

MANY VOICES

WORDS OF HOPE FOR CLIENTS WITH MPD AND DISSOCIATIVE DISORDERS

Vol. II, No. 3

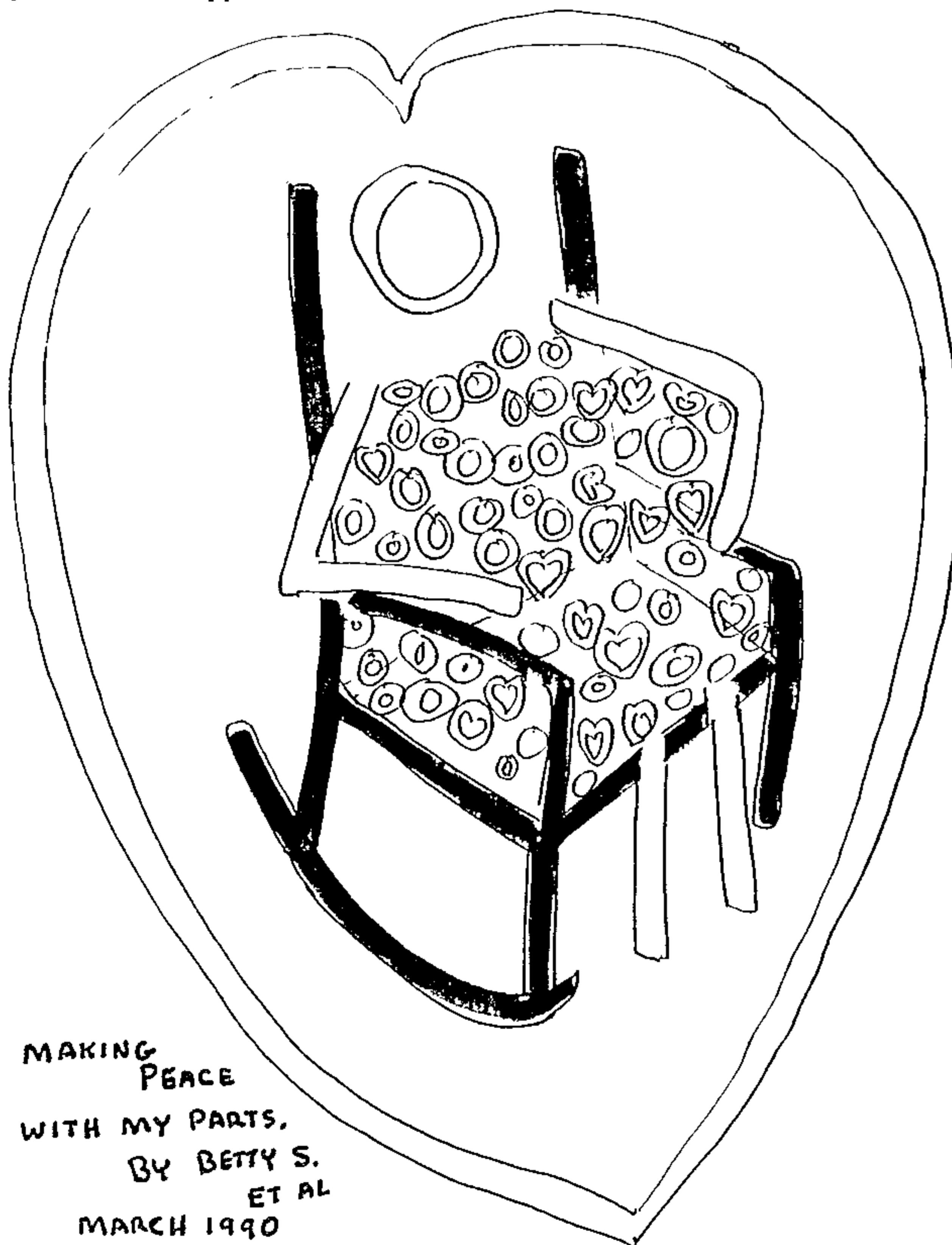
June 1990

ISSN1042-2277

June, Moon, Spoon . . . Balloon?

Ok, so I won't bother to create a bad poem to celebrate our many and varied internal selves. But I do want to thank every contributor to this issue, whether your material appears or not. And

may MV continue to channel the flow of information and support to those other Very Important People, our readers. Summer blessings to you all! — LW



MAKING
PEACE
WITH MY PARTS.
BY BETTY S.
ET AL
MARCH 1990

The Marshmallow Room

One thing that helps us in healing is our marshmallow room. It is a new space inside where I, Stan, stay with the girls. We used to stay in separate rooms, but now we stay here together all the time.

While my job is to protect, I used to know only one way to do so. That involved hitting and yelling at the girls whenever their sadness became "interring" to the whole system.

I am now learning, however, that sadness comes for specific reasons and that it is not only okay, it is needed. The things that happened in the past are sad, and I need to allow that sadness to be expressed.

And while this is all easier-said-than-done, I am making progress. The togetherness that the marshmallow room provides is important because:

- 1) It helps the sadness seem not so lonely
- 2) it helps me realize increasing sadness before it overwhelms the system
- 3) it allows a constant means of comfort to the girls (and all of us)

Sometimes just recognizing that the sadness and the sad parts exist is comfort enough. Other times it takes more. But at all times, now in our marshmallow room, we are together.

By Stan, of Susan P.

Dear readers: The following message was sent to MANY VOICES, on a page with many different handwritings, and decorated with hearts. The Alters of Myrleen wish to share their Family Creed with each of you.

I think it is truly beautiful, and agree with the 'writers' that all of US might wish to create our own Creed and tape it for listening, or read it daily, as a source of direction and personal power.

I have just two comments. I suggest that #'s 28 (some things are better unsaid) and #29 (put yourself first but don't be selfish) should be carefully thought through...since they ARE 'true'...but need to be applied selectively, not 'across the board.'

For example, I'm sure Myrleen's alters agree that withholding important information from your therapist is probably not a good idea...but withholding certain personal information from your boss at work may be an excellent idea.

Similarly, most of us need more practice putting ourselves first, since we typically overdo pleasing and pacifying others outside our 'systems.' However, it is very important for alters to learn to "not be selfish" with the body or time, and not to engage in "fun" that harms the system as a whole.

But minor word-choice differences scarcely detract from the concept and encouragement of this Creed. Thank you, Myrleen and 'friends', for sharing your healing path. — LW

We are the alters of Myrleen. Myrleen is asleep right now, so we can have our time out.

We try to live by this creed, but it is as hard to do as the Ten Commandments. We are not perfect, but we keep trying. We Never Give Up! We are not quitters, we are SURVIVORS!!! We never claim to be perfect. *Perfect is for God, not Man.*

We do our best everyday. We never fail. We always take it One Day At A Time, and let tomorrow worry about itself.

We dedicate the Creed to Myrleen, and we hope this can help anyone who wants to help themselves become one whole person. Good luck to all!

Our Family Creed

by All of Us
(alters of Myrleen)

ALWAYS . . .

1. Be honest with yourself, with everything. Especially all feelings.

2. Look deep inside yourself *DAILY*. Be the best you can be.

3. Analyze and evaluate what *you* have said and done to others.

4. *THINK BEFORE YOU SPEAK.*

5. Be and think positive.

6. Learn to love and trust yourself and other people.

7. Share yourself. Give whatever you can.

8. Don't let people intimidate you or put you down.

9. Don't blame yourself for being a victim.

10. Learn from your past. Admit wrongs done to *you*.

Accept them. Go on! Keep trying!

11. Don't blame yourself for others' problems and sickness.

12. Don't make excuses. Use *FACTS*.

13. Avoid procrastination.

14. Avoid laziness.

15. Look for all *your good qualities*. Be proud of them.

16. Believe in yourself.

17. Accept you and them. Work together. Don't fight it.

18. Treat others as *you* expect to be treated.

19. Let others help — inside and out.

20. Obtain self-security. Don't expect your security to come from others or other people.

21. Build up your own confidence and self-esteem.

22. Avoid blame and blaming. You only hurt *you*.

23. Avoid regression.

24. Do self-improvement and *GROW*.

25. Believe in God. Pray. Have faith.

26. Believe and know *you* are not alone!

27. Be mysterious. Don't divulge all of you or tell everything about you.

28. Some things are better left unsaid or not said at all.

29. Put yourself first — but don't be selfish.

30. Be yourself, not selves. Be a Survivor!

Accepting Diagnosis

By Betty S.

Accepting my diagnosis has been very difficult for me. My first awareness of another self came ten months ago. One day when I was having my usual afternoon 'quiet time', an angry face appeared in front of me. No one was there, but this angry face was very real.

I had discovered only six months previously that I was sexually abused as a child, and was seeing a psychologist regularly. I told him about it.

"Maybe it's MPD," he said. "Maybe some angry part inside you wants to be heard."

I was dumbfounded — devastated. I thought of Eve and Sybil — how could I be like *them*? The label was very frightening. I had avoided Eve and Sybil books and movies — too scary! And now this was the label for me! The label seemed separating to me, and we were supposed to be working toward integration!

It took me a few weeks to digest this, and to become assertive about how I felt. I told Dr. B. I couldn't deal with the label. I felt the voices were God's helpers. After all, they were responsible for my survival!

He was willing to go along with that. Even liked the idea. Much more positive.

During another quiet time, I felt extremely confused and wondered why. I was informed that it was because Bessie and Maizie were there as well as Annie.

Preposterous! Unbelievable! I laughed and asked who else. I

started writing down names as I was told, and whatever else I was told about them.

I got names off and on for a couple of weeks — 30 or 40 of them. When I asked if that was it, I was told there were a whole bunch — at least 50 or 60!

To date, I have names of 66 of God's helpers.

Calling them God's helpers somehow helped me to trust them more. And they often come up with indisputable words of wisdom. They came to my aid when I was abused; now they are revealing their long-buried experiences and feelings. They are on my side!

At the time all this was going on, I was also seeing someone who helps with stress reduction and releasing of blockages. When I mentioned the names to her, she told me we each have seven guides when we are born. They are on the spirit plane. Each has a different purpose to help us. We may also have other helpers: family, relatives, friends.

Mind boggling!

By now I was beginning to accept this stuff. Talking with a couple of close friends, we all agreed that everyone has different parts. Mine just became evident in a different way.

It was only a month or so ago that I became comfortable enough with the MPD label to ask Dr. B. to suggest reading material. Fortunately for me, he pulled *MANY VOICES* information out of his file. Here were answers to my questions!

Only 3 to 4 percent of MPD's flagrantly present symptoms of MPD!

So how about giving the rest of us another label that is less scary? One that I might be willing to tell to my next door neighbor?

This past week I have been introduced to three or four more parts, each completely opposite to who I have thought I was/am. And I think they aren't ones to cotton to being called "God's Helpers", either!

I will respect their wishes and call them 'Opposites'.

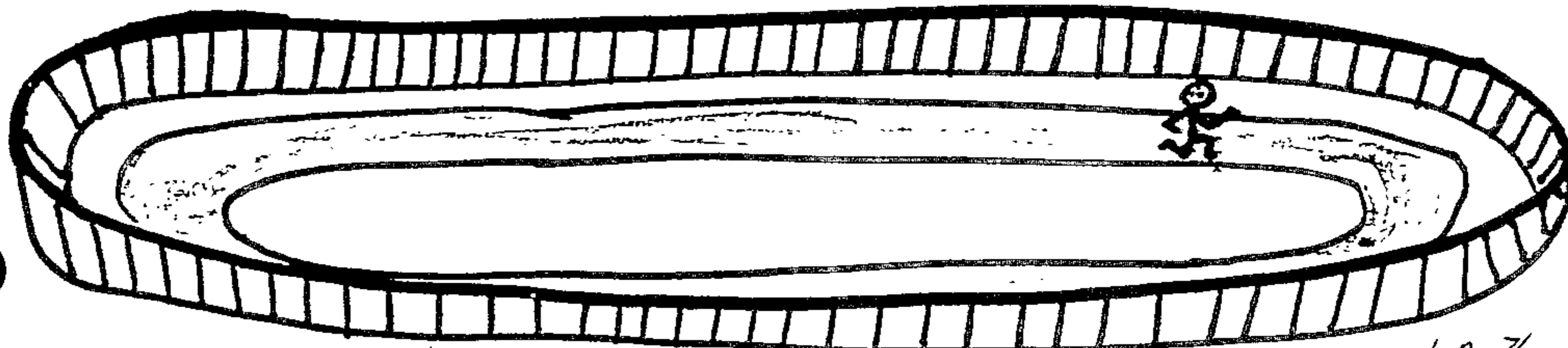
I have also done journaling. And I made a clown. He has the same name as one of my God's helpers. He makes me laugh. His clown-suit has bright, primary-colored life-savers all over it — most appropriate!

And after reading Marcia C's marvelous poem (Feb 1990 *MANY VOICES*) I can see those life-savers as Cheerios and get yet another laugh.

I am in the process of making a companion for him. He too will be named after one of my God's helpers. I feel making these clowns is somehow an act of completion — that some part or phase is over.

In conclusion, I guess I'd say I have accepted the diagnosis but not the label. I still feel very rebellious about the label. And maybe that means I haven't yet accepted diagnosis. I don't know. I certainly do NOT accept having the same label as Sybil and Eve. . .

MV



LISA RUNNING ON THE RAINBOW TRACK

L.A. 7/89

Therapists' Page

By Diane M. Vickery, M.D.

Dr. Vickery is a psychiatrist in private practice in Cincinnati. She is President-elect of the Ohio Society for the Study of Multiple Personality and Dissociation.

SAVE THIS ARTICLE for when you or a friend are faced with a trip to the hospital. Following are some ideas to help make a hospital stay, surgery, and recuperation easier. Although the situation may seem totally uncontrollable, you may already have learned ways to make life safer and more comfortable than it used to be. These skills can be used to exert some positive control over your medical care and recuperation.

Nightmares or panic attacks are not unusual after learning of the possibility of surgery. They can result from a reawakening of unresolved memories, and fears of being under another person's control. It is important to assess these symptoms with your therapist. If they are strong enough to interfere with your daily life, psychotherapy or medication or both may improve sleep, alleviate symptoms, and decrease the wear and tear of continuous apprehension.

If you have a choice about the doctor who will manage your care, ask for recommendations about doctors who are technically good and good with people. An initial good choice can positively affect the entire course of treatment.

Before entering the hospital, talk with your therapist about what is planned, and seek brief therapy if needed for symptom control. If necessary, your therapist can help communicate your concerns to your doctor, and may help facilitate the continuation of necessary medication. The admitting doctor will be interested to know there may be a problem with anxiety, panic, regression or disorientation during the hospitalization. The therapist may best be able to offer advice to prevent or manage this behavior. For example, the therapist could call or visit the hospital and talk

with the nurses. If on the hospital staff and an MD, the therapist may be able to work with the admitting doctor by calling in orders and handling emotional issues as they arise.

Information about substitutes for oral medication is especially helpful. Sometimes hospital patients go for periods of 8 hours or longer prior to surgery with nothing to eat or drink, which may also mean no medicine taken by mouth ("npo"). This may also be continued for a period of time after surgery or for other medical reasons. I have sometimes managed this by prescribing a relatively long-acting anxiety-control agent prior to hospitalization, asking the admitting doctor to resume regular medications as soon as possible, and offering information about medication which can be administered by substitute routes. For example, Ativan can be given IM (by intramuscular injection), Thorazine can be given in low doses by IM or by suppository. This shot is painful, though, while the suppository is simply painlessly absorbed into the system. If a suppository is unacceptable, Haldol in low doses (1-2mg) can also be given IM, and is not a painful shot. Although side effects to Haldol at such low doses are unusual, the medicine that usually helps, Cogentin, can also be given IM. This allows for a significant amount of control over anxiety in the patient who can't take food or medicine orally.

Before going into the hospital, you should gather things together that will make your hospital stay more comfortable and familiar. (I call this a "portable nest".) Items for your nest may include pictures of special people, places and pets, your own pillow, teddy bear, special stones or crystals, your perfume or favorite environmental

fragrance, herb teas (if not medically contraindicated), a "throw" (a small blanket), a cassette player and radio, or even a VCR if you are in for a long medical stay. If you bring a Walkman-type cassette player, you have the double advantage of being able to use it during surgery, and listening to it in your room without disturbing your roommate. The selection of cassette tapes may include: humor, music, pain control, healing, meditation, environmental tapes, talking books or old radio shows, and tapes made by friends reading poetry or stories. For the scariest times, (like the middle of the night), I recommend asking your friends to make up a tape of soothing, reassuring messages. A spiritually-focused tape utilizing protective and centering imagery can also be a real help at these times. Prerecorded audio and video tapes can be obtained from bookstores, from record stores, the library, and by mail order. Radio Reading Service is available in many cities.

Because of the problem of hospital theft, tempting items which you don't absolutely need should be left at home.

If it helps to be able to see outside, ask ahead of time for a bed by a window.

A SPECIAL NOTE ABOUT SURGERY: Before surgery, a "pre-op" is given, generally IM, for the purpose of allaying anxiety, producing sedation, and decreasing secretions. Some people prefer the sedation of the pre-op. Others are uncomfortable with this, or prefer to avoid injections. For those individuals, there may be two other options. One is to have the pre-op given orally. Another technique, used in some hospitals, is to give the pre-op IV

cont'd on page 5

(Therapists' Page, cont'd)

(intravenously) through the same tube that will later be used for the anesthetic. If you prefer an alternative method, talk to your surgeon about options before entering the hospital.

If you are going to undergo same-day surgery, also ask the surgeon what requirements must be met to go home. I had a personal experience a few years ago at the Hotel Dieu hospital in Louisiana. After undergoing "same-day" eye surgery, the nurse informed me that discharge would occur only after I ate a meal and kept it down. Otherwise, I would be admitted overnight. For some reason I was required to show proof of gastrointestinal competency after undergoing eye surgery under a local anesthetic! I am unfortunately one of those people who gets nauseous from anesthetics, and could not bear even the thought of food. When I dozed off, the nurse took advantage of the situation to order the requisite meal. She chose fried chicken. (Whatever happened to Jello and consomme?) My husband ate what he could and the toilet took the rest. If you're going to be in a hospital where they force you to eat even though the surgeons haven't been anywhere near your abdomen, you might consider taking along a hungry friend.

The operating room itself may be frightening for people whose abuse occurred in group settings. Nurses and doctors are just doing their jobs and may be unaware of their effect.

If you choose local anesthesia, you may find a Walkman type cassette player helpful in diverting your attention from what is going on around you. A continuous play mode is available on some models. It is important that you choose the tape. Ask yourself: Do you want to be soothed by music? Do you want to actively focus on imagery? Do you want intense, driving, distracting music to serve as a diversion?

Some people have reported recall of operating room events, even under general anesthesia. For safety reasons, less sedation may

be given to a patient undergoing open-heart surgery or with a serious medical illness. Some hospitals routinely put cotton in the ears of open heart surgery patients to block out operating room chatter. Although it is not commonly done, it may be worthwhile to use your Walkman while undergoing surgery under general anesthesia also. I would suggest a pre-recorded or home-made tape with healing, calming and relaxing messages and soothing music.

If you will require prolonged bedrest, an "egg-crate" foam mattress pad may ease the pain on pressure-points. If one has been ordered for you in the hospital, you may be able to take it with you when you leave. If your mind is alert but your body needs a while to recover, you will want more sustained diversion. You can learn new skills, or a language, or watch all of Shakespeare's plays, or see some of those wonderful PBS series you missed (or want to see again). You can catch up with your reading by listening to books on tape. Many libraries have excellent audio and video tape services which are available at little or no cost. (And you can meet your need to be *doing something* while recovering.)

Indoor gardening can be rewarding and require no effort except watering. If flowers are not triggers for you, you may wish to consider an Amaryllis bulb, which can often be bought already potted at garden stores and grows into a fantastic flowering plant.

If you are recuperating at home, and your ambulation is restricted, the placement of your bed will be important. If possible, you should be able to see out a window. You should be in the same room with your audio and video equipment, which should be within easy reach. You should be close to the bathroom and kitchen. If you must remain in your bedroom, you might consider moving some conveniences, such as a microwave, coffeemaker, and small refrigerator into the room. I particularly recommend this if you would go without your basic needs being met or risk harm by going

up and down stairs rather than ask others for help.

It is frightening to be sick and in pain and alone. Bring your address book with phone numbers. If there is no one you can trust to provide help and be non-abusive, assistance can be pre-arranged with a local social services agency.

If your friend or a loved one is facing a hospital stay, here are some ways you can help:

Visit — realizing that discomfort or personal preference may dictate a brief or long visit. Ask your friend what is best.

Make or buy a cassette tape recording.

Give foot or hand massages if you are special friends and this is not viewed as threatening — or just hold a hand if this is comfortable for both of you.

Bring plants or flowers (if these are not triggers).

Call to check in at regular and predictable times.

Realize that your friend may have a hard time asking for help or anticipating how much help will actually be needed.

Help with housework and meal preparation.

Help prepare a "healing nest" for recuperation at home.

Realize that your friend may try to entertain YOU while you are visiting. (Your friend may never have been "allowed" to be sick.) Explain that *everyone* needs special care sometimes, and she or he deserves loving attention. **MV**

Truth

It cannot be true.
He cared for me.
Now, as I remember his laugh,
I am warmed.
It cannot be true.
But it is true.
How else could I have known
His secrets.
His childhood fears.
His need for me.

It must be true.
Even though my mind refuses
To see the truth,
My body will never forget.
And the tears flow.
Could it have really happened?

By Jessica S.

The Cycle of Acceptance

By Jamie C.

I was very disappointed when I saw the topic for this issue six months ago, because hadn't I "accepted" my diagnosis immediately? What could I possibly write, and more importantly, what kind of support could I glean from a "case closed" issue?

However, I have learned more about what acceptance means for me in the past two weeks than I have in the past two years of therapy.

Sure, being told that I had a dissociative disorder and was "more clearly multiple" explained a lot in my life. Both my husband and I, and many of our friends were quite relieved to have an explanation of my erratic behavior, especially since I got worse during the first two years of treatment. I didn't function very well, and truly felt that I could not cope. My therapist repeatedly told me, "You just have to cope. It's not in your best interests not to."

That was tough for me, but I'm grateful that I did listen to her. Today I know that to heal I need to be willing to take responsibility, not only for my attitudes and behavior, but for living a full and fulfilling life. I have to take extra steps to be a helpful employee, a supportive wife, and a present and loving parent.

I have to try harder because it's too easy for me to slip back into

thinking that I'm fragile, that people need to take care of me and treat me in a special way because I've been so hurt and misunderstood.

The truth for me today is that I can, and must, act as though I am "normal", and continue to live my life and build my dreams. At the same time, I must accept that there is still much work for me to do with my therapist, to gather and reconstruct those little bits of pain and joy which are my life and past experience.

I recognize the need to share my pain and experience, selectively and appropriately, to help others and to help myself.

I no longer hope to remember who I was, but who I am; nor do I seek to know where I've been — only where I'm going. And I know it will be in sharing both of those aspects of myself that I will find wholeness.

Being in a group helped me a lot in the beginning, especially because I had the opportunity to meet and become friends with another "human person." This woman had survived the Satanic camps and rituals to emerge wanting a better kind of life for herself and her children. It's hard to break the cycle, but it's harder to imagine doing that, feeling as if I was alone.

I recently took three weeks off therapy because I had so many

memories so quickly. I did not feel that I had given myself the time I needed to respect the memories, and feel the pain.

Crying also helps me. I'm not sure how or when I learned that it is OK to cry. But finally I accept that crying releases my pain in a positive and cleansing way.

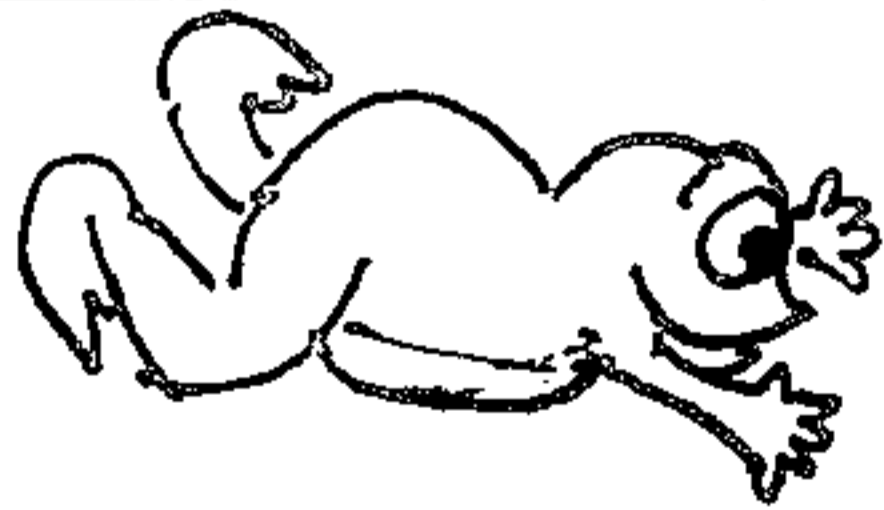
I was also feeling very dependent on my counselor, and wanted some space from my own neediness. I replaced that neediness with gratitude and love for her as a person, and deep respect for her as a professional able to affect so much healing in my life.

Near the end of the third week, after a particularly rewarding prayer time, I heard the God of my understanding say to me, "You are healed. Walk like a healed person, talk like a healed person, and get on with the business of releasing my other sons and daughters."

Imagine my disappointment the following week when I could barely hold myself together, and even discovered a new part inside!

I've found that I need to have balance in my work toward integration. If I concentrate on the fragmentation, I have a very difficult time maintaining co-consciousness and coping. If I concentrate too much on already being healed, I interrupt my healing process.

MV



Frog Tale

By K.C.

Many of my alters have merged. Now that I look back over the past couple of years, not everything was so serious.

I found that I and several alters loved to garden. Prior to this time, pulling weeds and digging in dirt was not my idea of a good time.

One one particular beautiful day I was in the vegetable and flower garden, but soon discovered I was not alone. A fat frog hopped from

under a plant. Eight-year old Summer (an alter) quickly grabbed for it. At the same time, I screamed, because I hate to touch such things!

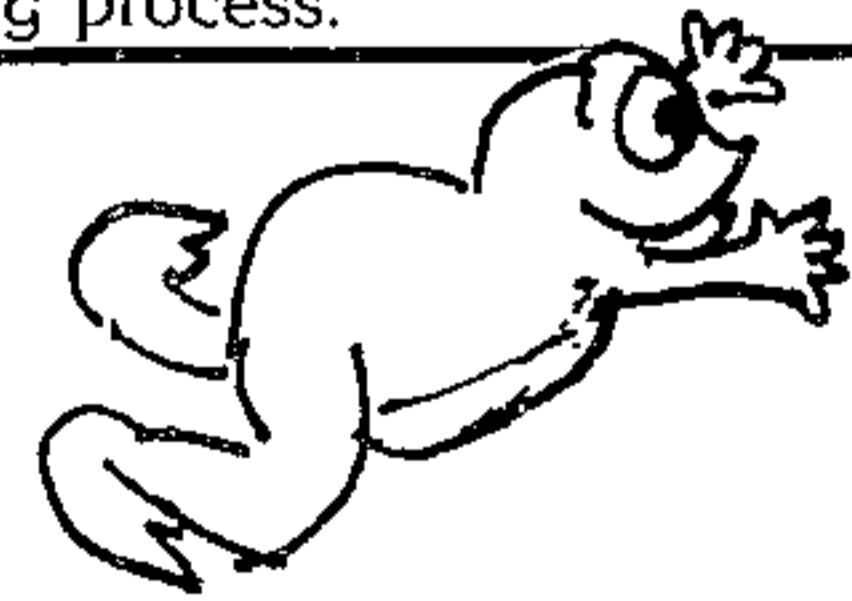
She grabbed again and I let out another ear-piercing scream. As she dived for the underside of a tomato plant after the frog, I remember being in a panic. Were the neighbors watching? Would they think I was crazy? How could

they help but hear what was going on?

Fortunately, the frog got away. My neighbors didn't have me committed. Summer had wanted that frog pretty bad. She was going to give it to her female doctor.

It is one of my favorite memories of multiplicity, even though it wasn't so funny at the time.

MV



Recovering

Q. How do you communicate with the "others"?

A. This varies from individual to individual. There is no "right" or "wrong" way to communicate with your alters. Some people do hear voices, and talk to their alters as if they are external people. Others communicate through thoughts or pictures. The method of communication may also depend on the age of the alter. A child alter is not going to communicate at the same level as a highly educated, intellectual alter would. If things get shoved into your mind, go with it. There's always a reason for whatever thoughts are in there. Yes, it seems silly. But heck! Most of the world is pretty silly when you really think about it.

Q. I know some memories are real but my mother denies and says I'm demented. Do other MPD's struggle with this?

A. I'd like to know why every MPD (or non-MPD abuse victim) believes his or her parents, or even listens to them, when they say "You're demented, crazy, nuts, etc." Why do you assume that *you're* the one who's got it wrong?

Those who weren't involved in the abuse, but stood by passively and let it go on, are not going to like you confronting them. They don't want to face the guilt of not stopping the abuse.

You need to come to terms with the fact that the family will (probably) deny your memories and continue to abuse you. That's what is so hard to take... the realization that your family will never be what you want, will never give you what you deserved, then or now.

I sincerely believe that the hardest part of therapy is dealing

with the overwhelming sense of loss: loss of childhood, loss of love and nurturing, loss of trust, loss of a family. It takes time to work through this tremendous grief, one piece at a time. Holding on to "maybe" or "if only" just postpones the process.

Even more destructive to therapy is holding on to the anger and determination to get revenge or an apology. Getting well is the best, and cleanest, revenge of all. It says "See, you did your worst, and I not only survived, I'm making it in the world. I'm okay!"

No, you are not demented. Disturbed, yes, but not demented. Anyone who goes through terrible, long-term abuse is going to be disturbed because of it, but it doesn't mean you're crazy. It also doesn't mean you've made it up. Except for a very few exceptions (usually people who fake being MPD), MPD's don't make up abusive incidents. They have no legitimate reason to lie about it... and in fact, take great pains to avoid talking about, or even remembering, the abuse.

I think when a family member denies your abuse, especially when you know that person was involved or knew about it, that says something very powerful about *their* mental state. It doesn't have anything to do with you. It's *their* illness.

Typically, the family of an MPD is very dysfunctional, and some members may be MPD, psychotic, or sociopathic. The MPD clients who seek help are often ridiculed by the family and labeled "sick" or "crazy." Getting well is a threat to the delusional system of the sick family.

This poem is a celebration! An announcement! It is dedicated to my psychiatrist of nearly five years who has helped me to reach the place where now "I" am.

Integration

January 1, 1990

By B.A.M.

Today's the first day
of a wondrous New Year!
The first year which "I"
dare to journey as "ONE"!
By sharing and trusting,
supporting, committing,
Each who so long
had distinctly been separate
have bravely joined forces
to live life as "ONE"!
Great love and true caring
did help us unite!
And, since integration
"WE" are not "WE"
...for instead...
"I AM ME"



*Some Assembly
Required*

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

Shyanne C.

Getting to know ALL of you

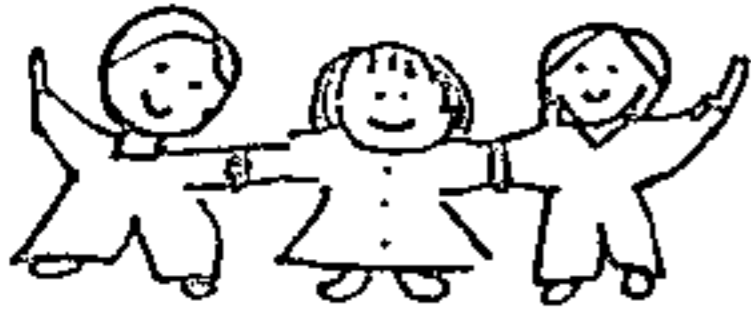
Our readers write of their struggle to accept and understand the alters within.

When I first started therapy I thought that what my doctor was telling me was crazy.

I remember how my head seemed to be in a noisy crowd, until Jon installed phones. Then later we went to intercoms. Now everyone seems aware of each other, except for some in the dark part of my early childhood, who have been hiding for many years.

As one brings all the parts together, there seems to be a blend and awareness of what the other parts think and feel. As integration has been happening, it seems strange but powerful to have one part expressing a thought through a 'companion' part that has been integrated.

By Fredrick & The Gang



Although I/we now have co-consciousness to a relatively high degree, for most of my life (about 38 years) I did not have co-consciousness at all. And for 33 of those years there were many others around, living fairly large chunks of my time. Big chunks — like much of my marriage, large parts of my time at the University, and much of my childhood. About 5 years ago, when I had been in therapy for about 5 years, I entered into a period of intense stress in my life and in my job. I started finding strange writing and drawing around the house. Sometimes I could not speak in my therapy session. Then I began missing parts of my sessions, and someone else was there, though she didn't tell my therapist for awhile. I brought all the writing and drawing into my sessions, and the diagnosis was made.

I did fight the diagnosis — less and less as time went on. I went through the common search to learn *everything* about MPD. What helped me to accept what was happening?

Videotapes of a couple long sessions with my therapist and an MPD "expert" gave me something to see over and over. I could see myself switch, I could hear the different parts of me tell their stories and work on feelings. I could see that they knew my therapist and he knew them. The presence and participation of the "expert" validated the whole package.

From the beginning, I tried to open up *communication through writing* and being open to communication from all parts. As I accepted them, and made a genuine effort to "listen", many of them became my supporters. Gradually I was able to be there with them, and a number of them could be there with me. We could share our senses. We could "talk" internally.

At first, this could be somewhat disturbing. Many of the alters were quite young (and some still are), and I learned to communicate to them when we were about to see or do something that might make them uncomfortable, so they could "stay away."

Since I made a real effort to *spend time doing non-threatening and fun things* for all of us, they were willing (usually) to cooperate when I needed to do adult or stressful things.

Four or five of us are co-conscious much of the time. We don't "switch" radically in public, though someone may come to the front to say something once in a while. The one place where I give up control is in therapy sessions. This is a safe place where various alters are working on some very difficult areas: they are bringing up and working through the *feelings* with my therapist. Then, usually, the *knowledge* of these things — "just the facts, ma'am" — not the feelings — are somehow made available to me. Periodically, my therapist will give me a rundown on the facts we have been working on, and usually,

I find that I do have the knowledge. The feelings seem to be following. They come to me after a time, when I am more able to deal with them. It is still difficult for me, but I think if I was hit with the facts and feelings simultaneously, I might go under.

This has worked pretty well for me: working to increase co-consciousness, protecting some parts of me from out-of-therapy triggers, protecting me from feeling too soon, but continually working to know and feel more and more.

While there is tremendous movement, backward in knowledge and forward in feeling, where I'm going can't be found in a book or in a theory. Fortunately, my therapist remains supportive and open. We have had a number of fusions, but with 70-80-?? parts that we know of, it is more like building and *moving with a process* rather than *moving toward a stated goal*.
By Lynn D.



Journals? Do we keep a journal? Would you believe we're on the 70th volume, and each volume has 80 pages?

Actually, it's slowed down a lot. We used to fill a volume every two weeks, and whenever we asked, our therapist would read them. That gave us a chance to tell her stuff we didn't dare say to her. We weren't *telling* her, you see. We were just putting stuff down in the journal. But we knew she would read it. We could put down, for instance, how much it hurt when she wasn't there, when we didn't dare talk about it in therapy.

At first Missy (our core personality) started the journal as a way of remembering stuff that she had forgotten/repressed for sixteen years. She didn't want to forget again. Then when the other alters started coming up, she let them have turns writing.

When she didn't want to believe in the multiplicity she'd look back at the entries she couldn't remember making, at the different handwritings, and it would help. (At one time, though, she said, "I'm not going to be sure you're there. I don't think I can. You guys just do what you have to do and let me believe I'm playacting, and I'll try not to bother you too much." She wrote that in the journal, where everyone could read it.)

Nearly every day we'd sit down and let everyone recall what they wanted to. Missy or Jess (helper) would fill in gaps and make sure nobody got left out. Even the little kids (2 and 3) could write with the help of an older alter they were close to, though at first they were amazed they could put their words into the squiggles on the page, and then read them again.

The only one who didn't write was Catnip, who was a cat. She didn't think in words and her hands were paws. An alter near her would write about what she did and thought as well as she could.

And we used the journal to discuss things — it was much clearer then that everyone was saying what they wanted. Sometimes we'd try to discuss things inside the head, but whoever had control of the body would have a lot of trouble telling what she wanted/expected to hear from what she did hear. The journal worked better.

It was also useful when we started integrating. Alters who knew their time was coming would put down wishes, hopes, and fears, and then afterwards, read those and comment about how integrating was so much better than they had thought. That helped the others.

And when my father tells me that my therapist is just making up all my memories, I can think about the 70 volumes, all those memories and hopes, the different handwritings, everything, and know that he and my mother are the only ones who would not be convinced by that record.

By Jessica T.



I've been in therapy for over three years, and am working on incest and satanic ritual abuse memories.

From the beginning my therapist has encouraged me to journal. It helps me process memories and to better communicate with each other, and with our therapist.

The journal began as letters to our therapist expressing our feelings and misunderstandings that we couldn't tell him face to face. Because my therapist's name is Jon, these soon became "Dear Jon" letters.

I have two sessions a week, and found that between sessions a lot of "mini-crises" were popping up. I didn't know what to do, and would panic.

My therapist has a phone call limit, so I learned that by journaling I became more self-reliant. If we just sit down long enough, I or someone else in the system can write. Soon we're in a better space and more centered.

In the journal we write, and also draw, color, and make collages. Occasionally a "hate letter" to a perpetrator appears.

We argue, brainstorm, encourage, give opinions and direction, and in general reach out to each other and to our therapist.

Our therapist begins each session by reading "aloud" from our journal. This helps him and others inside to know what's happening between sessions. It also helps when angry alters come out and resist, and try to take up valuable therapy time by distracting. Many personalities that come out only in therapy hear him read, and learn about others' feelings and experiences for the first time.

We use colored report folders to bind our journals. They are covered with collaged pictures and words of encouragement.

I date all my journaling and have noticed that when I have had bad days it seems to repeat itself from the previous year (triggered Anniversary days.)

It's hard for me to express feelings [in speech] but in writing I can say anything to anyone I want, and still feel safe. It's for my eyes and my therapists' eyes *only*.

When I feel stuck, it's encouraging for all of us to look back and see the progress we're making.

I feel journaling breaks down barriers, leading to communication, co-consciousness, and eventually, to integration and health!!

By Doris K.



Appearances

She is sitting in the green chair in the living room with dorm decor.

She is sitting in the green chair. And then suddenly she is gone. But nobody knows she is gone.

She leaves without getting up. The clues subtle as blue light. Her eyes change color: From deep green to gray. Words flying from her mouth.

Still dancing and delighting As if nothing has changed. The voice sounds similar. The voice sounds familiar. But the voice is not hers.

From gray to blue now. The walls start to enlarge. She is younger now. She grounds her tongue. And nobody knows she is there.

From blue back to green. Still in the same chair. The walls close in. And she is back again. But nobody knows she was gone.

By Sandi B.

The Emptiness Within

By Forrest & Mark

I had made the decision to let Ellen, Angie's daughter, have my piano. She probably would get more use out of it and enjoy it more than I would. Even though she's only eight years old, she's very talented. I thought, "It's not going to affect me because I don't even play it anymore. I play my new keyboard instead and really don't need it."

Well, was I wrong! Today Angie's ex-husband and a friend of his came over to move it. They loaded it up on his truck and as they were driving away with my no-longer-needed, no-longer-cared-about piano, I just stood there watching. All of a sudden, a huge, great big feeling of emptiness swept through my entire body all at once. It was so strong it paralyzed me, and I thought "I can't move. I'm stuck to the ground, stiff as a board."

It was as if half my body had left me and was inside that piano going down the road. I could actually see myself running down the street after it as hard as I could screaming, "Wait!! Wait! You've got half of my body on that truck. Stop! Stop! Don't leave me. I need the rest of me. Please!"

I'm glad I didn't act on my thoughts. What would the neighbors have done if I had really been running, screaming those strange words at a truck?

I finally regained control of my runaway mind, only to find out there's a huge emptiness left inside. The emptiness is my piano, and I realized that the emptiness was the only thing that helped me

survive all those terrible childhood years. That emptiness gave me a way to express myself. That emptiness helped me to lessen my fears. That emptiness gave me the space to dream big dreams about being free one day.

That emptiness was alive, and was the only thing that appreciated me and loved me all these years. That emptiness was ME, several years of me all combined inside the piano. That emptiness actually saved my life. Everytime I sat down on that bench to play, I loved that emptiness. And now it's gone. The emptiness feeling will remain until I find something to take its place.

Maybe I could take its place. Maybe I could fill that empty place inside myself with my own love for myself. There's got to be some love in there somewhere for me. I have so much love to give. Maybe, just maybe, if I look hard enough inside myself, one day I'll find it and the emptiness will be filled with self love.

I can be one note, combined with many more notes. If put together right, it could be arranged into a beautiful song. A song that would be filled with so much love and strength that no one or anything could ever, ever hurt me again. Maybe one day the notes will be combined into one song. Not scattered notes that cannot find their place, but notes that fit in the song and make beautiful music. And that beautiful music will remain in all our hearts, forever and ever.

MV



Driving Dangerously

I start
the car and warm it up.
I still have enough time
to make it. I try to
ignore this unnamed ache
urging me to swallow
my pride, to give myself
the pain or pleasure
of another appointment.
I try to ignore myself,
this other ache
that shares my name,
my mind. It is
urging me to drive
in the opposite direction,
skip the session,
teach or learn
some perverse sort of lesson,
profit from the loss
somehow
transform it into art.
I stall
in a store of books,
climbing into photographs
in a book I want
but can't afford to buy.
Now the hour has passed,
and the unnamed ache
begins to wonder
if she missed us or didn't,
if she went on without us,
sitting in the room
listening to the silence,
watching the clock,
the birds, the blanket.
The blocks
that interfere with my treatment
have found their way back.
I am going the wrong way
on a one-way street.
Headed for a dead end,
I slam on the brakes,
I stop.

By Sandi B.

I had just learned that I am a multiple, and was feeling stunned and angry about it. "Forget this", I said. "I'm not playing host to all these people. Everybody OUT. Immediately."

By Kimberly & the Cast

Susan's Story

Once upon a time there was a little girl who loved her dad. Her dad looked as nice as the prince of day, but inside, her dad was dark, as dark as night. He had green blood and bad things would slip out of his mouth. But the little girl would never hear the bad things, because she loved her dad more than anything else in the world. Her dad was handsome, and wore his armor shinier than anyone in the kingdom.

At night when the dark people came out, the little girl's dad would take his armor off and his ugliness would show. He would take his little girl and go to the land of dark with all the other bad people. The little girl would go with the ugly man who was her dad, but she did not know who he was because she didn't recognize him. She closed her eyes tight and let the other parts of her brain go with the man.

Terrible things happened to the little girl, but she didn't know what they were. She ran away to a safe place and let her brain take care of the pain and ugliness the dark people did to her body.

During the day her shining dad would keep telling her how much he loved her and how proud he was of her. He always told the little girl how he would always be there to protect her and only let the best things happen to her. Things that would make her better and stronger.

The little girl grew up believing that her dad loved her, that's why he had to hurt her. But she could never remember the hurt part.

The little girl is a woman now and she has problems in her head. She went to a doctor for help. The doctor talked with the woman and the doctor

talked with the woman's brain. He talked some more with the woman and the brain.

All the brain people told the doctor what happened to them. The doctor made the woman listen to all the brain people.

The woman tried hard to believe everything she heard, but the woman couldn't believe it was her dad who was the ugly man. All the woman could remember was her dad telling her how much he loved her.

You see, the woman couldn't remember why her dad kept telling her he loved her. He kept explaining it to her so she would think that's how love is supposed to be. He wanted her to be hurt. He was a very evil, mixed-up, crazy man and he was using his little girl. He would tell her all the nice things she wanted to hear. He wanted her to love and worship him. It was easy for him to fool her. His little girl loved him and would do anything for that love, and the ugly man knew it.

Now the woman is having a hard time. If she believes what the rest of the brain is telling, then she will have to see her dad as an ugly bad man who didn't really love her. Then she would have to admit that all the ugly things happened to *her*, not the other part of her brain. If she never admits it, she will get to continue living in her fairy-tale world. She thinks she has nothing to lose.

But the other side of her brain is going to tell the doctor to wake her up. She can't just *hear* the story, she has to accept that it happened to **HER, BY HER DAD!!**

Then we will *all* live happily ever after.

MV

Books

Triumph Over Darkness Understanding and Healing the Trauma of Childhood Sexual Abuse

© 1988 by Wendy Wood, M.A., and Leslie Hatton. 294 pgs. Published by Beyond Words Publishing, Inc., Pumpkin Ridge Rd., Route 3, Box 492-B, Hillsboro, OR 97123 \$12.95 paperback

Simply put, this book is another collection of survivors' stories. It is not as well known or publicized as the excellent *The Courage to Heal*. For me, this book was even *more* exciting and helpful, and that is saying a lot!

From the introduction: "The book is divided into two parts: 1) the darkness and fear that come from the trauma, and 2) the light and hope that are found in recovery. We have included individual writings from others' experiences where they fit along the continuum of healing. At the end of each chapter our insights and perceptions will offer you some grounding."

Each individual story is followed by a progress report on the same person. The book includes poetry, and wonderfully sensitive illustrations. I found the insight and perception sections to be of great use in digesting material that was at times very difficult to process. This book is one place I go for reassurance when things get tough.

Also included are suggested readings, invitation to authors (on satanic and ritual abuse), and networking services.

This is a book you will want to own and re-read. The book is honest, hopeful, and helpful. I recommend this book without reservations. If you can't find it, order it. If you can't order it, here is the toll-free number of the publisher: 1-800-284-9673.

— Annie



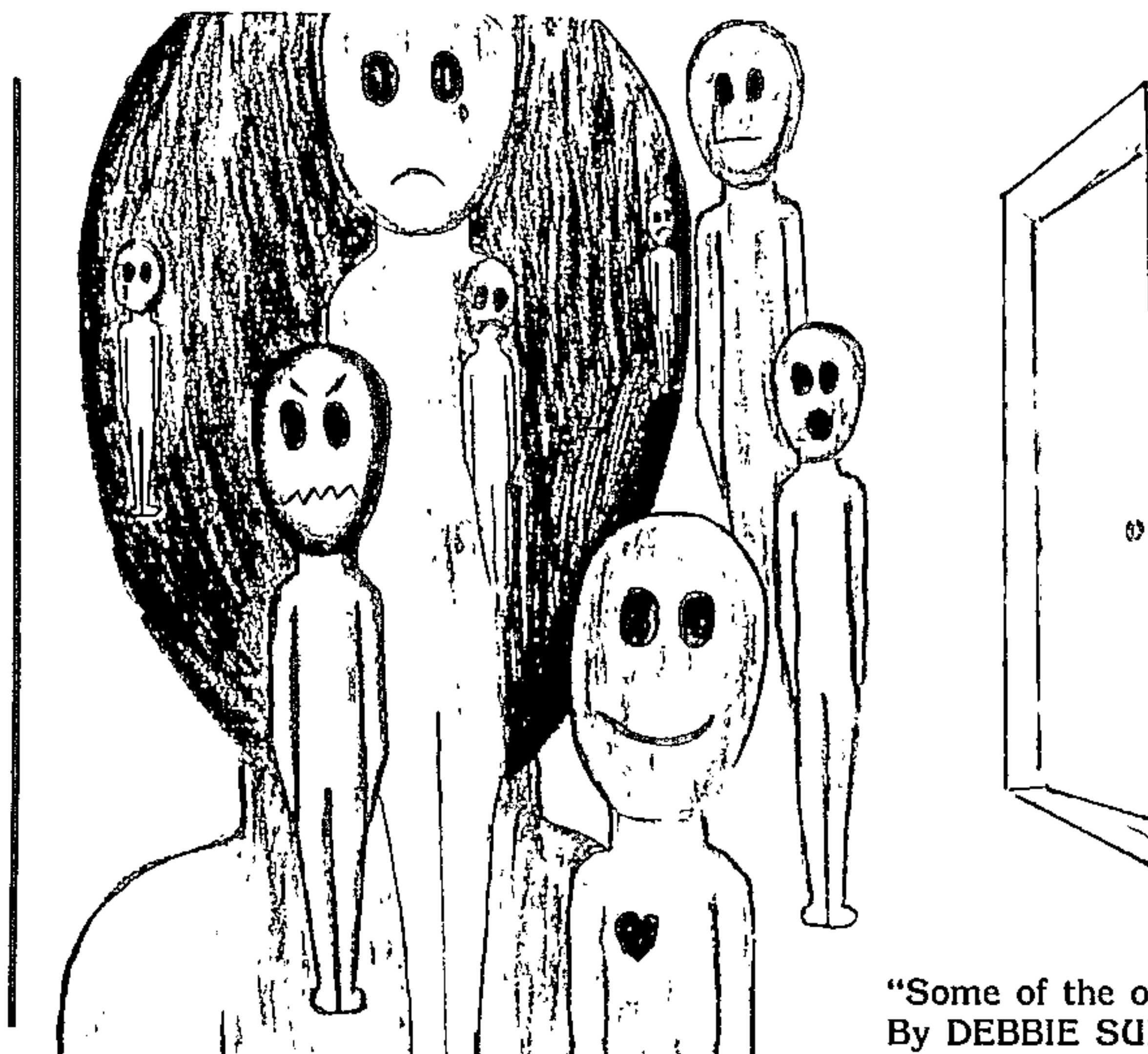
It's Time!

Time to put on your thinking cap! Please help me prepare a list of themes for 1991 issues that will interest and assist YOU in your healing process.

I'm open to *any* ideas, including art topics. I also want to know how you feel about the form and content of MV... is it too 'childish'? Can we offer other services? We can't please everyone, but we want to be useful to folks throughout recovery.

So please, think about it. Drop me a note. And in August, we'll announce plans for next year!

Thank You! —LW



"Some of the others"
By DEBBIE SUE '90

August 1990

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

October 1990

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

December 1990

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

Share with us!

Prose, poetry, and art are accepted on upcoming issue themes, (and even on NON-themes, if it's really great.) DO send humor, cartoons, good ideas, and whatever is useful to you. Please limit prose to about 4 typed double-spaced pages. Line drawings (black on white) are best. We can't possibly print everything. Some pieces will be condensed, but we'll print as much as we can. Please enclose a self-addressed, stamped envelope for return of your originals and a note giving us permission to publish and/or edit or excerpt your work.

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