

As you desire me: the psychology of a multiple personality
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Excerpt from the Epilogue:

An open letter to therapists

The difficulty in writing this letter is that I do not wish to paint everyone in the psychiatric community with the same brush. And, having found that reading about other MPDs complicated my own recovery process, I have done no research on the subject at all. Therefore, let me say up front that my comments may have specific application but will not apply to the profession in general. Having said that, it seems to me that my journey through this process was harder than it needed to be. From my perspective, the process was complicated to the point of breakdown by the beliefs, theories and practices of the psychiatric community.

1. Multiple Personality Disorder was not, until recently, a diagnosis - an illness - acceptable to the psychiatric community. Obviously they could not, by decree, dictate the illness I actually had. They could, however, control the treatment I received, or didn't receive, for it.

In hind-sight, the diagnosis given me by my first psychologist, Schizophrenia, was a misdiagnosis. It was, however, a diagnosis acceptable to the psychiatric community. But remarks made by the psychiatrist/internist who said I had a "personality problem" and the other clinical psychologist who said "I was coming from a different place than everyone else," indicated that they knew then, when I was still a young woman, that I had a dissociative disorder. Neither of them offered me treatment for it nor told me the truth about it. Not because the truth wasn't acceptable to me; I was never given that option.

Neither did any of the three seem to recognize my lack of memory and emotion as symptomatic of childhood psychological abuse. It seemed to me that my inability to reach the events of my childhood prevented these therapists from realizing I had any problems or giving me any real help. I believed they thought there was nothing there to find, that I had no real problems, that the problems I thought I had were imaginary. My every-day problems - which were all I had to work with - were regarded as symptomatic of nothing more than difficulties common to everyone. They seemed to dismiss my own accounts of the trouble I was having as anecdotal without basis in fact or theory.

These three therapists, one internist/psychiatrist and two clinical psychologists, were first-rate professionals, in no way incompetent, so I must assume they knew I was a multiple personality but, because that diagnosis was theoretically non-existent, they could not afford to recognize it. And, since the events of my childhood might open up Pandora's Box and they could not deal with the consequences, they could not recognize my psychological abuse. Neither could they give any credence to the trouble I was having. Better that I believe my problems were imaginary, no more or less than anyone else's.

So they geared their efforts toward relieving my distress without making any effort to effect a real change in my life. They tried to make me comfortable rather than cure me, help me accept my life as it was rather than change it. Without hope of real change, my despair became deeper than ever. In actuality, I was to live the major part of my adult life without treatment for a perfectly treatable dissociative disorder believing, instead, that I was incurably insane. Why didn't they just take me out and shoot me?

With my underlying problems still unrecognized, my life was both unsatisfying and unchangeable. All my efforts to improve my conditions and circumstances were futile. I was forced to accept as unalterable the things I should be able to do - and could not. No amount of effort or belief effected any change in a course that was, for all practical purposes, predetermined. Had a crisis not occurred, my life would have continued on as it had always been until my death. I would have known there was something better, but I would not have known what it was or how to reach it.

2. Aaron, my MPD therapist, told me that virtually nobody my age entered therapy because older

MPD patients had already resolved their own issues.

Immediately, upon hearing that, my response was to think I should not be there, that I was supposed to have solved my problems already. I cannot know what was in his mind, but any such mind-set on the part of therapists would predispose them to believe older patients have no unresolved issues; in effect, they have already cured themselves and are suffering only a circumstantial recurrence of symptoms. I did find that he discounted my efforts and viewed my distress as temporary and inconsequential. While trivialized is perhaps too strong a word, I was not taken seriously.

To say that I had resolved my issues would have indicated only that I had come to terms with a life I could not change. If nothing else, my life experience should clearly show that, before MPD therapy, I was not only unable to cure myself, I was unable to recover even with the help of several other therapists.

The part of my recovery that was totally my own was my search for answers, and that continued after I left therapy, on my own terms and without help. Even so, it cannot be said that I healed myself. My contribution was to conclude a process which began with a correct diagnosis and several years of conventional MPD therapy. That therapy initiated some internal, psychological healing process that continued at its own pace and in its own way. And, concurrent with the internal processes, truths came through to me. The process, which was not conscious, plus my acceptance of the information given, which was conscious, have brought about the changes in my life.

My experience tells me that Aaron's acceptance of my many personalities was what made the difference in my recovery. Before that, there had been none. Even then, he could not reach past the personalities to the system level - the system that created them and was in turn shielded by them. It was in that area where the ontological decisions about my survival lay so far buried below consciousness as to be invisible and inviolate. Hidden, the integrity of the system remained unaffected, maintaining the status quo through my lifetime.

When the initial split occurred during the trauma, my survival depended upon three conditions. Responding to the psychological abuse which immediately followed the trauma, a system of personalities was designed to meet those three ontological needs. Thereafter, throughout my adult life and throughout all my therapies, results I strove for were contrary to the means, the ways that had worked, throughout the years of abuse. Perpetually frozen in survival mode, my efforts to change my life all constituted a threat to the system and were blocked. Contrary to the theory that, being older, I had already resolved my issues, this was an unresolved, underlying problem so serious that it controlled every aspect of my life.

In my first go-round with therapy which lasted a little over ten years, the most effective help I received was from the hypno-therapist. I believe that was because I was in charge; I knew what I wanted and I got it. Had he not provided it, I would have found someone who would. That would have been the case with the other therapists also if I had known what needed to be done, what my problem was. But I did not know. The truth about my condition was denied me; that there even was such a condition as mine was not acceptable. That dictum of the powers-that-be in the psychiatric community was extremely detrimental to me. I believe any denial of truth, in the past or in the present, is unacceptable in a profession dedicated to the search for reality.

Also without truth, the theory that older MPD patients no longer have unresolved issues should be dropped completely. It smacks of discrimination. And even the appearance of discrimination is unacceptable in a profession where performance is solely dependent upon trust.

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