

MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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Inside:

Making Career Decisions The Stigma of Mental Illness Cost Saving Vs. Life Saving



For All Time

With an ear to eternity and
vision into the far beyond,
not for a moment or a second
but forever and all time.

Bees disappearing into flowers.
Spider webs glistening in sunlite.
Things that last and go on and on.
They are our continuity for all time.

Images with no end.
Wild mustangs running on a
distant range
Butterflies adding color to the
landscape.
Not just a passing thing,
something for all time.

Sun coming up, stars in the sky.
Know what you trust in your heart
and what you count on in your soul.
It's now and forever. It's for all time.

Not the maybe, but rather the always.
A continuum from here to beyond.
Your great hope for life.
Not just for a short time,
but for all time.

Exalted example now put to rest.
Everlasting expectation to entice and
entreat.
Where is the poet with a verse and a
rhyme?
For now and forever more.
For all time.

By j.p. grant

Consider the Octopus

By What's Her Face, et al

How do you describe what life with more than one inner self is really like, and how difficult choosing a career can be? Consider the octopus. Its eight arms are able to move independently, or two or more can work together. If it gets into a "sticky" situation, it can break off an arm and grow a new one. If each arm wants the whole octopus to go in a different direction, the octopus will not move forward in any direction. How like us that is!

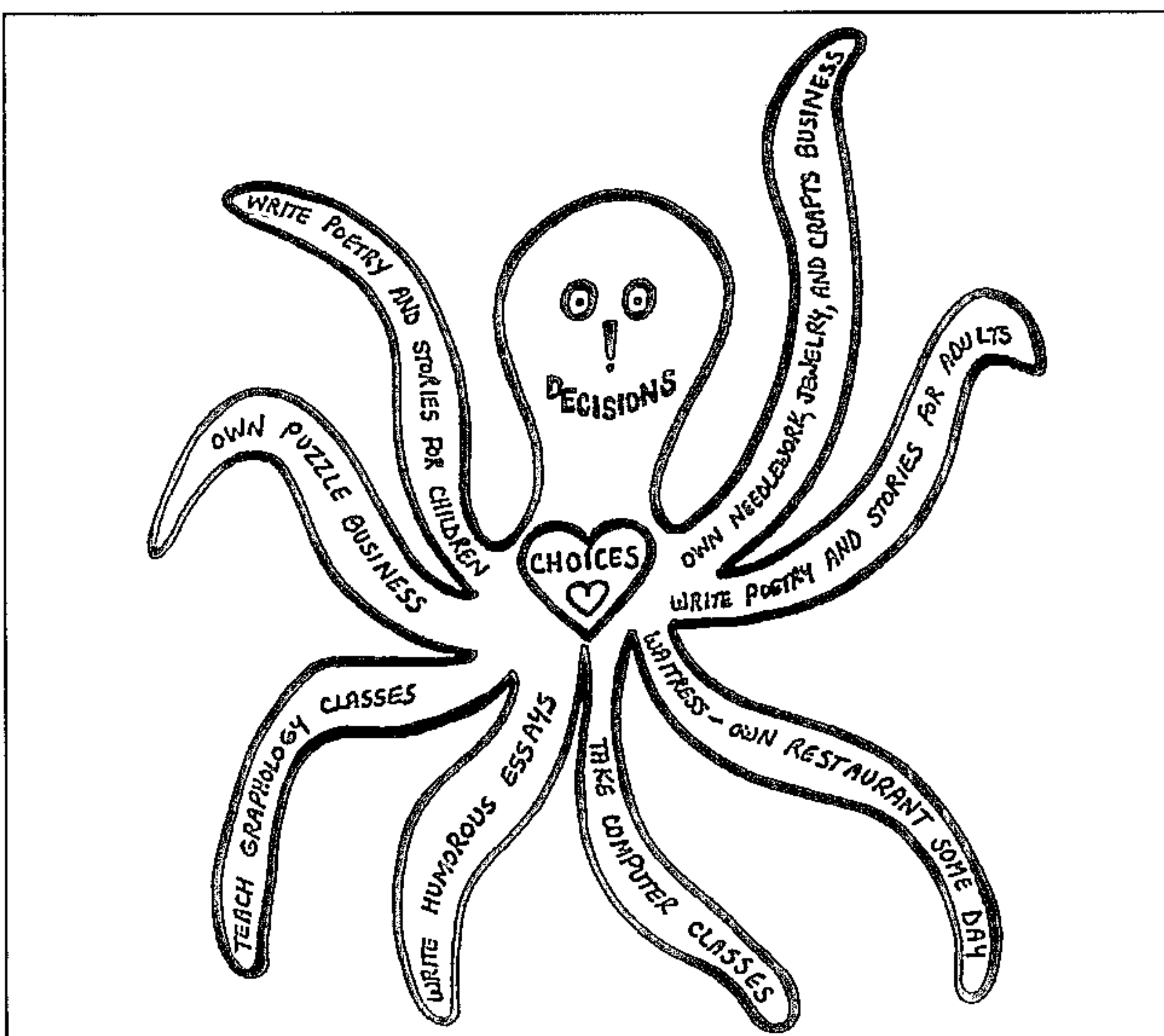
Although having many directions to go seems like an asset to most, it can keep us frozen as the pull remains strong in opposing directions. Even within one area, like writing, we have different pulls. So how do we choose what direction to take? And how long do we head north, without exploring what lies south? or east? or west? We considered our inner selves as the arms of the octopus, and made a list of goals for the career part of our life. Even though we might discover another direction to head, or choose to abandon a project we've started, we

know that we are capable of doing much with our life. We also know that it is more comfortable for all if we do not work in certain environments, and that we have many talents that are perfect for a home business. We enjoy our friends and being around people, but are happiest when working or writing at home. Our current goals:

1. Continue as a waitress through 1999.
2. Own business - get puzzles on market before summer of 1997; hand-dyed needlework cloth in stores in 1999.
3. First book of children's poetry in stores in 1997, short stories in 1998.
4. First book of humorous essays in stores in 1997, book of serious adult poetry and writings in 1998, second book of humorous essays in 1999.
5. Take computer classes beginning spring of 1997.
6. Teach graphology (handwriting analysis) in 2000.
7. Open first restaurant in 2005.

We feel that the only type of "integration" that will comfortably work for us is to cooperate, and function together as a unit. This means we must constantly let different arms of the octopus pull at different times, allowing forward movement in as many directions as possible. The strain can often be overwhelming. But how do you tell someone who designs beautiful jewelry and needlework patterns, that what she does needs to be on the back-burner for now? Or someone who wants to know what makes a computer tick, that we need to put a roof over our head, not go farther in debt to pay for classes that might not be completed? Or tell those who at one time worked as a school janitor, a security guard, in bank management, as a reading tutor and teacher's aide, in sales, in a bakery, or in a drug store, that we don't want to do any of those jobs again? Or tell a fabulous cook that it's not feasible for us to open a restaurant right now, even if she has an original concept with all the details worked out? Or tell someone who sews and makes craft items, that we don't want to make all our own clothes or sell things we make, just because we can? Or tell someone who designed a course to teach as an evening adult education class, that we're not ready to do that, even if she knows we can? Although we don't want to work again at any type of job we've already had, our job experiences keep doors open if the need should arise.

Because of the various reactions we have gotten from people when they learned of our many talents, we tend to speak as little as possible about anything but our current work as a waitress and the children's poetry books we hope to get published next year. The ones who liked to brag about how many different things we can do, now understand that keeping silent about some things is necessary. We have different friends for different interests. Sarah and an artistic friend



Continued on page 3

Octopus, cont'd.

enjoy going to art supply stores as well as museums and galleries. Nicole and a writing friend enjoy discussing this shared interest over dinner out, and trade writing to critique. Deborah talks about crafts with a friend who shares that interest. Annie does not like being out, but can easily handle group situations, various topics of conversation, and school. (She took some college classes a few years ago and got A's in all four classes. Robyn withdrew us from school in the middle of the next classes Annie took.) Robyn is always trying to find ways to get us out of whatever situation we are in, and back to the safety of our house with its security-alarm system...another reason why working at home is best for us.

Will our octopus take the same number of forward steps in every direction, and we'll end up in the same place we started? Our son has already switched majors in his first year of college. Many people make major career changes during their lives. Women who stayed home while their children were growing up often go back to school when the nest is emptied. We understand the difficulty of making decisions about what career path to choose. But how do those who live as our Us-Person does, make decisions like that, when the decision tends to take away the feeling of importance that each part seems to need?

Our therapist has been supportive as we explore our individual talents, and he feels that we will continue in a way that is the most beneficial to us as a whole. We constantly bounce our ideas off him, and he helps us see what might be involved in making an idea a reality. He's given us articles he comes across that pertain to a specific topic, such as one about a writing career. He and our Us-Person understand that movement in any direction is better than doing nothing while we try to figure out which way to go. Maybe the octopus won't be content until it explores the entire ocean.

MV

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Angels:



THE CENTER FOR TRAUMA AND DISSOCIATION

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

Dr. Nancy Cole, Clinical Director

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In Praise of an Attaché

The navy blue, soft canvas, monogrammed attaché goes everywhere with me. One angry alter calls it the "diaper bag."

Hidden beneath my appointment calendar, my calculator and professional papers is everyone's *stuff*:

One zip-lock bag with assorted candies for One with a sweet tooth, The little one's ragged stuffed Rangoon bear sleeps at the bottom... (always near)

Pencils, and drawing paper fit into organizer pockets, It holds the twelve-year-old's special pens, journal, cassette player and religious tapes (her "spirit-search" continues wherever we go.)

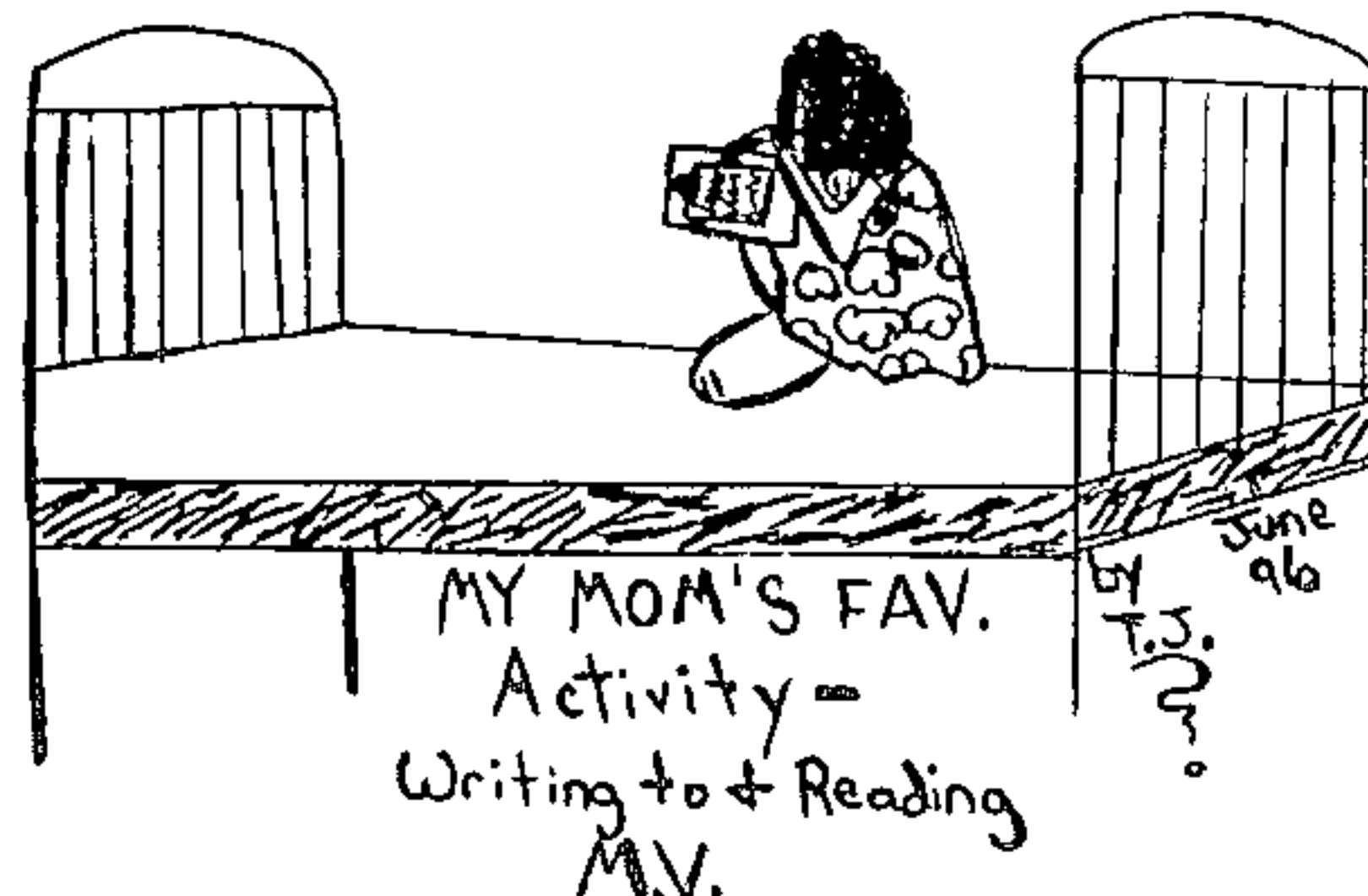
We have an emery board to repair damage done by the nail biter, A folding buck knife in a leather case that makes One feel safer, and satisfies Another's need to cut roadside flowers.

We carry an emergency listing explaining how to help when our system breaks down. We have phone numbers for our physician, therapist, spiritual mentor, a local crisis line (familiar with us), and our significant other (because we can't all remember our home phone number).

It gets heavy, but we would be lost without the navy blue, soft canvas, monogrammed attaché.

By Cathy for the Coalition of Joy

MV



MV is open all day long. She keeps correcting her article so it won't be wrong. She writes it over at least five times.

But it was worth it, All the lines.

By TJ, birth daughter of A. Hope

MV

Different Choices for Different Voices

I got a bachelor's degree in psychology and had always planned on being a PhD psychologist at some point. It became clear (especially after I became aware of my other personas) that this would not work. Within us we have a chaplain, an artist, a persona who would like only to be self-employed, a teen counselor, a park ranger, a research biologist (who'd work with wolves), and then a few who would just prefer to never have to work because of the issues around authority, safety, trust, and self-esteem.

After almost a full year of research and internal conferencing, etc., we are now enrolled in a masters degree program for therapeutic recreation because it is something that we all can agree on. There are things that just about everyone finds exciting and positive. One of the most helpful things for us in our journey was a book called *What Color Is Your Parachute?* It's made for "singletons" but we found the exercises within it very helpful. We did all the exercises in the book and everyone inside had their own chance to do them separately—then we worked at finding something we could all be happy with. Another helpful thing we did was to go down to the Employment Security Commission and talk with a vocational counselor. She gave us a test that asked about our likes and needs in a job. This information was entered into a computer and it spit out several potential matches—the #1 match was Therapeutic Recreation. (We had come to that conclusion already, but it was nice to see it confirmed.)

Although we feel we've found a niche, there are still a lot of things we'd like to be when we grow up. The nice thing is that we can always change fields if we decide to do so later. Nothing is etched in stone today that can't be changed if we need it to be. Hope this helps...

By Terri & Co.



We are a Tribe who embrace our diversity in abilities and gifts. After all, *living* with MPD is a daily challenge, at times a chore, other times—well, those we don't want to think about. So we should emphasize the positives of MPD as much as we each possibly can. This is how we went from surviving to getting a life, an actual *life!* Wow!

For us, MPD is a gift, one of survival. Though we've integrated some "parts," our tribe does not yet see full integration as the ultimate. Rather, we look to the healthy

family concept. This is because though some parts choose to integrate as we recover, many of us still cherish our diverse abilities. Some of us are scared to lose them. We like to feel things first hand rather than as a part of consciousness, such as when we experience short-term merges for various reasons. We draw, write, compose, play banjo, congas, master in IShinryu martial arts, practice acupuncture; we're trained in the art of massage, we kayak, do archery, shoot 9-ball and 8-ball pool...some of these, we (the primaries) are not even sure who does them! But our spouse witnesses it and tells us. Some of it, the writing...we all get to see and share. The way we see it, we don't have to know who does what in everything for now. We know that just as our interests are healing for us, theirs must be for them. It also lets those parts know we care. And to see our "kids" at play is like the gift of seeing the childhood which was stolen from us develop and grow within! How many monos can manage that one?

Fighting the MPD "nutcase" stigma is difficult. We are also in recovery from alcoholism and addiction—two illnesses which just a few years back were misunderstood as a moral issue or lack of willpower. Education has eradicated these misconceptions, and it took time. At times, we choose to carefully disclose ourselves—often, it has cost us friendships. Yet often it has increased understanding and eradicated the fear and general nutcase status the media seems to portray in short 2-hour movies, showing the worst of one's life. To us, so far, it's been worth it, though at times very painful. We even disclosed to our speech class in college once, feeling we could put out the trust as most everyone has shared speeches on a personal level. We have not yet encountered any bad effects from our most risky disclosure. On the other hand, upon diagnosis, we lost most of our AA supports when we needed them most. Disclosure is not an easy call, and it's proven extremely painful at times. We simply really want to educate as much as we can with wisdom, hoping that one day, our disorder will be seen as a gift of survival. We are also studying to be therapists specializing in dissociative disorders, so for us it is a burning desire to help instill change. For most, we do not see disclosure as we do it as a great choice, 'specially since the reactions are unpredictable. No one of us has to prove anything to anyone. What others think is their stuff. As long as we're on the path to recovery and we know we're OK, that's the primary focus. And have fun with celebrating your diversity. It's a gift many of my mono friends envy. (Mind you,

they never envy the trauma part! Hmmm?!) After all, I can go to school and have different parts each remember a portion of a test...kinda like cheating without cheating! Keep on going on, as long as the sun shines to warm you, and the rain pours to cool you—one does not have to be good while the other is bad. Simply learn to cherish and it's all right to be human (even if we forget it sometimes, we end up going back to telling ourselves it's all right.) Miles of smiles!

By Shan for The Tribe of the WhiteWolf



I almost did not get a chance to write this article. I was too busy, doing too many things at once. A friend pointed out the paradox and oxymoron of my being unable to write an article on multi-tracking because I was too busy multi-tracking. So, here is the article!

People always tell me, with marvel in their voices, that I am multi-talented and super-organized. Little do they know that I am coordinating the distinctly different needs and activities of about two dozen alters. Here is a window into my world:

I live in a large house in the country with the two men who are my husbands (one by marriage, one common-law). My house has dozens of niches with the projects and life work of various alters: Julia's needlework; Jennie's paintings; Miriam's plants and clay work; a writing area with thousands of pages of manuscript written by several alters over the course of 35 years; a music area with a dozen different instruments; the craft area with beadwork, jewelry and sewing projects; a workout area for the yoga practitioners, bodybuilders and martial artists of my "Bod Squad;" the dolls and teddies belonging to the babies and toddlers; closets and drawers full of the clothing and accessories belonging to everyone.

My resume reads like a braid of three careers: Administrative/secretarial, health/social services, and the arts (writing, music, crafts). I work in one or another field, depending on job availability and the function level of various alters.

All of this hubbub is kept on line and in order by my extremely organized "Front Office," led by Melissa, who likes to joke that her job is to get this life in on time and under budget. She is assisted by several alters, most notably Functioner, who keeps us moving regardless of circumstance.

I go through life like the circus performer spinning all those plates on the poles while

the music plays and the audience oohs and applauds. It is hectic and exhausting, but somehow it has all gotten done. I have compared my approach to life as like a game of Parcheesi, where I move all my pieces out at once and march them all around the board together. It is slower to get anyone to the finish line, but there is strength in numbers, and everyone gets to play.

Lately, as my MPD therapy progresses into its fourth year and I have done a few integrations, I find myself no longer wanting to do this whole crazy trip. My well-ordered system feels burdensome to me, as I flit from one focus to another. I am tired, burnt out, confused, with no clear direction. It's always so complicated and chaotic; I long for simplicity and peace. I do many things, but they all feel shallow; I long for depth.

I am motivated to continue the integration process, which originally terrified me, because I have come to understand that I cannot progress towards depth and simplicity until the dozens of demanding voices within me become few or one. I have come to understand that I do not lose anyone or anything when I integrate, but rather become closer to that part of me. It becomes more alive, not less. I will always be multi-talented, due to years of practice. But I do not want to run at top speed in dozens of directions at once any more. I feel a major paradigm shift in my life, as I seek a clear path and focus for my energies and my life work. I am making choices now, and prioritizing. As I continue to heal, this becomes easier.

By Leah, for E. Pluribus Unum



We discovered that loving another personality has made a great difference in our overall attitude of each and all of us.

Almost all of us love the children unconditionally and consider their needs first. That helps to prevent anger and fighting inside which scares and upsets the kids. They survived until we were "born" to protect them, so we fight hard not to hurt the body. Sometimes that's difficult, but it needs to be safe for the kids. Then, when you are doing something and an insider or outside person sees and says, "Boy, you do great with that," you stop and look and say, "Yeh, I do this good, don't I!" That's what starts us to thinking. We people watch constantly and see others doing and acting (often) like we do. We are more "normal" than we sometimes think we are. "Normal" people panic sometimes, or get embarrassed about something they said or did; they get all red-faced and hang their faces low to avoid looking at others. So then we ask ourselves, "What is normal anyway? Who says we aren't the normal ones (with MPD/DID) and others are not?"

I like to imagine "us" in other's places...How would I feel if such and so happens? Or why is it so hard to believe I can be loved? I think about these things, and ask a lot of questions inside. I know the Bible says to love your neighbor as you love yourself, so I need to love the others inside—my closest neighbors—and love me too. We pray, we spend time together, we vent our frustrations about each other. Sometimes we beat each other up, or mess with each other's heads, but our leaders quickly respond and dispose of the topic...

We need some simple things, like Rules of Space: Don't cut someone else's out-time too short. Ask if you can join in. (That helps build your co-conscious bigger and stronger.)

Also: no picking on the out-person. Don't nag for treats when you have no money for them. Don't threaten to hurt anyone. Don't lie, cheat or steal. You can own something, but you must share, because you'd need a place the size of a football field to hold stuff if everyone has the same thing. When you can make it through a crisis without hurting

yourself, it is exciting. You show respect for your body, so you can have dignity instead of shame. The more parts that join the co-conscious, the more healthy ideas will come to get the jobs done. And there will be more help with the pain, so it isn't a big burden on just one or two of you...When you learn to care about others inside, you learn to care about yourself. You need to be parents, aunts, uncles, brothers and sisters, mates, and married to each other. That way you can reparent yourself, from the fearful childhood to the happy Now you can have, as each part takes steps from the shadows to the light.

By Tina G., age 16

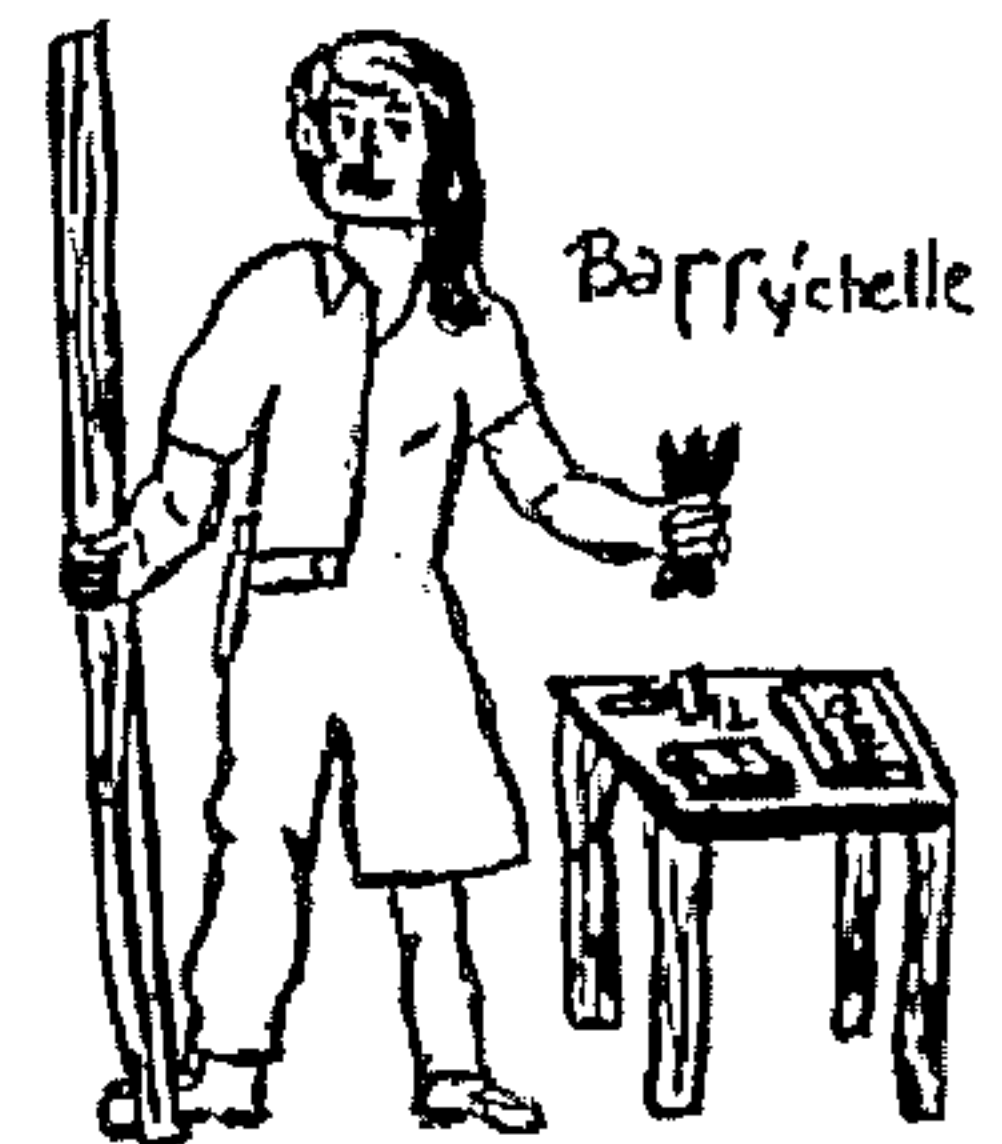


One of the most difficult things I find to do is to make sure that each of my alters who have favorite activities get the opportunity to do them. Sometimes we do nothing because the conflict is so great it is hard to decide upon one activity. It is also difficult to act responsibly on a job, getting everyone (the alters) to allow the part that works best to do so. Activities include: drawing, reading for some parts; games, puzzles for the little ones (alters). Physical and outdoor activities are things that protective alters like. The most depressing times are also the most helped by these activities if we can get together to do them.

Skills and skill levels are also tied to different alters. Some are good at math, some are success-driven, some draw well, some have physical abilities that others don't, some have great imagination, while others can speak well in public.

To me, all this reminds me of my uniqueness in spite of the abuse.

By Barry'chelle



Drawing, Reading, Collecting Knives, Workout with Staff, Leather work, Eagles (anything to do with), Martial Arts, Games, Puzzles.

Game

Here's a game we came up with one long alone night. Have your readers see how many words they can make using just the letters in DISSOCIATE. Only 3-letter words or bigger count. We came up with 106! (Our grownups played, too.) Can anyone find more? (Remember, you can make plurals.)

Then, as a second game, we added the 1 and 2 letter words, (a, I, as, it, to, etc.) and made sentences using only the words on the list. Here's an example:

I ate oats, cod, and soda. It's a sad diet.

Marta, who Serena says likes to be perverse, liked this one:

A sadist ties toes to ice.

See what your system comes up with! It can be fun! (And, as a grown-up says, "educational!")

If you think this is too silly, we understand, 'cause it is. But it got us through a long night when we'd been having Halloween memories. Anyway, since there's no games for inner kids, why not make up our own?

Your friend, Calico (for Serena's kids)

Therapist's Page

By Angel M.E. Casey, MA

Angel M.E. Casey is a doctoral student in clinical psychology, and for more than two years has been a unified "multiple." Under supervision, she has worked with several people who have the D.I.D. diagnosis. She has a special interest in the research and definition of post-unification work for people recovering from dissociative disorders. We are printing a lightly-edited excerpt from one of two academic papers Ms Casey has written on this subject, *Therapeutic Issues in Postunification Treatment: Year Two*. Full-text copies of this paper, and her previous paper (*Therapeutic Issues in Postunification Treatment: A Prospective Case Study*) may be requested by writing to Ms. Casey at the Dept. of Psychology, University of Montana, Missoula, MT 59812. Please enclose cost of copying and mailing: \$7 for one paper, or \$11 for both.

The Caveats

Let me first note the important limitations of this study...clearly I can claim no objectivity at all. If we have learned anything at all from the False Memory Syndrome controversy, it is that memory is fallible and reconstructive. It is partly for those reasons that I write these articles now, while I am amidst the changes, rather than waiting to publish a retrospective account. I have also made notes throughout the past year, which serve to check and guide my own conclusions. Nevertheless, any single case study, no matter how well documented, may not accurately represent the experience of others.

My full-text paper covers six major topics in post-unification treatment: vegetative patterns; memory; dissociation/coping strategies; identity; interpersonal relationships; and existential issues. The following excerpt will focus primarily on identity and interpersonal relationships.

I sometimes feel a little sorry for people who are so tethered to themselves that they cannot escape, but for better or worse, I have joined them. The dissociative door is gone, and once I *truly* understood the enduring nature of a single self, I knew that I had irrevocably left what We had been...Barring retraumatization of extraordinary proportions, I don't believe I can ever become a multiple again.

But the use or abandonment of dissociative strategies, along with other alterations in cognitive style, are really only aspects of the larger question of identity. Becoming "single" — even profoundly, unalterably single — is necessary but not sufficient. It still remains to define and develop that unified self.

In my situation (unlike the experience of many others in treatment) trauma apparently began in infancy and I never uncovered a sense of an "original" personality. Although I did have a set of alters who largely handled all "outside" business, Others-of-Me deemed them unsuitable to inherit the unified identity.

Who, then, were We to become? In my case, the decision was made by

democratic process. Not only did everyone have to agree to the selection, but the person chosen also had to accept. I make it sound simple, but of course it was not. It was protracted, with considerable discussion and in-fighting...

Ultimately, the person who received the final identity was the youngest alter, a pipsqueak of a child who was barely verbal. Nor did we age-progress anyone first, before their integration into the whole. I wanted to arrive at a "finished" personality through a process as much like normal development as possible—which is not much, I realize. Nevertheless, we decided (repeatedly) to integrate each alter at his or her self-perceived age, creating an age-appropriate, hierarchical sequence like rungs on the developmental ladder. Once everyone "filled in" their proper developmental place, we worked to blend the sequence into a smoother whole, from child to adolescent to adult.

The Experience Of Identity

Once all aspects of self have been assimilated into a primary identity, an interesting question emerges. Does the choice of identity-recipient influence the unified personality as it is eventually expressed? Would I be someone else if one of the other alters had taken the primary identity? A woman with DID is not like a suitcase that has spilled its contents; fusion, therefore, is much more than a process of stuffing everything back into the container...Perhaps the order of integration has an influence, or the choice of who is to be the ultimate "container" for the whole, but certainly in the final analysis each alter contributes individually and unevenly to the eventual composite.

An old Gestalt aphorism describes well the postunification experience of identity: the whole is greater than the sum of its parts. Achieving unimpeded access to past events and experiences is, as most writers have noted, only the half- or two-thirds point in the process. Difficult work remains to assimilate those experiences and qualities into oneself, and to extend one's sense of personal identity to include them while simultaneously learning to differentiate oneself *from* them.

For the longest time, whenever I took credit for the actions of a past alter, good or bad, it was with a guilty twinge of plagiarism, as if I were stealing someone else's work. Was it I who organized camp programs, drew those beautiful pictures, hiked the Canadian Rockies? When I combine past with present, I end up as a woman who has done things I would never do, achieved things I now couldn't, wished for things I no longer want, loved people I would now despise, experienced life in ways that are now lost to me. I even have a degree (in Classics) that I didn't yet exist to earn. Yet it *was* me. And not. As a whole person, I am all of those who went before me, and none of them. I am separate, as much of them as of my parents, yet distinct. And, surprisingly, I now have qualities and interests which belonged to no one, but which seem to have emerged from our unique aspects, uniquely combined.

Interpersonal Relationships

So I am me, and not; I made various past choices, and didn't; and I am "normal," yet different. Those paradoxes primarily affect me, of course, but they also touch every other person with whom I am in relationship. Given that I lived half my life as a multiple, I was naive to think that, with "recovery," I could merely take my place among my peers as if I were and always had been one of them.

Clinicians often talk about treatment as if it is a process of reconstruction, as if recovery means to return to what has been lost. An important element of truth does reside in that perspective, in that qualities of self may become available again, and hurts may be healed. But restoration to pristine identity is impossible. An entire lifetime of multiplicity cannot be negated. The layers of struggle are too deep, too pervasive. Of those layers, the original traumata comprise only one. There are also the decades of extraordinary functional difficulties, and the interim years of mistreatment and misdiagnosis in the mental health system, and the terror and trauma of successful treatment itself. When Kluft (1993) talks about the "mathematics of misery" (p.98), he hits the mark exactly. There is much I cannot share with others.

I will never know what it's like to feel safe in a family. I will never know what it's like to be a "normal" child and to play with other children. I haven't a clue what it's like to learn about myself, from child to adult, in a process of gradual unfolding that takes place over a lifetime.

Nor do others ("normal" people) know what it's like to be tortured for days on end; to scream away one's childhood; to realize in terror that you've forgotten your own name; to lose days at a time; to see an unfamiliar face in the mirror; to suffer nightmares that go on for decades; to try to work through a desperate parade of twenty therapists over fifteen years; to spend weeks in a locked psychiatric ward; to plan your own death.

The differences in me, and in my life's path, are not only confined to such grievous lists of liabilities. I am equally unable to share very well my sense of the miraculous. I have found my way back from the ranks of the "incurable," and in the process, have been the recipient of acts of human courage and compassion beyond the pale. I have met death and made peace with its inescapable grasp. I have learned about intimacy and trust and confidence and strength, the mysteries of the psyche, and the resilience of the human spirit; and I have learned my little bits of wisdom along the way. I have found my place in the world, and I know myself. The only deep scars I have now are the ones on my arms.

The Role of Mental Illness Stereotypes

And of course, therein lies the problem. People are alarmed by what those scars represent, both literally and symbolically. Since our stereotypes of mental illness don't allow very well for the possibility of recovery, it can be hard to make sense of a fragmented and damaged woman, now whole and healthy. (For an interesting discussion on the history of mental illness stereotypes, see Rotenberg, 1978). As a result, many people understandably choose one perspective or the other.

Some treat me determinedly and somewhat rigidly as "normal," as if I had sprung fully-formed from the head of Zeus at age 36. They nervously avoid any reference to my past, and quickly withdraw from those evidences of it which are impossible to ignore. Such people can become acquaintances or colleagues, but genuine intimacy is impossible.

Others treat me as mentally ill, as if my ordinariness is merely a clever masquerade which masks a fatal flaw. Those people tread carefully around me, as if my hidden insanity might suddenly leap out at them like a jack-in-the-box.

Of the people in the latter group, the more generous can be overprotective. They fear that I will crumble under "stress," and sometimes try to coach me in conformity as a means of self-protection. "Try to be like other people," they say kindly, almost as if I were drooling at the dinner table rather than merely expressing an opinion. It can be kind of funny, actually, and I have gotten much better-humored about it over the past year. I do have friends who fall into this category, and I sometimes have to nudge them gently and point to my boundaries.

Others of this persuasion are less kind. They seem to see me as a threat. They perceive me as devious and dishonest, almost as if I had somehow managed to lie my way into an exclusive club where I didn't belong. I think some of them fear being fooled. Into that group fall a fair minority of colleagues, who fear career-ending lawsuits should I suddenly become psychotic in mid-session. The irony is not lost on me. For half my life, I couldn't get therapists to believe I had DID; now I can't get them to believe that I *don't*.

Epilogue: Stable Fusion

The date of my official permanence has come and gone. Although the exact moment is rather arbitrary and the event mostly symbolic, I have nonetheless been surprised at its emotional impact. For me, stable fusion has represented a major life transition, a rite of passage, perhaps, from

instability to permanence, from patient to person. We have achieved much more than We thought possible. I think the best We ever hoped for was an end to constant suffering, some semblance of order, and maybe a little time to rest. We thought in terms of relief, and if we ever got that far, We felt, We would revel in the miracle. It never occurred to us that we could actually feel strength, or joy, or intimacy with others, or optimism for the future, or pride of self. Yet I have all of those things; and it is not uncommon for me to feel like *this shouldn't even be possible*.

They said it couldn't be done. Old friends; family members; entire hosts of psychologists, psychiatrists, social workers, and nurses; and colleagues: they all said I was so genetically flawed or neurologically damaged or psychologically impaired as to be unsalvageable.

I celebrated my 27-month anniversary at the Grand Canyon. Since I am now, in some ways, alone in the world, the last of my "tribe," I decided to share my transition with the intimate soul of silent stone. That tableau of rock makes no apology for the weathering and sculpting which has created its particular beauty. So the Grand Canyon and I shared our stories of patience and of endurance. When I came away from it, I had finally learned to say: I AM.

Interesting experience. I think I like it.

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MV

11 Basic Rights

1. The right to act in ways that promote your dignity and self-respect as long as others' rights are not violated in the process.
2. The right to be treated with respect.
3. The right to say No and not feel guilty.
4. The right to experience and express your feelings.
5. The right to take time to slow down and think.
6. The right to change your mind.
7. The right to ask for what you want.
8. The right to do less than you are humanly capable of doing.
9. The right to ask for information.
10. The right to make mistakes.
11. The right to feel good about yourself.

By Ellen



Dealing with the Stigma of Mental Illness

Our therapist tells us that we shouldn't feel ashamed for being the way we are, but Others look at us strange, as if we were aliens.

In finding a therapist, I opened up and risked telling him that there were others inside.

He proceeded to tell me that he didn't feel comfortable dealing with this stuff, and would rather not. I would rather not either, but have no choice. Multiple Personality Disorder (MPD) has been used to hide us, but when others saw our pain, it was too painful.

Now they call us another label (Dissociative Identity Disorder, or D.I.D.) along with every other label used. Why can't we just be known as people who carry tremendous pain, along with tremendous potential?

By Jana (age 11) for Angel and the Huddle



How does one not believe that s/he is marked, blemished, stigmatized as a person who is mentally unbalanced after being told they have DID? First of all, who branded us as mentally ill?

I told my mother that I could not live close to the family because I am not normal—I can create other personalities. I told her normal people do not understand "mental" people. I was trying to convince her that I was chronically mentally ill! I came to that conclusion on my own. My therapist did not tell me I was mentally ill. But what is a person with a divided mind to be called? Mom said, "Don't believe that lie! You are just as normal as I am. You can choose not to create other personalities." That is an interesting concept

Now there are some people who try to make me believe that I could never be well. Who do I believe? Those who say I'm okay or those who want to condemn me? I must choose for myself.

After fusion of my personality system, I believed I was finally normal and no longer separated from society.

However, when another alter was discovered I was devastated to think that I may be chronically unstable. When does it end? How do we fight the perception that we are not well and never will be?

I believe it is a mindset. The stigma of mental illness may lurk in our shadow, but who put it there? If we believe we are mentally ill and will be for the rest of our lives, then we have set our mind that way. I fight the stigma and win a victory every time I integrate a personality—and I haven't had to do that in a while. I choose to believe that I am okay.

Finally, DID is not a mental illness. It is a disorder, which means something is out of order and needs put back in its proper place. So sometimes I'm out of order, but that can be fixed. Maybe it's a chronic thing. So what! As long as there is a solution, chronic mental illness can become chronic mental wellness. It's kind of like the glass that is half full, not half empty.

By Teresa Bathurst



My eyes are a looking glass inverted inside. Just an outline of a figure; I'm gone. Once a great person, no one knew of my many parts. I thought it was me; they say it is MPD.

An outside figure of a body with several faces. Space for others to come out, space for others to hide. An aura of unrealness to the outside, one foot wide all around. Another foot of aura covering, protecting. A stone wall that projects strength, projects nothing wrong. Faking a coping skill and endurance of time. Faking being able to function outside, even at home. All for hope they will leave us alone. Hope they won't use us for what has gone wrong. Hope they won't blame us, our MPD label, to give them an out for what they've done wrong.

Inside we cry, inside pain so intense, hurt pushing out toward the body's outline. Now someone else is here. No

one can comprehend, just others like myself. Explosions of emotion, flames of anger, a freezing effect from the coldness of fear.

All from profound horrid abuse, this is what the so-called normal people use. They call me abnormal, mentally ill; Therapists say I have to feel it all again just to heal. Normal people say "It's the past, get over it. Let bygones be bygones. Let's get real." Oh how normal people keep insisting that we shut up and not feel! Listen, please. All my many others are more real than you. A society blinded; the truth is too much, the majority abusing, and they want to cover it up. They say "Shut up if you want to live; they won't believe you. They will think you're crazy. They will lock you up if you tell them this!"

By Barb & the recruits. MV

Result from a team working together

I feel like a butterfly
Encompassed in her Cocoon...
All safe and warm
A wonder to behold.
One day I'll fly out
And let the world
See my colors bright,
Flowing through the sky free at last.
I'll fly from object to object
Flapping my wings in the wind...
Letting the outside world see me
As I move in the sky.
I've waited a lifetime to be Free
Now at last I am.

By C. Lee



"Cocoon of Life"

MV

Partners' Page

My significant other is a multiple (DID) and I have a Dissociative Disorder. There are times when both of us are going through a really difficult period. This is very hard for us. Then there are times when the scales tip back and forth: one will help the other through, while they are strong. This is generally how it is for us.

We made a commitment to each other a year ago and we have been together for almost three years. Despite the confusion that tends to sneak up on us, we are daily working on our relationship. There are times when what we call our "Triple Trigger" hits us and throws both of us for a whirl! The effect is where one of us is triggered, which in return triggers the other, and then the first person is

triggered again. It becomes quite confusing, with her being a multiple and me dissociative. Therefore, neither of us is sure whose stuff is whose. Yet we always get it worked out in anyway we can.

Sometimes it takes the help of one or both of our therapists to get it done, but thank goodness we are always willing to get to that point! No matter what we may have to do, we are willing, and I think this is one of the major factors of it all.

She is by no means crazy. However, I must admit, it is rarely boring. We can laugh together about the good times, and laugh at ourselves—after the bad times. We try to be of continual support to each other. Love is our main need and desire, which

continues to conquer and disperse these matters between us.

We were friends for two years before we committed in our relationship. If the truth be known, she is also my best and closest friend.

By Sue H.

MV

Thoughts in the Night

By B.S. - Missouri

Another sleepless night. It's 2:30 and I have work tomorrow. My wife is upstairs sleeping in our daughter's room. I used to long to come home awaiting a greeting and a smile. Now as I walk through the doorway, it's as if I don't exist. We hardly ever go to bed at the same time. We had at once, I thought, experienced a deep intimacy. But now that is shaded over by a past code of silence. A code that forbids her to speak to me. We were once great huggers, hugging it seems for hours at a time. Our spirits bathed and refreshed one another. I felt that our relationship was so special, so good. There was never any arguing. No period of early adjustment. We were meant to be. And I don't regret it, even to this day. My love will always be there. Maybe it is an unhealthy love, but it is my love, true and sincere. I felt that we were always truly a team, working together, overcoming adversity, moving in the present, planning for the future. I thought everything was ok. What I didn't know, was that as we made love, she listened to voices. The reality of the bedroom

now is maybe too much for the both of us. We move in and out at different times of the day and night. Each in our own world listening to our own thoughts. Persecutors and Perpetrators of the past are with us now. Other specters from the past visit us throughout the day and night. Strangers to me, but not to her. They make themselves known in mysterious ways. "Your wife has MPD," I was told by her therapist. "She hears voices. She has experienced physical and sexual abuse by several perpetrators, male and female. She needs your support." Shocked, stunned, flabbergasted are but mild words to describe what I felt. Transformed would be a better-suited word. From that day on, our relationship would be transformed. I would be transformed. She would be transformed. And as a partner of a survivor, this transformation has been one of the most difficult journeys that I have ever made. I can only vaguely realize what this journey must be like for her. But together, like in the past, together our spirits will merge and we will overcome.

MV



Are you a multiple whose marriage/children have stayed intact? I am interviewing families who would like to tell what it is like to live with a multiple: good, embarrassing, stressful, coping methods. Want to share your side of it? Write to: Angela K. Durden, 648 McKenzie Circle, Stockbridge, GA 30281.

MV

Cost Saving Vs Life Saving

(Friends, though we rarely print swear words in MV, I think this subject (lack of money/insurance etc.) deserves a few. To anyone who is offended, I apologize. And to anyone who has thoughts on the money/therapy subject, please write. I'd like to do more to document the issues of mental health access and what is happening to people under the guise of "cost savings." Thanks — LW)

How to Pay for Therapy!!??

To all the MPD's, DID's, whatever, that read MANY VOICES... Well, it *should* be "Too Many Voices, Not Enough Money!" One of the reasons I wanted to get the dam newsletter was because there was going to be an article on how to pay for it: you know... "Pay For Therapy"!

Not one fucking article. I'm pissed! How the fuck am I going to get well without feeling abused? Let's see if I got this right... First, people treat me like shit! They beat me, have sex with me, threaten my life, they torture me, and beat and abuse me more. And what do I do? I split off. I'm *out of here*. I design a system that I'm having a hard time working with, just to survive.

I get older. Find out everyone's there. (They kept themselves hidden from me.) They're good at what they do, and that is to protect me! I'm slowly getting better.

So—OK! Here I am with who knows how many of us, trying to find the light at the end of the tunnel. I think—How do people pay for this? Do they rack up the credit cards? Do they rob banks? Do they not get help? Do they find a cheap therapist? Who knows!

I know I took a full-time job just to get insurance. Maybe—just maybe—I could get a little help, because it's not my fucking fault that I was abused to the point of splitting. (I wish I could get those assholes to pay.) So I made some claims. My insurance only gives me \$750 a year, \$20 per visit. Well, anyone in their right mind would know that sucks for *anyone* who has MPD. (Or DID. Whatever you call it.)

So, anyway—I'm getting some money, things are going well, then my therapist gets a letter asking if it's a pre-existing condition...

What's this? Of *course* it's a pre-existing condition. Do they think one day I woke up and said "I want to go to therapy and...let's see...I'll pick the diagnosis of MPD!" That's it! I got

nothing better to do...

So, now I'm hoping they won't ask for the money back, because I have to wait 12 months to claim anything pre-existing. Of course *everyone* reads those dam insurance handbooks. In my handbook, pre-existing terms are on page 45. The whole book only goes to page 49! That information should be on the front cover for people like me, who didn't know about pre-existing conditions!

So, now I write this 'cause I have a part of me who, if I have to pay this money back, is going to feel like the abuse is going on again. He will be so angry that I might cut myself again. Then that will get the system going. They just sit back and wait for things like this to happen. I have a hard time saying to the ones I can, "It's over. It's not happening now." They say, "Oh yeh? What's this shit, then?" Does anyone know what I'm talking about?

Insurance sucks! We are *never* sick. The only thing we need, we can't get! So we are busting our asses, also trying to better ourselves. We have a small business...it is just so hard. How do people who can't work do it?

I remember once when we were drinking and drugging and cutting ourselves real bad, we ended up in the hospital, and as soon as they found out we had H.M.O. insurance, they put us back on the street! This was before Terry knew we were here.

I still need therapy twice a week, but I got it down to six times a month...two times one week and one time the other. The week that I do one session I also go to get cranial sacral therapy to help release the abuse out of my body.

Anyway, So...is there any feedback out there? You can write something to the newsletter and they will send it to me. I'm just wondering how people do it.

I can't write no more. My head hurts!

By Us

A Taxpayer to a Non Taxpayer (How health-care cost-cutting *really* "Pays Off")

This letter is hard for me to write, as it still hurts very much to lose everything I had worked for, and go back on welfare, SSI, and SSDI.

I had a five-year work record. This was the longest time I had held a job and was able to maintain an apartment. Even though at times my emotional disorder would cause me to enter the hospital, the times were fewer. I was a functional adult during this time because I had a therapist and an Intensive Case manager who would help me with the everyday things I had trouble maintaining.

On September 18, 1995 my life was wrecked. My therapist and case manager were removed from my life abruptly. I had had an eight year relationship with both of them and never had a chance to say goodbye or even have a closing session.

The next day I was admitted to St. Vincent's hospital. I spent three months in the hospital...the longest since I had been working with an Intensive Case manager. I was released from the hospital without a case manager or therapist. I was placed in a Partial Hospitalization Program, and sent to an apartment in Yonkers without food or money to pay for medication and housing.

I was forced to move out of the apartment to a relative's house in Nyack in late November. On November 27, 1995, I was admitted to Nyack Hospital and listed in critical condition, due to an overdose. The doctor didn't think I would make it through the night. On December 1, 1995, I was returned to St. Vincent's Hospital. I spent about two weeks and ran away, because they wanted me placed in Rockland Psychiatric Center for further treatment, even though the doctor knew I would not get proper treatment for my particular disorder.

Continued on Page 11

Cost, Cont'd.

I was homeless and again moved into a relative's house. On December 15, 1995, I called the Rockland County Assessment Center for assistance with therapy and medication. I informed them that I didn't have any medication and I needed a therapist. As of January 16, 1996, I was unable to receive assistance and/or access to services. I then called the Domestic Violence Hot Line due to the family situation, and I went to the shelter located in Yonkers. With assistance from the staff at the shelter, I was able to access a Medicaid card to receive some services.

Again, I was having trouble maintaining function due to the disorder, and was hospitalized in Lenox Hill Hospital for about three months. I was discharged on April 1, 1996, and returned to the shelter with a connection to St. Joseph clinic. I was rehospitalized a week later due to taking medication that wasn't prescribed.

I would like you to see the figures for my mental health treatment for the last eight months, for hospitals, and treatment for overdoses, etc. It's \$202,289.50. If you break this down into months, it comes to \$27,536.18, and if you go a step further it is over

\$917.87 a day for mental health. This does not include medications given while at the hospital, or other costs such as X-rays, and a one-on-one nurse.

When Administrators make hasty decisions on cases they are unfamiliar with, it causes a hardship to the taxpayer as well as the person who needs the assistance. This kind of radical, unplanned change can stop a person from seeking help. It is easier to decide there is no hope and that the best (worst) ending solution is suicide.

I am now on a waiting list for a specialized hospital out of state. This all could have been avoided if the Rockland County Mental Health System would have acted in a more professional manner and allowed time for closure and/or realized I was still in need of the services I was receiving.

Without the assistance of my therapist and my Intensive Case manager, my life and hopes fell apart and I almost died. The sad part of this matter is that we're trying to "save money" for mental health. The cost of an Intensive Case Manager was \$650 a month, and I had an insurance policy to pay for my therapy.

What would the taxpayers think?

News and Resources

Fully-integrated persons (recent or several-years duration) who wish to participate in a study, please send your name and address to MANY VOICES, to receive a questionnaire currently in development. We will also accept participants who feel they are on the threshold of complete integration, and those who believed they were fully-integrated...and then discovered the work wasn't finished. Findings will be published. Confidentiality assured. Please address to Research Dept., C/O Many Voices, PO Box 2639, Cincinnati, OH 45201.

Art Show and Auction: November 10, 1996. Sponsored by Parents Anonymous of New Jersey. At the Hyatt Regency, Route One, Princeton NJ. 6 PM preview. Tickets \$10. Call Francine (609) 243-9779 for information.

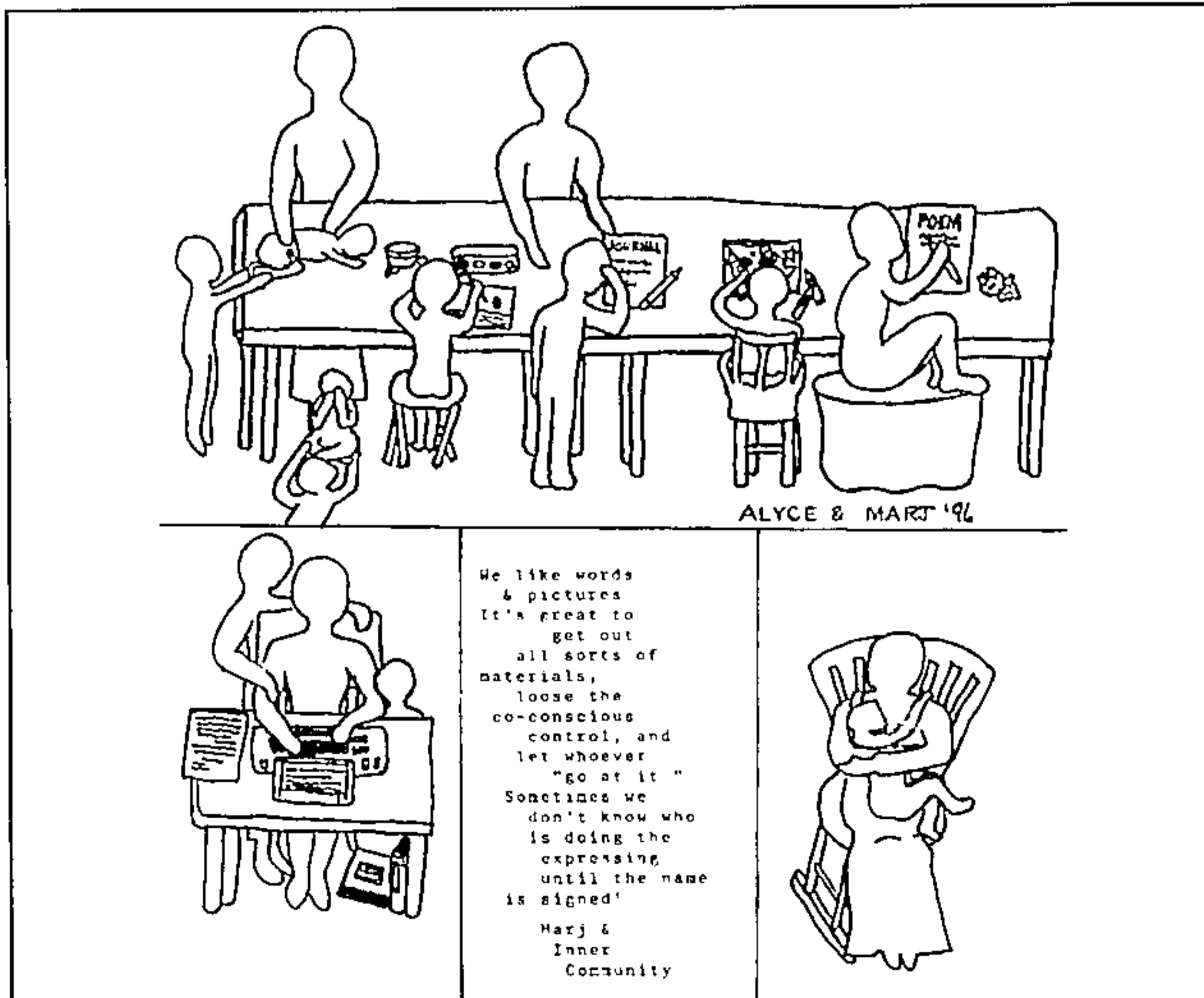
Sadly, the **New Hampshire Incest Center** is closing, after eight years. The Board of Directors wishes to thank those who supported NHIC activities, including *The Surviving Spirit*, workshops, and To Tell The Truth gatherings.

Cuckoo: First comic book about DID, created by a Many Voices subscriber. Soon available in stores. Please order it here! Printed quarterly, issue #1, \$3. 1 year subscription \$12. Sometimes humorous, sometimes sad, always honest! Letters encouraged, confidentiality completely respected. Checks to Green Door Studios, PO Box 12150, Eugene OR 97440.

There is a new area code for **Believe the Children**. The correct number is (630) 515-5432. Write for information about their great t-shirts, mugs, and buttons: Believe The Children, PO Box 797, Cary, IL 60013.

Stories sought for a book to be published on integration. 12 pages maximum. October 1996 deadline. Contact Judy Dragon CHT, RDH at (707) 542-5502 or Terry Popp, PhD at (707) 578-7401 for instructions.

MV



MV

Choices in the Process of Therapy

By Viktoria

I am part of a very large multiple system with several hundred alters. For a couple of years I haven't known anything about their existence and their experiences. My life takes place in my head, and my "hobby" is thinking. I often had these "strange conditions" when I was overwhelmed with their feelings and tried to fix them by thinking. Of course this did not work. When I learned about DID, I first thought, this must be controlled. To gain control over switches is often to be read as one of the major aims of therapy. My big misunderstanding was, that I thought it was ME to control everything. This was a dead end street. When I tried to go to therapy and clinged to the process I had developed in my head (i.e., important topics to talk about) it often occurred that in my head, several balls rushed to the middle and exploded in a big crash. Then I sat there in complete emptiness.

I learned to change. Other alters told me that thinking is a great ability, but not everything a human being consists of. They told me, that dissociation was not a deliberate decision when we were a baby and had our first splits. They told me, there is a force, a strength inside us who made us survive and who knows what is safe, what is best. This force is also responsible for our healing process. My responsibility is only a little part of the whole responsibility. They told me to learn to trust our process. They told me to let go—in order to gain control. I fought with this "contradiction" for several months.

Our therapy process often reminds me of patchwork. It is not possible to stay with a certain issue for a longer period; sometimes the issues change completely from one session to the next. This is OK. I do not try to control any longer, who should come out and have time—most often I don't know. We have written inner conferences from time to time before a therapy session, if there are conflicts in our

system. Every alter concerned writes down his/her fears and opinions. We then try to make a decision who will be out first and explain the situation to our therapist, as a kind of emergency plan, and we make clear that after these explanations everybody will have the chance to come out. In most of the cases, we don't need this plan in the situation, we only need to have made it. It is not the result that counts, it's the process of communication in order to prepare a certain situation. Since then, the moment with the exploding balls in my head does not occur any more.

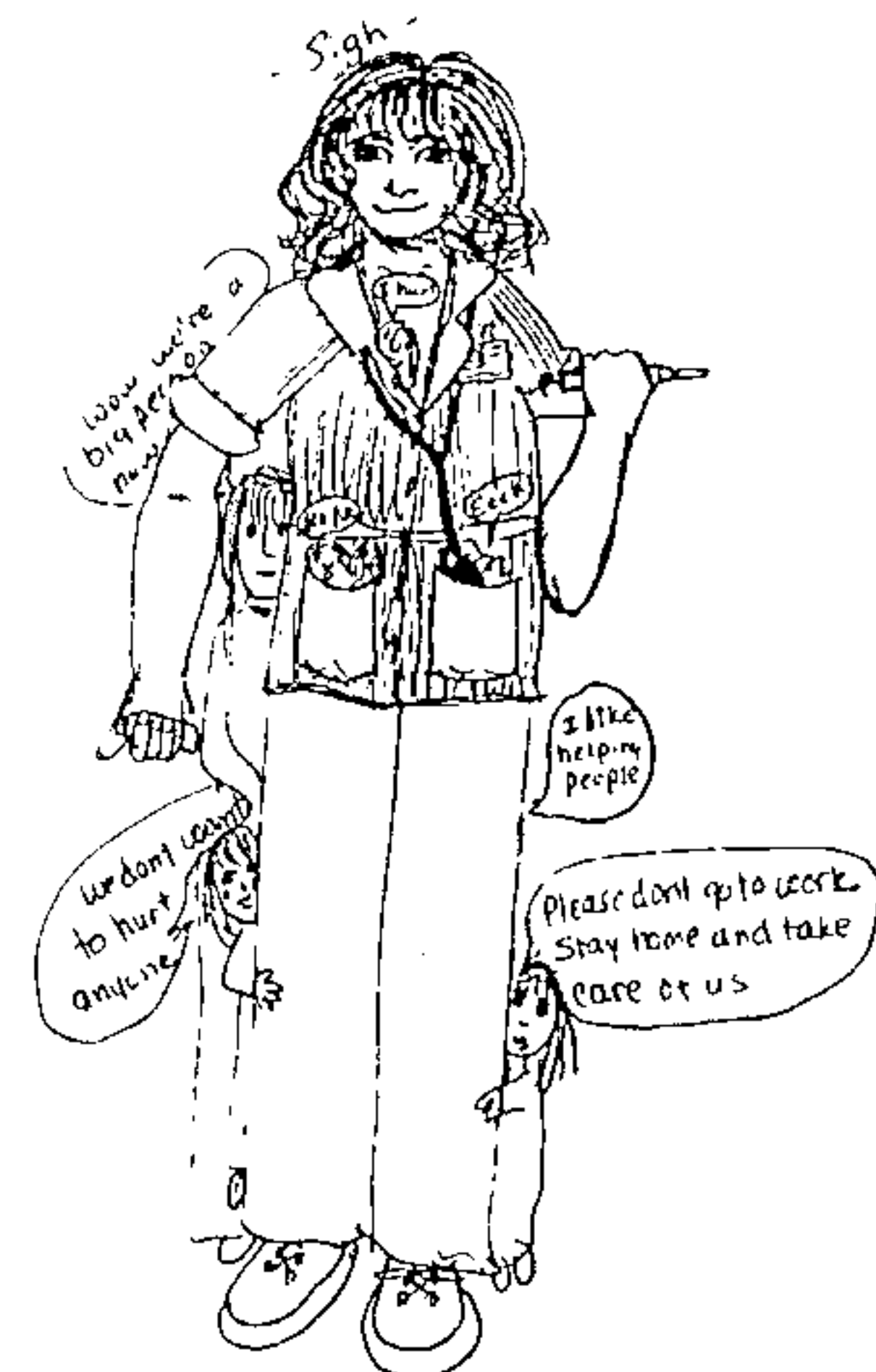
This might sound simple but it is not that easy. There are still panic attacks from time to time before a therapy session, then we do our written conference, but the panic even gets harder. We found out that in these cases, there is an inner child connected with the issues we work on, who has no contact to us and who sees a perpetrator in our therapist. I was able to find this out, as these situations occurred when there was a very good relationship to our therapist and when the last session was very productive and enriching, so it seemed impossible to me that this panic came from something she (the therapist) did or said in the last session, and that it was rather connected to past experiences. These children say: "She doesn't know me, she doesn't know my feelings, I will enter the room and then *it* will happen. *IT* can mean different things, e.g. that she would kill this child, abuse this child or send us to a hospital, abandon us, etc., and this panic sometimes made it impossible for us to explain anything to our therapist; we just came in, sat there and waited for *it* to happen. And sometimes *it* happened, when she simply said a friendly sentence.

Now, I call her *before* that session and explain to her answering machine that somebody inside is in terror that she would (for example) send us to a hospital in the next session, right after

we entered the room. Then I know she knows. And I send this information to the inside: *She knows you know, she knows your fears and she won't do it.* Then there is no more panic that we won't be able to tell, because I already told. We are more relaxed when we enter the room, knowing that she *knows*.

The less I try to "control," the more progress we make. The more memories have the chance to emerge, the more strength we gain. The more I trust in our process and in the others, the more changes occur. The less I set goals and the less I try to reach them, the closer we get on the inside, and the closer we get to our common goal (that I don't yet know). I only have the idea that it feels right. And this is more than I ever thought I could feel.

With love to all of you, Viktoria.



My work person and some of our little kids.
by Pam

The Bead Lady

By Jennifer D. Scott

As a child growing up and walking to the local grammar school, I heard stories of haunted houses and the "strange" people that supposedly lived in them. Looking back now I am reforming my perception of who they were.

Now for the most part, I believe they were all people living reasonably "normal" natural lives. Perhaps they lived alone due to death of a partner or friend, or just preferred the independent freedom living alone could grant them. Those who enjoyed their solitude and perhaps walking to the beat of a different drummer. In any case, I am now fairly certain these were, for the most part, good-hearted gentle folk. I came to this revelation of my own volition for a very simple reason: I am (at 43 years of age) one of "them."

It happened innocently enough. Born in Teaneck, New Jersey to a couple who seemed "normal" enough from the outside. One son already, two years prior. Good church people. "They'll have great kids," everybody always said. "They'll be so polite."

And so we were "perfect" children. My brother and I; and then, four years later, a sister. Everyone thought we were so nice, so "well-behaved." They couldn't see us from the inside-out. Inside where we were hurt and scared, and at least one of us was very sad.

Years later—after a major car accident (head injury, back before seat belts were law), and more recently, a total emotional breakdown; a diagnosis of Dissociative Identity Disorder was actually a relief. Finally an explanation that made sense. I unplugged my energy from my "tribal chakra" and replugged it into the tribe behind my eyes. This required a move from shared living space to a space just for me.

I moved into a second floor, one bedroom apartment and began my life's work. My rediscovery of my own creativity became my Quest. And so my safe space became my artists'

studio, complete with supplies for almost all artistic endeavors.

With therapy (did I mention "live-saving/life-beginning" therapy?) and getting healthier, I am enjoying life more of the time now. I do spend most of my time by myself, which is okay for now. I am usually doing art of one sort or another. Part of my art is working with Polymer Clay. And part of my Polymer Clay work is making beads.

When I make beads, I finish them in one of two ways: I either wet-sand them and buff them by hand with a hand-held rotary tool, or I string them on dental floss catcornered through railings on my not-too-big balcony, and spray them with a clear acrylic coating. I prefer sanding and buffing, but trying to buff small round beads with a rotary tool is less than marvelous. Mostly it becomes a guessing game: trying to guess where the beads land when they escape my fingers and are propelled across the room, ricocheting off the walls and ceiling.

So as you may have guessed, the smaller the bead the greater the chance it will be strung and sprayed.

About a year after I moved in, this stringing and spraying technique was well known in the local apartment buildings. One day a mother in the next building finally verified it with me.

"Are those beads?" she asked.

"Yes they are," I replied. "I make them."

"My daughter was right," she told me. "She said they were beads."

There—that was the moment. In that second of time I saw myself as they, the local children, saw me. I was "that lady with the long hair that makes beads." And then "that crazy Bead Lady."

In that moment I saw all those "weird" people of my grammar school days, and I laughed at my sudden understanding.

The next time I saw my downstairs neighbor, a mother herself, I told her the bead story and my belief that perhaps the local children thought of me as the Bead Lady.

"You're right," she answered with a small smile. "They do!" I laughed with her then.

Later on that night I thought about it again. And again it made me smile. I think I like it.

1. Caroline Myss, PhD. "Energy Anatomy-The Science of Personal Power, Spirituality and Health." Sounds True Audio Recordings, Boulder, Colorado. © 1996

MV

Parts

These are my parts
 pieces of me if you will
 Some help me do things:
 work, play, make love
 I don't let them all out
 These parts scare me
 Some are my Goddess,
 my power
 They help me read in public,
 speak and sing
 I cherish and embrace them all
 The angry 17 year old
 The hurt 12 year old
 The scared 2 year old
 All are parts of the intricate
 system
 I choose to call my body
 Sometimes I sit quietly and
 feel them
 but the people who I really trust
 can see them
 even relate to them
 We are the warriors
 Our parts helped/help us to
 survive
 and we must honor them
 as we honor ourselves.

By Judy @ 27

MV

Letters

(We invite comments by professionals to these letters, as well as replies from persons recovering from DD. Replies will be forwarded, anonymously if you choose. — LW)

Dear MV: My letter appeared in the June '96 "Letters" section, about the death of my (outside) child. I called you and was told my June issue had been sent, and letters from readers had also been forwarded to me. I never received those packages, but they weren't returned to you either. I am 34 years old. I live with the person who abused me, who is my mother. Strange that at 34 I am still being abused by her. She told the post office I was not living there anymore, so they returned the August issue to MV. She took my June issue and the letters from the readers who wrote to me in June and July. We were waiting and waiting just to hear from someone who was like us, and we came so close! I showed the letter that you wrote to us to our doctor. He says my issues of MV can come to his office and he will give them to me. He will also accept forwarded letters. Maybe the MV readers who wrote to us will write again. Thank you. **Group 3.**

I'd like to know more about psychic abilities and DID. My counselor says her DID patients exhibit these abilities a lot, being hypervigilant. It only happens with some of my parts and is sort of scary: premonitions, guidance that is more than just intelligence, picking up other people's feelings, sometimes their thoughts just before they voice them. Also the scary phenomenon of not knowing if a part of me copies the voice of one of my abusers or if it is mental telepathy.

I know I am not crazy, as I have gone out of my way to validate things with others, before things happen, as I "know" them. Does anyone have any helpful answers or comments? Thanks. **Schell & Me.**

Could people who have found alternatives to integration that work well for them, please write? We have never wanted integration. I am scared of it happening and ending up alone, or that it is like death inside. Are there things you have found that help yourselves to keep separateness while helping parts to mend? Have you experienced unwanted integrations? Have you found a way to live together with yourselves that feels secure and can continue (rather than be a stepping stone to integration?) There is so much pain, fear and confusion for us now. I don't know what is happening to us or where to go. There has never been much communication between us because of fear of it leading to integration. This makes it harder to sort out what is happening. I often read about people who either want or don't want integration, but not from those who fear it. Thanks. **Amellia**

Help! If anyone has any suggestions for me I would be forever grateful. My biggest problem is that my spouse has a very hard time dealing with the relationship I have with my therapist. Granted, my therapy is done in an unconventional manner, but it seems that many spouses are threatened by the therapeutic relationship even under normal circumstances. (My therapist of several years relocated, and we both wanted to continue to work together. By mutual agreement of all parties involved [both spouses] we have a schedule that I see him every other weekend or so, at his home, for a marathon session.) Progress continues to be made despite the unique circumstances...It seems that I make some progress and then lose ground having to deal with my spouse's insecurities which are unfounded. My therapist is very important to me, but my marriage is more so. There are things my husband is not qualified or trained to do...one of which is counsel a person with MPD. I love my husband, and it seems that just trying to reassure him of that fact is never enough. How do other spouses deal with their partner having such a close and oftentimes emotionally-intimate relationship with someone else? Is there a way to make a spouse feel more secure and not "left out" and at the same time maintain a sense of safety and privacy that my "system" craves? I wish I did not have to expend so much valuable energy (of which I have little) on this issue that never seems to get resolved. Thank you. **E.B.**

Several more people have written to MV looking for comments about their complex medical conditions. I can't print all the text of all the letters, but will instead condense the text and add the name. Those of you who face similar problems or want to explore this area may want to send replies to the following people:

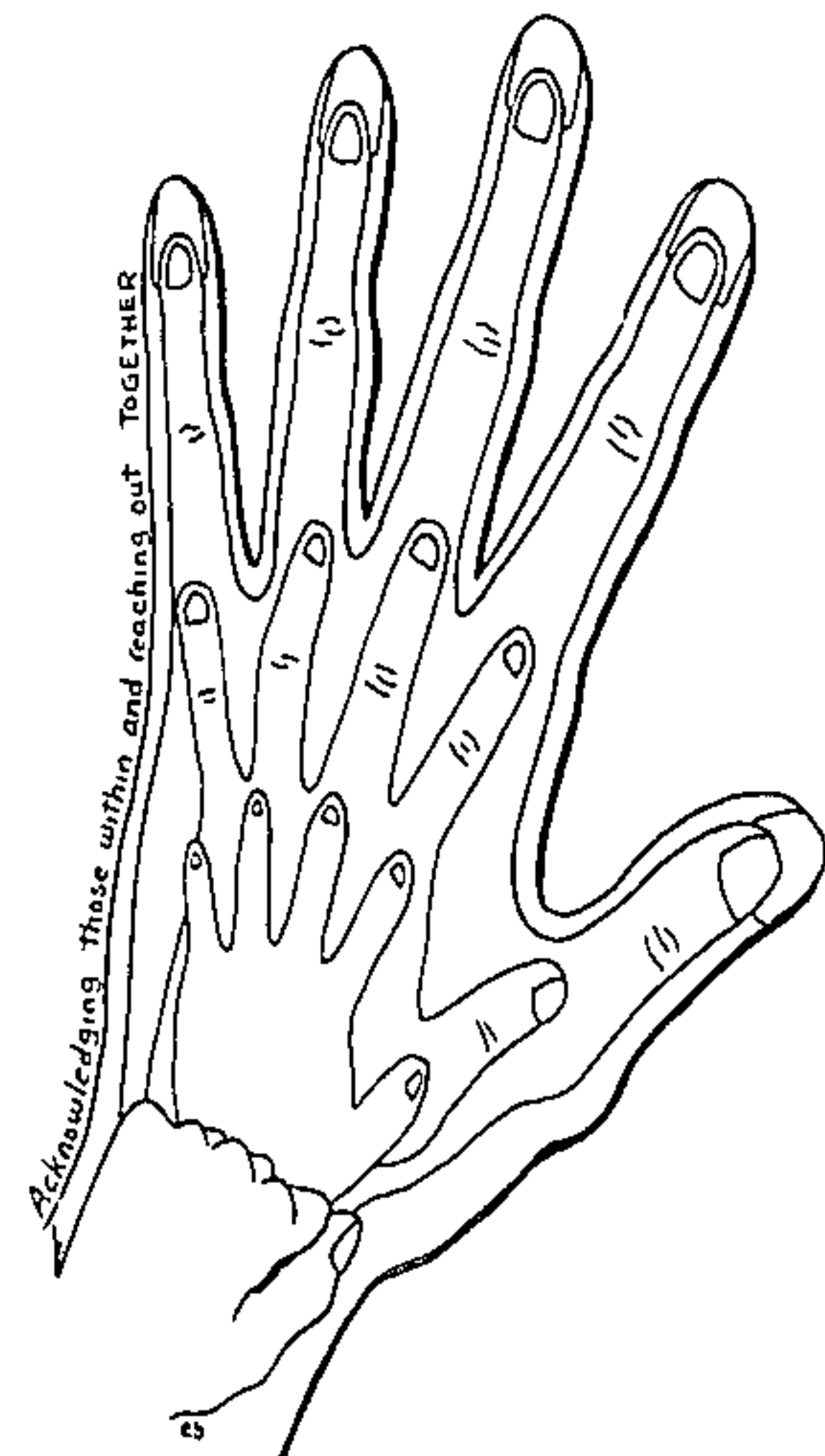
Fibromyalgia (symptoms include muscle pain, concentration problems, fatigue) is the topic of interest from "*Mind and assistants.*"

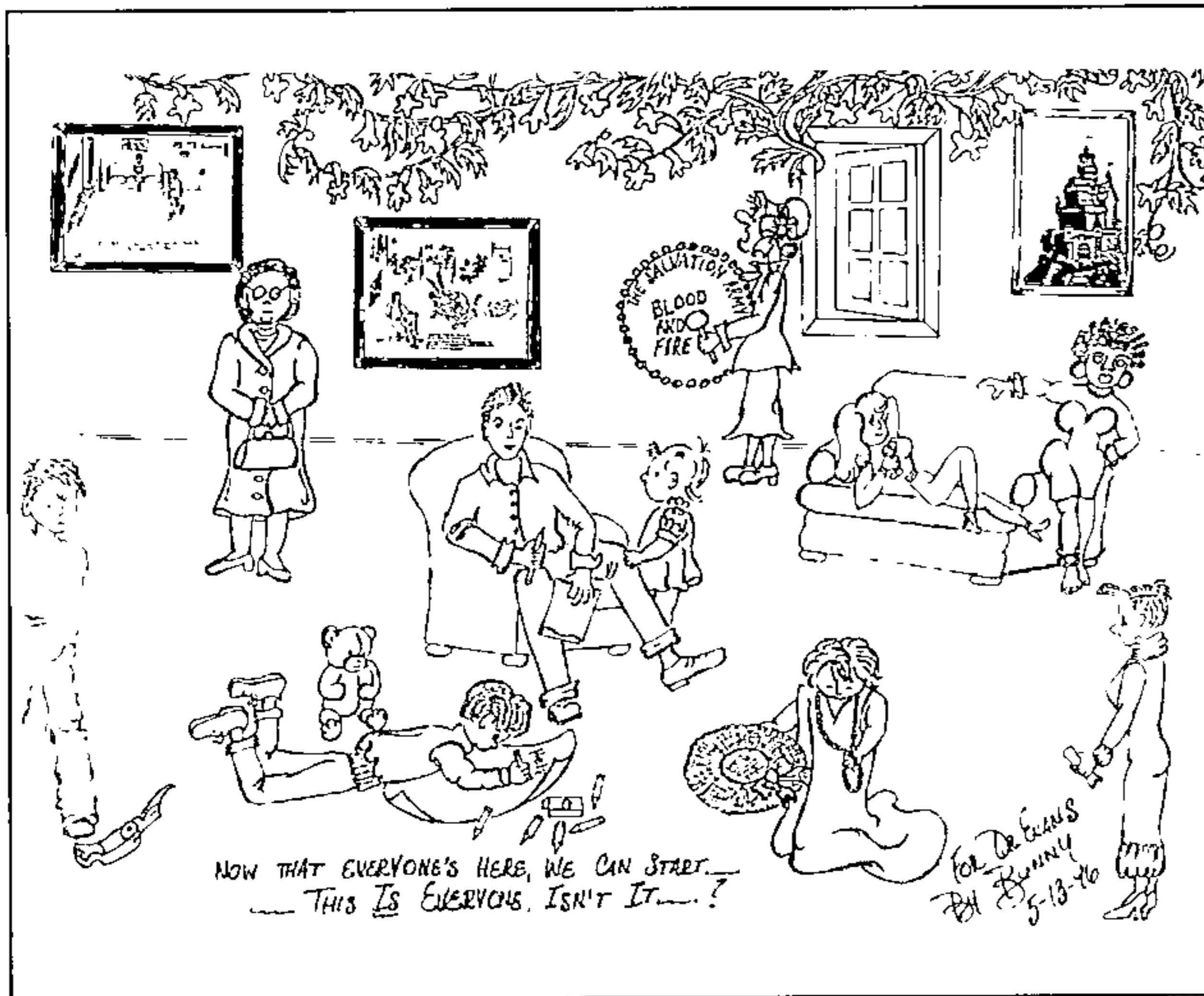
Chronic pain of numerous body parts: (diagnosed "fibromyalgia-like" but no "medical" reason for the complaints) is the topic from "*Silenced Voices Inside.*" She writes: "I've seen 3 physical therapists and am now doing pool therapy, gentle stretching, exercise, visualizations, meditation and breathing, some energy balancing with a healing-hands person, along with talk/body/cry therapy with my therapist. It's a nightmare which makes no sense! Who's causing this intense and chronic pain? What are they (she/he) trying to tell me to do?"

Our next reader (**Vicki**) would like to hear from overeaters (she has some success to share) and also those with complex medical issues. She has had multiple sclerosis since 1982, after the birth of her daughter and 18 corrective surgeries. She has also had ovarian cancer surgery, and was in a serious auto accident that resulted in the need for fusion of cervical (neck) vertebrae and shoulder, elbow, back, and hip surgery. She writes: "For me, physical scars have been just as painful as the emotional scars." She qualified for a handicapped license plate for years, but refused to get one due to pride. Thus, she rarely left home. Last year she "got humble, not humiliated," received her handicapped plate, and now feels ready to share with MV readers who relate to these subjects.

And finally, for all of those who want to discuss their (physical) medical treatment, a DD researcher is planning a presentation at a medical college on the treatment of psychiatric patients by family doctors and ob/gyns. (Q: Do your medical doctors know about your mental health issues? What have been the results? Either positive or negative input wanted.) All information will be strictly confidential...use first names and area of country to identify, and send responses to MV for forwarding, or to RESPONSE c/o Wm. Kadish, MD, Director of Psychiatry, UMASS Health Systems, 57 Union St., Marlborough MA 01752.

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Conferences

October 6-9, Regional meeting of World Assn. for Social Psychiatry will discuss Law and Mental Health, in conjunction with Schizophrenia 1996, 4th Int'l Conference. Vancouver BC Canada. Call (604) 681-5226 for information.

November 7-10, 13th annual International Fall Conference of the ISSD (International Society for the Study of Dissociation.) Subject: Advances in the Psychotherapy of Dissociative Disorders. San Francisco. Call (847) 375-4718 for information. Professionals: This is the most important conference in the DD field. Don't miss it! (Note: while you're in SF, you can also take part in the ISTSS conference, listed below.)

November 9-13, 12th annual meeting of the International Society for Traumatic Stress Studies, San Francisco. Call ISTSS for information at (847) 480-9080.

November 8-10, Individualized Training for ASCH Certification by the American Society of Clinical Hypnosis. Elk Grove Village, IL. Call the ASCH office at (847) 297-3317 for more info and current schedule.

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Books

The Teenage Liberation Handbook: How to quit school and get a real life and education

By Grace Llewellyn, © 1991. Published by Lowry House Publishers. 392 pages. Soft-bound. \$19.95 Canadian.

This book, even though I am not a teenager, helps me with work plans. It inspires me to look for creative ways of living and getting things done, that are fun, meaningful, and interesting.

In the first section of this book, Llewellyn talks about the history of school and why it was invented. This section may or may not be interesting for you as it discusses the fundamental structural problems with compulsory schooling. However, reading this chapter may be very validating particularly if school was difficult for you. The second section focuses on the technicalities of how to "rise out" of school. The rest of the book explores practical and creative ways to design your own learning, get work skills, find apprenticeships and get into college without having graduated from high school. *The Teenage Liberation*

Handbook offers alternatives to the mainstream rigid ways of doing things.

Being on social assistance, I am in a similar situation to many teenagers, in that my basic financial needs are taken care of. What we have to do is learn to take care of ourselves and find some kind of employment that will work for us. Because right now we have basic support, doing home learning, apprenticeships, and volunteer work are all ideas that will work and help us to decide what we want to do. By trying different things we also find out what we are ready for, what is going to work for us, and gain work experience. Many of the ideas in this book cost little or no money.

I find that other career books are too hard and don't understand the place we are at. We are not ready to take interest tests, make serious career plans or establish contacts. I am ready to try different things, begin learning again in a way that is fun and relaxed, and consider the millions of possibilities such as becoming a bee farmer or learning sign language.

If you feel like it is time to start some fun learning and/or work skills, this book is filled with ideas on how to start. Because it is aimed at teenagers it is easy to read and it has ideas appropriate for a wide range of abilities. I totally recommend it for grown-ups and teenagers, inside and out.

By Clue.

I've mentioned these before, but for those making a career change and/or learning to make time to squeeze in all the things you want to do, check out these classics:

What Color Is Your Parachute by Richard N. Bolles, published by Ten Speed Press, originally in 1972. It is a regularly updated paperback, priced around \$15. Check at your bookstore or write to PO Box 7123, Berkeley CA 94707. (510) 559-1600.

How To Get Control of Your Time and Your Life by Alan Lakein. Current edition is available by Signet at bookstores for around \$5. — LW)

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COMING SOON!

December 1996

Dream work. Sleep disturbances. How to get a good night's sleep.
ART: The place where you sleep best.
DEADLINE: Oct. 1, 1996.

February 1997

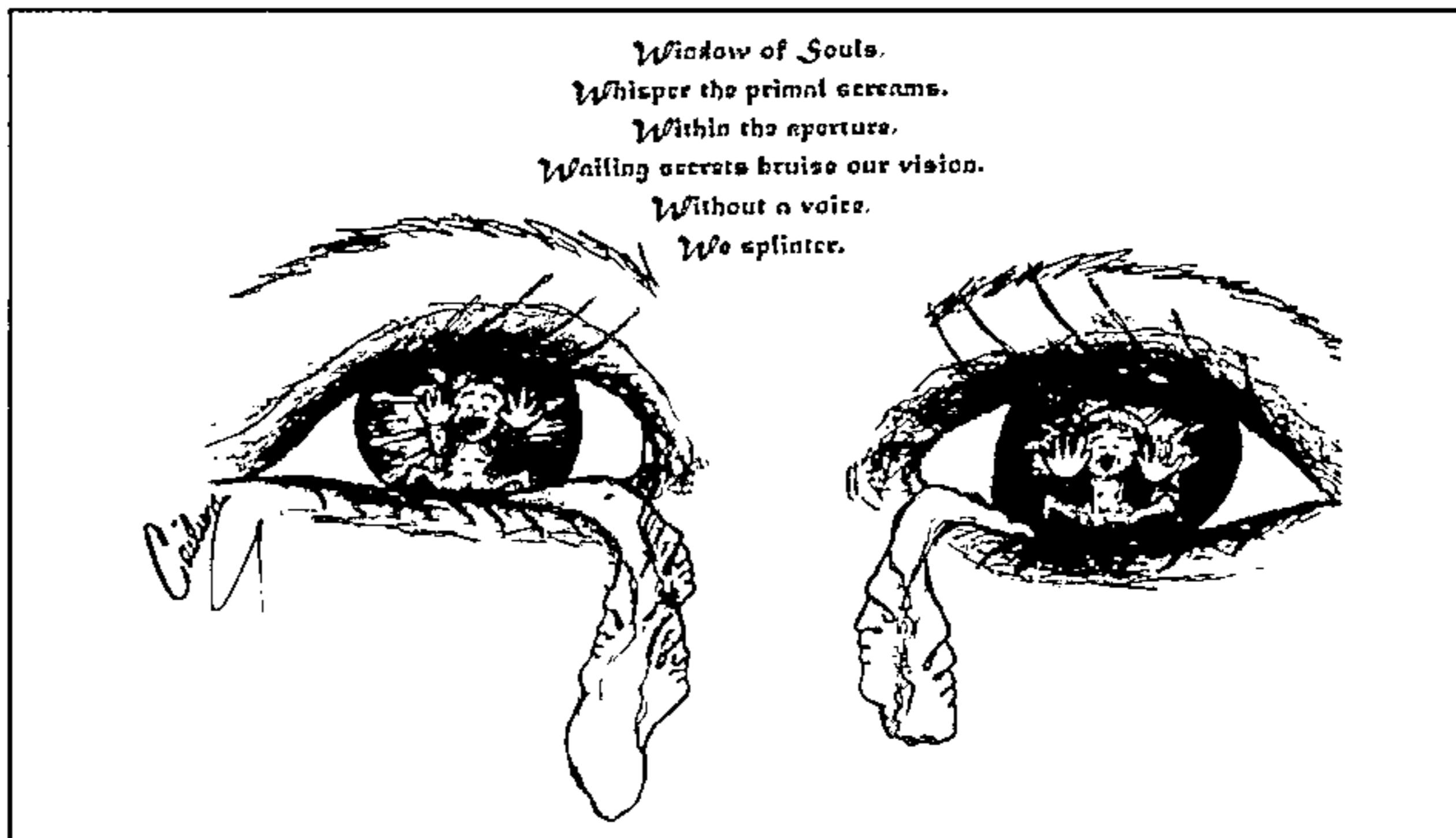
Healing through Play. What to do outside therapy hours. Getting (and keeping) a Life!
ART: Something Fun.
DEADLINE: Dec. 1, 1996.

April 1997

Healing through Work. Personal growth and responsibilities. Managing fluctuations and different abilities within.
ART: Yourself(ves) at work.
DEADLINE: Feb. 1, 1997

June 1997

You and Your Family of Origin. Connecting, disconnecting, reconnecting, negotiating with parents, siblings and other relatives
ART: The family you treasure.
DEADLINE: April 1, 1997



August 1997

Hope and Healing for All who Dissociate. Special concerns of Men, Children, Elders and People of Color. Community & Medical Education Efforts.
ART: Faces and facets of dissociation.
DEADLINE: June 1, 1997

October 1997

Trusting Yourself, Trusting Others. Building courage. Inside ways to keep all of

you safe. ART: Your safety net.
DEADLINE: August 1, 1997.

December 1997

Practical Tips on Living "normal": money management, housecleaning, to-do schedules, etc.
ART: Past, Present, Future self.
DEADLINE: October 1, 1997.

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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