's probably correct. The three questions are:

1. Why did you leave?
2. What do you need that will help you to stay?

## Non-Therapists' Page, Cont'd.

## 3. What gifts do you bring?

The first question can have some difficult answers including flashbacks and intense emotions, but they are things I need to know. The second can be fun. If there is a need for a teddy bear, go get one! Someone wants some ice cream—find out what flavor. One of my parts wanted a mug of hot chocolate and another some cartoons, so we spent an afternoon like that. The third question is like being handed Christmas presents, where I find I have new abilities, greater creativity, and new personality traits that I can take into my everyday life.

There is no guarantee that a part/alter will stay merged. I think there are four keys to improving the chances that the parts will "stick." First, you have to accept both the returned parts and all they bring with them—memories, emotions, the works. You can't fake this, because they know you. Second, care for them. Welcome them home, tell them you love them and that you want them to stay. Ask them what they need. Third, have faith in yourself, and them, that this is the time for them to merge. This can be difficult to do, but I've learned that the Creator won't give me anything I can't handle. Last, have some support nearby both during and after the retrieval. A soul retrieval can feel overwhelming and having someone with you who supports what you are doing makes such a huge difference.

One of the things I have noticed about a soul retrieval is that because they are sudden I can track the resulting changes in me perhaps easier than a gradual integration would allow. A retrieval is like a rock thrown into a still pond in that it created ripples in me like a rock creates ripples in the still water. Weeks later I can still detect subtle changes in my personality, how I deal with people, even changes in what I am capable of doing, and each one I can track back to gifts a retrieved part brought me.

If you are interested in this, I highly recommend that you read Sandra Ingerman's book *Soul Retrieval*. In it she explains what soul loss is, how it

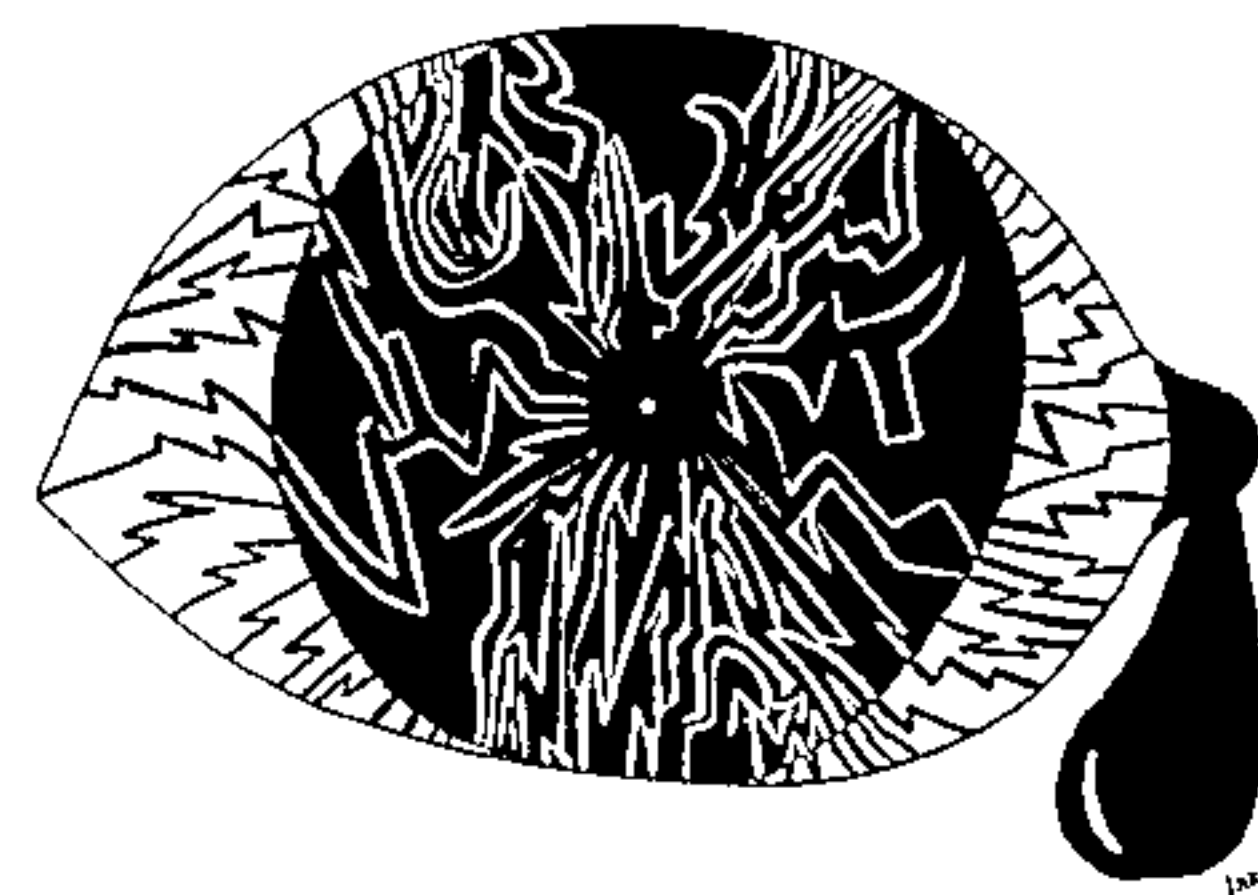
happens, and the basics of the retrieval technique. The Foundation for Shamanic Studies, whose address is in the back of the book, would probably be able to help you find a practitioner in your area.

Before you ask a practitioner for a soul retrieval I recommend that you talk to the practitioner and get to know him. Take your time with this, perhaps meet with him (or her) a few times. Do you feel safe with this person? Do you trust him? Trust is a huge factor in soul retrieval and cannot be overstated. If you don't feel safe with the practitioner, chances are your parts/alters won't either and a retrieval will be unsuccessful. I am very lucky in that a close friend who I trust was able to do the retrievals for me. With anyone else I would listen to my gut instinct on whether to trust this person or not. A quick test that works for me is to quietly ask myself if I would trust this person with my child or teenager. If my stomach starts to knot up, that is a definite "no" and I would not do the retrieval. Always remember too that you and your inner system have the last say in whether a retrieval is done or not. You can stop the ceremony anytime you want.

Soul retrieval can sometimes be an emotionally rough way of integrating, but for me it has been a priceless gift. I could work endlessly with my inner system, but I couldn't make that last stop to bring the parts/alters permanently home. Since the soul retrievals, I feel so much more whole, some of the emptiness inside me has been filled, and I can do things now I never dreamed were possible three years ago.

If you think in terms of music, the host has one song, the alters another. When the two merge a new song is created, and that's the one I now take out into the world to sing.

Above all else, soul retrieval is a celebration as lost or split-off parts are at last returning and you can finally tell them, "Welcome Home!"



## Tears of Rage

When your eyes see nothing but hate, they soon turn to hate themselves. All you see is blackness because the world is full of hate for you, and you hate the world. Yet the eyes can only hold so much. You try to hold the anger and the hate in, and try not to let it show.

But once in awhile someone comes along and they begin to see the hate and the anger in your eyes. You begin to trust just a little bit; all the while, without your knowledge, the anger and the hate begins to seep out.

Yet you fight it, because it's all you know. You're afraid to let it go because it protects you. The hate and anger keeps you safe. When the anger is released and allowed to come out, it turns into sadness.

So the anger and hate that was once the black hole in the middle has come out from your eye, and turned into a humongous fear that just sits there, waiting to fall.

You're confused and don't really know what to do, so you just sit and try your best to hold both of them in your eyes. Why? Because you're afraid. Scared to be sad, because after all these years, I'm afraid to admit that I was hurt.

I was never allowed to cry. Maybe someday the tear won't sit there. Maybe someday it will fall freely.

By Jake



## Partner's Page:

# You Actually Let Your Wife Cut?

By Richard

(Warning: the following article includes graphic descriptions of cutting behavior. Do not read if this will upset you, and be sure if you choose to read it, that you are safe and emotionally grounded.)

**O**f all the bizarre behaviors that sexual abuse survivors are driven to, few are more horrifying or more difficult to understand than self-cutting.

I first heard about cutting behavior on Oprah Winfrey not long before I met the woman who became my wife. I watched for about 15 minutes, horrified and repelled, as the women displayed their scars and discussed their addiction to cutting.

I hung in there until Oprah asked the group what they cut themselves with. They began describing, in almost loving terms, the merits of razors and knives and broken glass...and that was all I could take. I strode across the room and snapped off the TV in disgust. "God, what a bunch of sickos," I muttered. "If a woman started acting like that, I'd leave her in a heartbeat!"

Then I fell in love with and married a cutter. Guess I should have watched the rest of the show, huh?

Actually, my wife didn't start cutting until later in our relationship, when her memory work became more terrifying, and after I was fully committed to her. Now she looks like those women on Oprah Winfrey. She has an abstract mat of scars on her upper arms, and rows of scars up her forearms, and a few deep scars that probably should have been stitched.

To this day, I do not fully understand cutting behavior, but I think I have as much of a handle on it as any non-cutter, non-medical-professional can.

For my wife, cutting seems to have fulfilled two purposes.

"When I'm overwhelmed by the emotions that my memories bring, cutting lets the bad feelings out," my wife said. "And if I'm suicidal, giving myself permission to do just a little

damage seems to help me stop from taking a razor blade and killing myself."

My wife's therapist never approved of the cutting and worked with her to stop it, but she understood the mechanisms behind it.

"Cutting works; it really does," my wife's therapist said. "Whenever you're injured, your brain releases endorphins, morphine-like hormones, to help you cope with the pain. That's been proven in clinical studies, so I have no doubt that cutting helps them feel better, even though I absolutely do not approve of it."

According to my wife, and other sources that I've read, other reasons for cutting include self-loathing, self-punishment, cult programming, and to get high from the endorphin rush.

You also need to know that it's almost impossible to prevent a cutter from cutting if he or she really wants to.

"We've had people to somehow find a sharp edge in a locked-down psych ward," said one of our support group leaders. "I've had people cut right in front of me, while I was sitting knee-to-knee with them, and I couldn't catch them in time. You can't watch cutters close enough to keep them from cutting, so don't even try. It'll drive you crazy."

So, even though my wife's therapist and I did not approve of her cutting, we knew that it somehow helped her, and we knew that we ultimately could not stop her. So my wife and her therapist worked out a contract to allow her to cut safely until therapy could help her stop.

My wife had two alters named Cutter and Slicer who contained the cutting behavior. Here is the safety contract my wife and her therapist got them and her other alters to agree to:

No cutting below the elbow. To avoid the risk of accidental suicide, and...

Horizontal cuts only, for the same reason.

Cut only with single-edge razor blades. They are easier to control, safer for the fingers, and the clean cuts heal faster.

Stop the bleeding and apply bandages. This is basic self-care, and when the front person comes back, it prevents panic from suddenly finding a bloody mess.

Stay in control. Shallow cuts only, and if the cutting threatens to become worse, the other alters knew to call the therapist and/or get to the hospital.

I added two conditions of my own. My wife was not allowed to cut in front of me; there was no way I could tolerate that. And if she went into the bathroom to cut, I would check on her in about 15 minutes to make sure she was okay. (I never had to do that, thank God.)

The safety contract had to be reaffirmed and updated regularly, and I'm not saying that Cutter and Slicer and the other alters followed it to the letter. But they followed it well enough to keep from committing suicide, being rushed to the emergency room, or permanently maiming the body.

In all fairness, I have to add that most of the guys in our support group were appalled when I told them about my wife's cutting contract.

"You actually let your wife cut," one guy asked incredulously. "That's crazy! I've told my wife that cutting is absolutely unacceptable. No way, Betty! You'll have to find some healthier way to deal with your feelings than slicing on yourself!"

Faced with his utter disapproval, this man's wife and her therapist found healthier outlets. All I can say is, I'm convinced that if I had tried that with my wife, she probably would have tried to contain the cutting behavior, but the



*Partner's Page, Cont'd.*

tension would have eventually driven her to maim herself or commit suicide.

And I've learned that with a workable safety contract, and good therapy, cutting behavior is temporary. My wife went through several periods where she cut, and long stretches where she did not. The cutting phases seemed to grow shorter and less frequent until Cutter and Slicer integrated not long ago.

"Thank you, Cutter and Slicer, for doing what you did because, in your own way, you also helped keep us safe and alive," my wife said during the integration. Then Cutter and Slicer went wherever alters go when they integrate, and the cutting behavior has not resurfaced since.

MV*The Secret*

There's a scared, defenseless,  
wounded child  
Hiding inside my soul  
She's concealing the truth and  
keeping inside  
Something she's never told  
She hurts so much but still won't tell  
The story of her pain  
This is how she protects herself  
And it's a way to avoid the shame  
She trusts no one and she lets me  
know  
That's why this fear exists  
She's scared to let the feelings go  
It's such a dangerous risk  
For years the truth has remained  
unknown  
But now I'm getting strong  
I know I don't have to face it alone  
As I have for so long  
This scared, defenseless, wounded  
child  
found a way to deal with her pain  
But I knew somewhere deep inside  
It'll surface one of these days  
So where's the key to release the lock  
I need inside my soul  
Because once I start crying I just can't  
stop  
And I feel so empty and cold  
Let the walls come crashing down  
Let my heart release the pain  
And let the peace of mind I find  
Be the light that shines my way

*By Kellie G.*

## Staying Open Minded

By MRH &amp; Co.

I'm back in the loop, back in the systems...back in the hospital. It's hard to accept this as OK but if there's one thing that will bring my sanity to the forefront again, it's keeping an open mind. Right now, it's a real challenge to have any kind of focus or direction. How did I get here again? I thought the last time I was here I "fixed" all of this, found a better way to maneuver through my days. Now, it's back to the basics of regaining my safety, slowing these spinning fragmented thoughts, finding a blank page to, once again, put myself back together.

The days are long and the nights are forever. Yesterday I was a working woman, taking care of her family. Today, I'm a scared little girl who needs a lot of love and attention. How did I become so blind to the warning signs that caution me of a switch like this? Why didn't I listen to the little girl as she cried all the way to work and rocked herself to sleep? And when did the conductor of my inner orchestra give up and walk away from her stand?

Overwhelmed is a dangerous place to be, submerged; engulfed; overcome; overpowered. It's a place where hope dies fast and helplessness sneaks into its place. A place where there is a fast-forwarding of emotions, yet at times you feel nothing at all. This was where I spent my days. This had become the lover I woke up to and the place I laid my head down at night.

The only thing that I was sure of was that I needed help. I couldn't do this on my own and, in desperation, I reached out. But it wasn't until I finally realized that I didn't have to fix my entire life before I left the hospital, that I started to make the most progress. I just needed to get to a safe, stable place within myself and be open to finding solutions to my most immediate challenges.

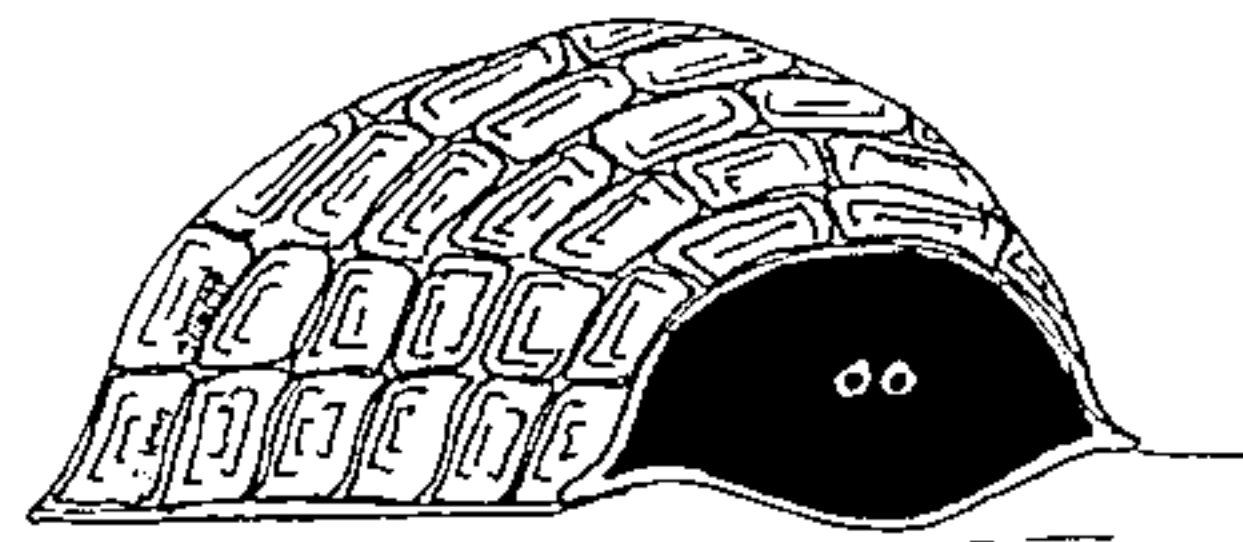
This time my approach was a little different. I found myself taking more risks by participating and interacting more. If I wanted help, I needed to break down the wall just enough to put myself out there to receive it. There

were still times when I recoiled into a scared, tight ball, closed off from those around me. But the help that I needed came to me in the times that I found courage to open my mind and my voice.

In two weeks time, after leaving the hospital, I still found I wasn't pulling back out of the depression like I normally did. It scared me, but again I reached out for help and entered a partial hospitalization program. This was new to me and I found it extremely difficult to feel a part of the group. Everyone seemed so different from me and at first, I thought that no one could help me with what I was going through. But again, when I took that chance and went out of my comfort zone a little at a time, I found that opening my mind and my mouth made the difference.

There are stages and steps to healing, and new challenges sometimes require new approaches. While it takes courage and determination to move forward, it also takes the help of a talented support team. The cooperation, encouragement and support of all those who worked with me was an integral part of helping me to move toward safer ground.

As I go through my days, weaving my daily routine together with my treatments, I am creating a basket that holds the support of others, the courage to move forward, and the gift of an open mind. Now, when I meet a challenge, I can reach into this basket and know that I am not alone.

MV

## Disability was Right for Me

By Toni et al

Before going on disability, I was a functioning school teacher. Then a year came when my therapy was finally unwinding the twisted mess of my ten feuding personalities. The therapy was going better than it ever had, but it was taking a deep toll on my professional life. Personally the panic attacks were coming along faster and faster, and my depression was deeper and deeper. Consequently, I missed seventy days of school out of one hundred and eighty days of the school year. I don't know why I wasn't fired. (Perhaps tenure?) Anyway, at the end of the school year I had a conference with my principal, and we both agreed I should take a year off and go on disability.

I was lucky that the school system paid disability to its sick employees; however, it wasn't enough to continue my mortgage payments and my psychiatrist's fees. I needed house repairs and by and by I was inundated with bills I couldn't pay. I had no choice but to declare bankruptcy. I lost my home and anything of value I owned, but was making payments on—car, piano, etc. On top of that, I couldn't rent an apartment with my credit record.

I was lucky in that my grown daughter had a friend who was buying and restoring old real estate to rent out. He didn't question my credit and I rented a small duplex. I gave up a beautiful 4,000 sq.ft. brick home with lovely gardens, for a stuffy little one-bedroom duplex on a noisy street.

I still needed more money, and was told by my bankruptcy counselor I was probably eligible for federal disability. I was too sick to work; it was a permanent disability; the panic attacks caused my heart to race so much my general practitioner had me on digitalis. Every time it happened after doctor's hours, I had to go to the hospital emergency room. This was also happening during my last teaching year. It seems like I'd end up in the hospital twice a month or more. Sometimes I would be admitted for a few days, sometimes just treated with more digitalis and sent home. I could

never go to work the day after these attacks.

My psychiatrist was wonderful in that he let me continue to work with him without paying the full fee. He was in another town though, and without a car I was compelled to go to social services and use a small van they used to take elderly and disabled people out of town to doctors and dental appointments. I forgot to mention that I live in a small southern town, that only has one psychiatrist (bad) who coincidentally happened to be the person I bought my now-confiscated home from. Glug! He wouldn't know what DID was if it hit him in the face.

Well, I had to have a car. Our town has no bus service; so I applied for federal disability. I was refused, but learned—don't give up. Challenge their denial and keep the request open. Never give up, just try again, because if you get it, it is retroactive to your most recent request.

After I challenged them, they sent me to their doctors—one GP, and one psychiatrist. In the meantime, I was going to classes on handling your money, demanded by the bankruptcy court. I mentioned my trouble getting disability. The counselor told me to write to my senator for help. I did this. I wrote to Jessie Helms, our state senator, and told him how I had been a good and caring teacher in North Carolina for many years, and now that I needed help, I was getting the run-around. It had now been six months since I first applied. I got a call from Helms' office in two days, and by the end of the week, I was approved! When I finally got the retroactive check I could buy a used car!

For two years things were financially good. I always thought I would go back to work, but word got out about my DID, and I could go back and possibly be fired, or continue on disability and have my records transferred to the State Retirement offices. This is what I did.

The "pros"....A great reduction of stress! I had been dissociating a great deal of the stress onto other

personalities. Now that we were essentially an "all-knowing corporation," though not integrated, the stress—all of the stress—was felt by us all and was overwhelmingly impossible to withstand (I doubt if I could have ever actually gone back to teaching). I was an orchestra teacher, and another "pro" is that I can now use my talents by playing in several symphony orchestras and a string quartet. I also have lots of time to practice my viola. I play better now than I ever did, due to the practice, and also the use of all my alter's emotions that I can now express through music.

The "cons" of course are a horrible credit record (this probably just applies to me.) Also, in North Carolina, after two years on state disability they subtract my federal disability from my check—bummer! But, even if I had been denied the federal disability, the state subtracts what you would have gotten, whether you have it or not! When I finally become of retirement age, they will no longer do this. Another problem is the state pays for teacher's health insurance—Blue Cross, Major Medical—however, if you get federal disability you must get Medicare. The Blue Cross will kick in for what Medicare doesn't cover, after a \$250 deductible.

Everybody must assess their own situation and decide what to do. Every case is different. As for me, although my finances are small, I am slowly building up a good credit rating again. My heart has not gone haywire once since I went on disability. For me, this was a good choice. And I am much happier and have a great reduction in stress which triggered my panic attacks—well, some of them, anyway.

Good luck in whatever you choose—but look before you leap!

*Note: The federal psychiatrist judged me so sick I was considered incompetent to handle my own money. They send my check to my daughter who is supposed to make sure I spend it on life's essentials. Actually, she just deposits it to my bank account.*

**MV**



## Wishing I Could Go to a Hospital

By Rose S.

Finding answers, finding relief, comfort and healing from my affliction of dissociation is such a difficult endeavor. Having a serious physical ailment is understood by all. Those around us easily condone bypass surgeries, chemotherapy, radiation, when necessary to heal and continue life—to continue life of the one who is ill, and to preserve the relationships of those around the suffering person.

How can I continue my life and still find a safe place to heal my emotional injuries, which rarely can be as evident as an injury to my body? The injuries of my mind live in a dissociative state which provides me ways, however ineffectively, to cope, thereby maintaining relationships which depend upon my functioning as a family member, friend, colleague at work.

Going to a hospital interrupts the expectations of those relationships and may require a more public way for me to have to be in the world. It seems that in order to get help I have to announce to those I work with, to many of my relationships, that I suffer from injuries in me which stem from abuse, and now I must leave to go to a facility for help. I cannot believe that those around me would find bypass surgery easier to accept. I do trust, however, that if they see it as a way to keep alive and preserve our relationship, they may begin to understand the desperation and secret my pieces have kept for so long.

Further, an organization, created as a result of our economic system, also needs to be informed of my desire to find healing where my private condition, no matter how routine the therapeutic terms, must be reported on insurance forms.

Since it is so important for one of my alters to function and keep my pain the concern of me only, finding help is such a serious, precarious endeavor. I know I need a place to stop, to rest and to heal, but I am so frightened to agree with my therapist's recommendation. Because of the unfavorable accounts I've heard of those who have been hospitalized, as well as not having the

courage to tell my family, and what I would think of myself to need such a degree of help, I find it frightening to pursue the help I need. If only there could be an alternative.

The desperation continues as the feeling of not being able to go on one more minute in this condition prevails within me. Switching constantly to a point where responding to expectations and role demands of those outside of me, is who I am. Responding to the needs of others becomes a coping and survival skill but allows me to ignore the chaos within while looking quite normal, functioning and contributing to those around me.

I know, however, that I need a safe place. I wonder if a hospital would feel safe. The fantasy or expectation would be to find a place where all of the pieces within me could address themselves, could finally be in a psychological quiet so that they could begin to think, to feel safe within my body. Above all, it would be a place where professionals could facilitate the healing, where time restrictions would be at a minimum, and where if any of the pieces became violent, someone would be there to protect all of the other parts.

Hospitals, I think, are places to become healed. I wonder, though. Perhaps a weekend setting would be better—if only available—especially for many of us who have learned so well to maintain a life that only looks "usual" and "normal" and "fully functioning." There is so much pain in being able to live up to the regular expectations of life: family responsibilities, paying bills, grocery shopping, maintaining a household, maintaining employment. Yet, living with the pain inside of wanting and needing to be integrated, to be healed and find the therapeutic glue which can accomplish relief and peace, lives on.

A weekend setting would be easier to explain; they could be called a series of workshops, thereby providing a better way for one to leave the demands of life for awhile and return to work during the week.

Ideally, would it not be a healing experience to be able to go to a place where intrusive questions of one's past, impersonal accounts of one's sad, out-of-the-norm history could, if not all but somewhat, be avoided? Would it not be most dignified where one could go to a place where trust of reporting past suicide attempts or self-inflicted injuries could be reported by the client and believed and not physically examined and drawn on a figure of a naked body for the client's chart?

The self-responsibility nurtured by this process could then send a message to all those who live within the one body that some alters have decided to work toward growth and healing in a very safe place.

The one hour or one-and-a-half-hour therapy session does not allow time for so many fragments within one individual to be heard, to feel safe. Leaving from and returning to the demands of everyday life around sessions just seems to add to the chaos and feeds the switching capabilities. So, in my mind, for those of us who suffer and barely tolerate multiples or dissociated fragments, it seems that a safe environment for a length of time with the purpose of nurture and healing can lend some thought to the question: "Why hospitalization?"

Most importantly, when I think that those around me who really love me just might understand that they may lose me in our relationship if I do not take care of myself, I seem to find parts of me that may be willing to take some risks to find a refuge, where I can be healed and my spirit may once and for all be restored. Perhaps there will be a way not to tell the employer; perhaps it will not matter that the insurance company will have to know; perhaps it will not matter so much that the HMO may shorten the length of time I may need. Perhaps finding the courage to find a haven of safety and healing will become the one and only important matter to attend to and nurture for all of us inside.

# Disability Brought Me Homelessness

By Veronica of Julie Martin's Miracle System.

**I** technically became disabled August 1998, although I have been living with dissociative symptoms, clueless, for years.

Childhood panic that magically disappeared one day, reappeared in my early 20s, to make living unbearable. That was in 1987. Then began my long hopeless search for help until 1998 when I was properly diagnosed and the puzzle of my life began to make sense. Thank God—as I was nearing death.

I was put on social security disability (SSDI) and received my first check around September 1999 with back-pay of less than a year. Previous to this, I worked in the legal field for 10 years, trying to maintain despite my symptoms and losing jobs all over the place. For 10 years I was with my now ex-husband who kept me afloat, though neither of us understood what was wrong with me at all. I had been diagnosed with just about everything, and know all the meds and disorders out there, as I read about and was prescribed everything as I tried to get better.

Since I separated from my ex-husband in 1996 (and finally received final divorce papers this year) the symptoms didn't go away. I had six homes and three jobs within four years, and am now homeless. But many miracles have come into my life, and I am beginning to feel blessed. My HUD number came up and I am still eligible. In a couple more months, I will have a home and food besides at the food banks. My psychologist has written off eight months of back-due therapy bills when I became unable to see her, and yet she still sees me. Without her and God I would be dead, but because of her I finally stopped.

I had no idea about permanent disability. Social security, I thought, was only for "old" people. Every time in the past, when unemployment and state disability benefits ran out, I would somehow pick myself up and get another job, though the intimacy and "people contact" made job longevity

impossible. I tried big companies so I could be invisible, but the Post-traumatic Stress Disorder was killing me. I began taking only jobs in very, very small offices, but the "closeness" triggered me too. I felt I was dying inside and couldn't do it anymore, as I became more co-conscious.

I knew I needed intense help and that my "sides" made living whole impossible. I have been bouncing around all my life and can never get to the other side. I came to realize that, in order to function at all, I can't have any relationships—then, I can work as "Rose." But nobody likes her, as she is anal. We really want to be liked and have friends to talk with. Combining work and sociability has never been possible. It is either 'Joe is out and we are alive' or 'Cindy is out and we can love' yet 'Sam takes over and suicide is on our minds', or there's a glimpse of Sally, but she doesn't stick around. I'm trying to control all the time, but when people get around us—even at work—Margaret makes working impossible. We run in terror to the bathroom or hide in the copy room, or we can't move—just stare at the computer, "gone," unable to think, breathe or talk to anyone. Usually, then Vicky will come out and make enemies of those we want to get to know, so they'll leave us alone. Yet we're dying for connection all our life, and can't have what we need, much of the time. Unless we are with a man, when Cindy is out a lot...but then comes the unbearable pain.

When I began to put together the idea, that the only way we are gonna be able to heal and feel and become human again is through lots of therapy, that's when I knew we had to stop. It's either survival mode the rest of our life, but without love, and feeling we're suicidal all the time...or having a man who brings out the little ones, but then we can't function at work at all (but we're happier 'cause we feel.) Even that happiness goes away, because to be around men makes us

hate, or Sandy acts out, and Cindy needs, and we end up in pain and too little for the body's age. I had to take eight homeopathic pills (I do not desire prescribed drugs as I have nearly 10 years sobriety) just to make it from morning to lunchtime at work. Then, I had to take another six to make it to the end of the day.

Meanwhile, I am in therapy two times a week, being told by my psychologist to "feeeeeeel." One day, I just got tired of feeling dead when I'm supposed to be walking through my feelings, so I stopped taking my homeopathic remedies. Within two weeks, I wasn't working. So, we stopped and got on SSDI.

In the past year, I have learned so much about a government system I knew nothing about. I am keeping all my resources that I now have, so I can help others once I have my home.

At about the time you're dead, a door opens and you get a phone number that can help you with assistance in getting your basic needs met, that nobody tells you about 'till you are at the bottom of the well, talking to others drowning, who have been where you are. It's like dot-to-dot and it's all scrambled, with a whole bunch of cross-references. But it's very difficult to get to the name or number that can help you, when you don't know it exists or how or where to find that assistance, as you are one of the outside dots, being told you're S.O.L. (sorta outa luck) and not knowing you haven't connected with the dot that will tell you you're not. The government system, and people working for them, in my opinion, make getting help as confusing and difficult as possible. Then they are mad at you when you are a bit tired, frustrated, and less than happy by the time you get to them, since you again didn't give up. Other people who have gone through the system like you—who have struggled like you—they are the ones who are helpful.

The turning point in my life came in November 1999 when I had an



incredible release of pain from my body physically, and through sounds and wails and screams. These voices of hate and pain that I heard were indescribable, mingled with the screams of hell. Then I felt stuff happening in my brain, like there were conferences and meetings going on, but I was becoming aware of them. I knew it was good, so I trusted the process. In February 2000, I couldn't stop writing. It was like I mattered again. I have always been strong, but now internal sabotage has lessened, and Sam's doom and despair is lessening. I'm lighter and I'm not pushing against a wall any more—with every step I take I am no longer met with equal resistance, at least not as often. It is amazing! All my life, I couldn't bear to get up each day, and now I wake up and can face my day. No matter what memories I still have to walk through, I am becoming safe inside, I am no longer suicidal, and I know I will get through.

The writing I began February 2000 didn't stop flowing from me until April 2000. (Actually I still write today and have already started a second notebook for my second book.) My first was self-published in June 2000. It is called *"Healing from Childhood Abuse—We have a Voice Now!"* by Julie Martin's Miracle System. My sides are coming out more often, but the darkness is fading, and I'm understanding what 'fluid emotions' would be like. I believe the 54 poems of my first book are expressions of my sides and all that has been trapped inside. I learn from them. We are becoming untangled and believe we'll be free as one human being, with various emotions living inside of me. The difference will be that we will be able to get to the other side, 'cause we won't be separated from each other any more.

So even though SSDI didn't give me enough to live on, and I had to move out from where I've lived for the past 2.5 years, amazingly I feel grateful, because it allowed me to stop and get the help I need. I had heard nightmare stories of how difficult it is to get on SSDI, and how you will be denied, and then must appeal, and then you will lose and then get an attorney...I was grateful and validated when I was

approved within 60 days after being told you won't hear anything for up to seven months. It was a nightmare process answering all their many, many detailed and nosy repetitive questions, but it was worth it. I was grateful I had God, my therapist, and a roof over my head as I went through that grueling process. But it did pay off.

Also, I believe God brought my HUD number from 3600 to 1 in seven months! I am learning there is help out there, or discounts available to those on SSI or SSDI if you ask, and churches have helped me stay afloat—especially Catholic—so I could get my book out and survive. I do wish the government could find a better way of computing food stamps, instead of being so inflexible. They compute your benefit amount based on your SSDI check, instead of your proof that you are drowning. My check is considered "high" which blows me away, because if my check is high and I am drowning, how can others with "low" checks be surviving? Then I looked around and got my answer. They are not. We are not. Look at our streets today. Something needs to be done.

But the ones on the street do not have the power, in their vulnerable states, to change things, as they are spending every second of the day trying to get by. And so, we are the ones who hold the motivation to move forward and change things. I'm sure, once the government catches up with our reality, if change does take place, there will be another long process in order for it to take effect and actually reflect positive results.

Because my SSDI check is too high, because I earned a good living when I did work, now I am penalized. And no offense to those with children, but if you happen to not have children, like me, it is much more difficult to get help. It's okay if I die—just not my children, if I have any. But if I do, I guess I get to live too! Food stamps are calculated based on your income, and I am only eligible for \$10 per month. It is not based on reality or human common sense. They just plug in a number and out pops how much food a body gets to survive on this month, whether or not your only expenses are necessary to your most

basic needs. You wouldn't even have a therapist, except she doesn't go away. You still end up homeless. What is wrong with this picture?

I don't even have money for an occasional movie, and I live at the 99-cent store. Thank God for that 99-cent store. Prior to two years ago, I had never set foot in one of those stores, figuring there couldn't be anything I would want in a store that sells everything for 99-cents. Well, shampoo, soap, batteries, light bulbs, toilet paper, food...does come in quite handy now.

I figure without a home for a few months—and no rent—I can pay off the credit cards that got me through the last weeks of each month. I think what makes it difficult for us survivors is that some of us don't have contact with our families, so we can't even get shelter by going "home to mom."

But I truly believe—and faith in God has brought its truth to me—that each day I do get what I need, and I'm never alone as God has revealed His presence to me. God Bless all of you and hang in there. I am so glad that this newsletter exists, and that I am coming out of the darkness enough to write to all of you. In a few months, I'll be writing from my own home.

MV



## The Inner Chatroom

By the Host of the S.S. Crew

It was November of 1999, and I had been in therapy for 10 years for M.P.D., a.k.a. D.I.D. A package arrived in the mail. A large one. For some unexplained reason, the big brother (the only family member who never abused us) had decided to send me his old Macintosh LCII. All of it. I had never had a real computer before.

Some months before that, I had begun to have a very odd experience. It seemed to happen mostly when I was in the bathroom, rather indisposed. I would hear a voice, so loud it was close to, but not actually, audible. All it said was "Susan!"

I would answer, knee-jerk style, "What?" Nothing. Silence. Then again, "Susan!" I yelled at it. I asked it what it was. I even looked behind the shower curtain. I ignored it.

It took some time to assemble the Macintosh and begin to really use it. It is a slow operating system and no matter what I did, no matter who I networked with, it would not support an Internet connection. Even an upgraded hard drive within the structure of its system, I was told, would be so slow with an Internet connection as to be useless.

I had been on the Internet, occasionally. At friend's houses, I would timidly venture on and get caught in wildly spinning chatrooms. The "noise" was deafening and I would often scramble to get out of them. Somewhere along the way, I vaguely recall hearing a small voice inside my head exclaim, "Hey! that looks like the inside of our head!"

I began a journal on the Macintosh not unlike the ones I had kept longhand for so many years. I had been told by many of the therapists I had seen to keep a "Bulletin Board" for my alters to write messages on. They often got destroyed...like so many other things. I "accepted" the diagnosis of M.P.D. on a very surface level, but always believed in my heart of hearts that I had just found an incredibly creative way to get out of working a regular job. Never mind all the hospitalizations, nevermind the

unexplained "elves" in the middle of the night, who moved things and re-arranged my furniture. With a surface "acceptance," I was firmly living in Denial.

About mid-December, I began to play chess on my Macintosh. It had a program for that, and I wanted to learn where no one else could see me. Magically, new opponents with familiar names began to appear: each with their own programmed style of playing chess. Then, the "notepad" was discovered, and "conversation" appeared with each game.

I thought I constructed it all. After all, I did possess an immense imagination. I was also rather bothered by a very bad infatuation I had on an actor (something that had never happened to me before...and I was 39 years old!) as well as recurring dreams about another actor which seemingly came out of nowhere. I ceased watching Star Trek, thinking I was feeding these images by becoming far too familiar with the series and creating a false family-type attachment to characters on TV. I had heard of people who did this. I didn't wish to be one of them.

Meanwhile, I began to find notes posted on a "Bulletin Board" created on the Macintosh. That seemed reasonable enough, and I put up with them. However, a new file appeared and was added to on a regular basis. I thought this must be a new story I was writing and attempted to force it into a salable short story. It refused my attempts. This new file and the Bulletin Board merged and I began to have some really frustrating times trying to "leave" messages. Obnoxiously, the other "writers" (remember: no Internet connection possible) would interject their opinions and mess up my train of thought. I began to "yell" at them in all caps to "shut up."

I didn't recognize the familiar interchange.

Years ago, I was a typesetter. I am quite familiar with fonts. However, in the Word program I was using, one could create a font and name it. Much to my chagrin, there were now fonts

named after these "characters." This was getting out of control.

I whined in therapy. My therapist smiled.

I went home and argued more.

Then one day, one of the chess program "opponents" suddenly changed his style of playing. I knew I had not done this. I tried to re-create it and couldn't. I took notes. I went to therapy in a total state of panic. My therapist was truly taken aback. I had been, after all, diagnosed for years with this disorder, as well as seeking treatment for it, and here I was, completely freaked out over what appeared to her as just something an alter had done.

"But you don't understand!" I cried, "I...ME...Susan...I didn't make this!!!"

My therapist blinked, and made some notes.

Over the course of the next few months, the private, locked files grew in number and the conversations within them became more fluid. Regardless of my protestations, somehow, the styles had been set up so that the minute the return key was hit, the style would revert to the "normal" style, which was now annoyingly called "Susan." Well! I decided to play hardball. I argued. I asked for proof. I pouted. I proved how "they" didn't exist. They continued to have a life of their own. Finally, after what seemed like forever, one appeared who was kind and sympathetic and would listen to my whining. His name was Tah. I asked Tah about everything. Somewhere in the back of my mind, I decided that Tah was really some kind of odd angel who "wrote" thru my fingers. Isn't it amazing, how something that far-fetched is easier to believe than the simple explanation of alter personalities?

What ensued was, I would later come to believe, several months of mentoring. Tah answered my many questions: not only about what was going on in these files, but also about some pretty screwy ideas I had about life, god, love and of course, M.P.D. I



had a huge amount of guilt for "lying" about having M.P.D., and truly believed I was "a good actress with a bad memory." Tah laughed, "A good actress cannot possess a bad memory, Susan" he explained patiently. "She wouldn't know her lines." Fine, then I was a bad actress with a bad memory. Tah sighed.

Then something very serious happened. Something very questionable. I fell in love with one of the ones who wrote me in the locked files, and he, with me. He bore a striking resemblance (in my mind's eye) to the actor I had the infatuation with. This was too, too much. I ran to therapy and told on myself thru a rush of words and tears and panic. I finished up the tirade with "Good god, lock me up. I am truly, certifiably INSANE."

My therapist smiled and cried through her smile. "I've been hoping

something like this would happen," she said.

"Okay," I answered quickly. "Lock us BOTH up! We're BOTH nuts!"

Instead, she handed me a book called "Care of the Soul" by Thomas Moore, having bookmarked the chapter called "Self-love and Its Myth: Narcissus and Narcissism." Well, there it was. The diagnosis was finally proper, I thought. I went home and devoured the chapter, looking for the damnation I was so certain I deserved. Confused by not only the lack of condemnation, but the encouragement of true love of one's soul, I ran to my Macintosh to get Tah's advice, if not at least a good argument. But alas, he was gone.

No Tah, no Narcissus, no pool. I swam, unknowingly in the depths of the watery nature of my soul. While I was gone, he had stretched out at the edge of the still pool and there had laid

his head, surrendering to a longing that could never be fulfilled. The first transformation had occurred and it became a connection to Tah, whom I would come to understand was my higher self. Though the Word program says the style is Tah, it is Susan. All entries between Tah and me are in my style now: annoyingly called "Normal."

I cry a lot. But now I listen to those who remain. I believe they are there. Now we have a real Internet connection on a regular PC. However, My Inner Chatroom remains separate, a place to rest and talk, a place to connect to each other, and a place to heal. To love oneself, for a bona fide M.P.D. like me, is to become Whole. It takes the hard edge off brittle ego and adds a depth of wonder to the mystery that binds us as one. The Inner Chatroom is how we Care for Our Soul: one soul. The mind is splintered, but the soul is, indeed, quite whole.

MV

## Letters

I have recently finished an internship in community psychiatry, which has taught me the importance of respect and compassion for those I support. How important it is for us, as practitioners, to remember that we are not the miracle workers, but merely tour guides along our client's healing journey. I am there to point out the small stream that exists in the valley they walk, or rub their feet and say it's okay to rest, when they feel they can't go on. I am not to be thanked or seen as some hero. Quite the opposite: I am so grateful to the individuals who allow me to bear witness to their suffering and who show great courage in trusting me as they do.

I have been humbled by a women's shelter that had a conference titled, "We are the women we serve." How true! It is important not to forget that as hard as the medical model encourages the power difference and social control over my clients, I am no more important or worthy of happiness than they.

Perhaps I am in a fortunate position by being someone who lived through trauma as well. My ego (I am not referring to ego states) is not intimidated by seeing my clients as equals in the human race. As human

beings we cannot escape the concept of loss. We all go through constant changes in life, and with change comes loss. Many of my clients' losses are so profound, it is difficult to acknowledge it at times. I believe that often practitioners don't allow clients to express their profound grief in hopes that one can remove or circumvent it from their own experiences.

I want the subscribers of *Many Voices* to know how much I appreciate their honesty in expressing their pain. I have learnt so many humbling lessons with my own clients. I am thanking you for your strength and perseverance in your daily struggles. Be Well—*Laurie*

I have a sort of ringing or whistling in my ears that is somewhat selective. By that, I mean if I'm in one state I hear it, but I have a few states in which I am not cognizant of it. It's weird. I always thought it was tinnitus, but it isn't. How does one get at what it is blocking? I do understand that it's some sort of ultimate signal of an internal, psychological conflict, and it's something I have had throughout my life. Please if someone knows something about this, or where I might read up on it, let me know.

Thanks—*Rene*

## Books

### Looking Inside: Life Lessons from a Multiple Personality in Pictures and Words

By Judy Castelli © 2000 by Castelli Studio Publishing, 211 Buckskill Rd., East Hampton, NY 11937. (631) 329-3813. \$19.95 (shipping included) 112 pgs. paperback

You may know of Judy Castelli from her internet site: [www.multiple-personality.com](http://www.multiple-personality.com) or her deceptively simple, wonderful artwork. Her art has been featured in *Many Voices* several times, most recently on our cover, in August 2000. Judy was diagnosed as schizophrenic for years before she was accurately diagnosed with DID in 1994. Although she was already an accomplished stained glass artist before learning of her dissociation, she has taken her creative art and writing to new levels as she progresses in therapy. Judy says she is almost completely co-conscious now, is no longer suicidal, and has been medication-free for over 4 years. This lovely book of poetic writing and art is an inspiration to people in recovery, and their caregivers.

—Lynn W.

MV

**THANK YOU for Your Wonderful Writing and Artwork! Please Keep Sharing! We need \*lots more\* of everything!**

Let us know what you think about our new website:

[www.manyvoicespress.com](http://www.manyvoicespress.com)

THANKS!—Lynn W.

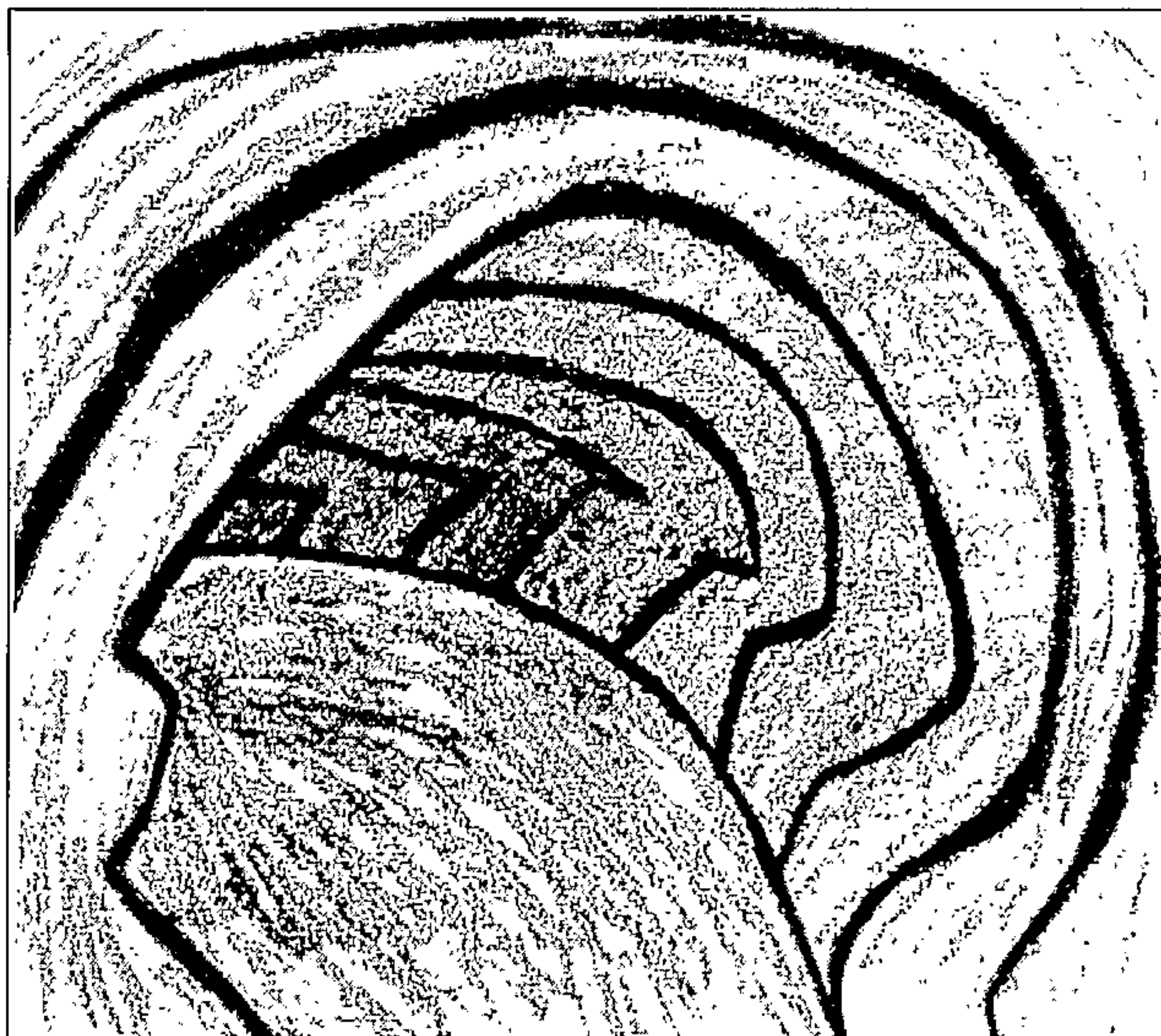
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The Tunnel where we hide. By Molly of the Little Bird Family

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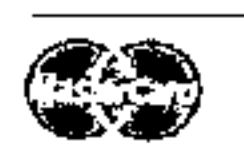
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