

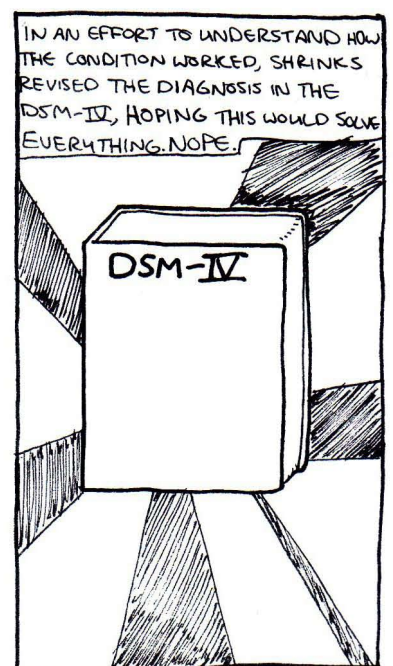
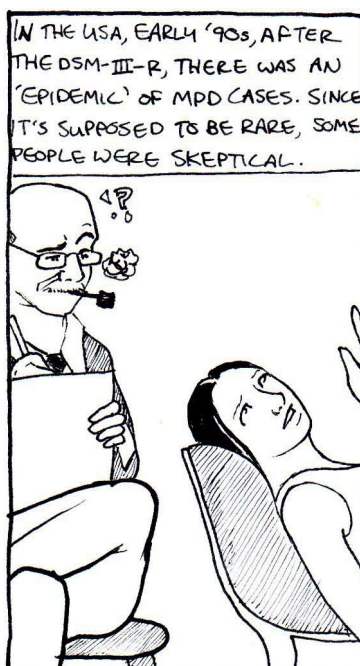
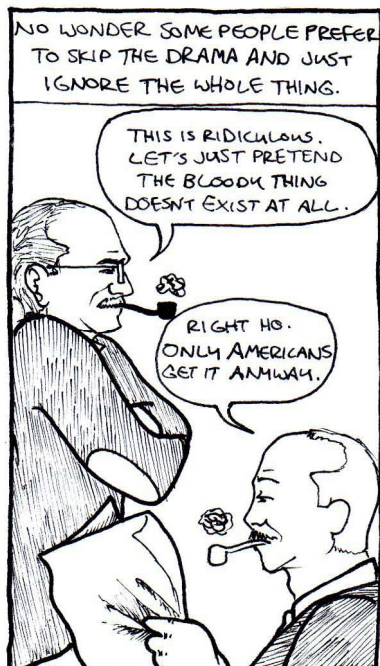
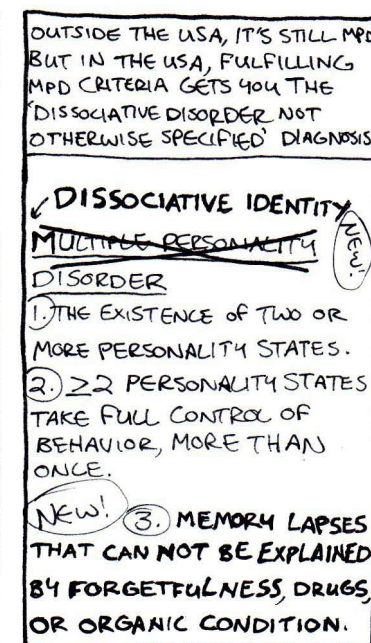
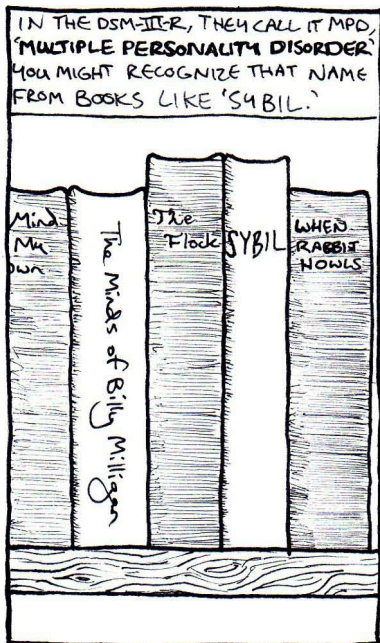
MPD FOR YOU AND ME

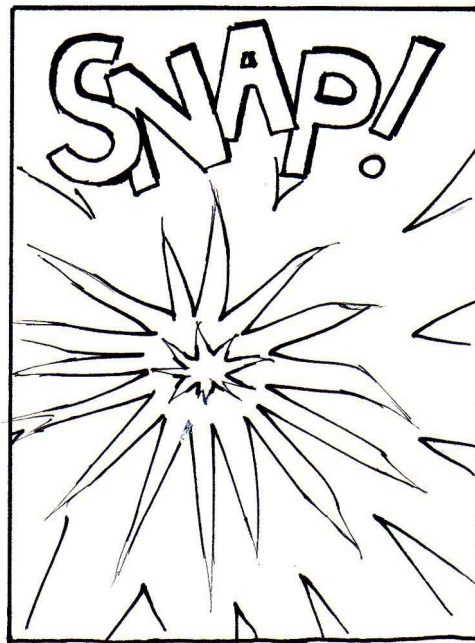
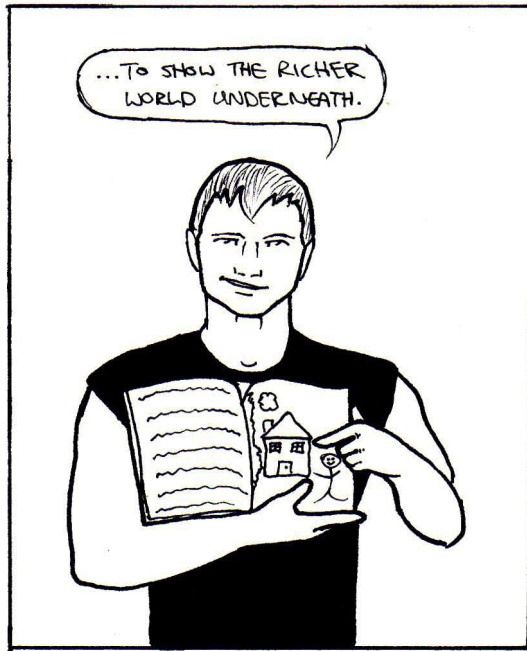


L.B. LEE



At (or) yeah, no. (ays). T
ful soc
there are conflicts among t
ed upon. A transition may a
others to varying degrees, a
or adversaries. Some perso
nities, but not have any dire
xistence of the others. At a
ternal environment, and no
erceive (i.e., "listen in on")
hat presents itself for treatme
other personalities.
of time or distortions in th
ware of periods of amnesia
e. Some admit to these exper
use they fear being called li
their amnesic experienc
or have access to the memor
vere their own.
in attitude, behavior, and se
also differ only in alternat

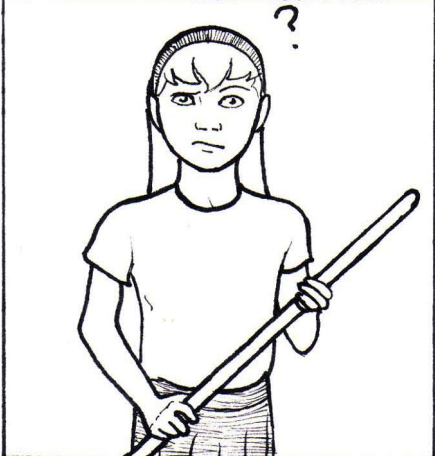




OF COURSE, THAT DOESN'T MEAN ALL ALTERS CAN DO THIS. I'M PRETTY HIGHLY DEVELOPED; I HAD TO BE, TO MAKE AND EXPLAIN THIS COMIC BOOK PROPERLY.



LITTLE GIGI, ON THE OTHER HAND, MIGHT HAVE A SIMPLER EMOTIONAL STRUCTURE AND BE IN CHARGE OF THINGS THAT DON'T NEED MUCH EMOTIONAL FLEXIBILITY— SUCH AS CLEANING.



ER. OF COURSE, IT'S PROBABLY BEST NOT TO ASSUME THINGS. YOU DON'T LIKE TO BE TOLD YOU'RE NOTHING BUT A BEHAVIOR PATTERN, AND WERE NO DIFFERENT.



NOW, YOU MAY ASK ME, WELL THEN, WHAT MAKES YOU A PERSONALITY, SHERLOCK? WHAT DOES THAT MEAN, ANYWAY? AREN'T YOU JUST A VOICE IN SOMEBODY'S HEAD, AN IMAGINARY FRIEND?



WELL, YOU CAN ARGUE SEMANTICS ALL DAY ABOUT WHERE THE BOUNDARIES LIE, BUT IF YOU'RE LOOKING AT AN MPD DIAGNOSIS, I HAVE TO HAVE THESE THREE THINGS:



FIRST, I HAVE TO EXIST IN THE FIRST PLACE.

POINK!

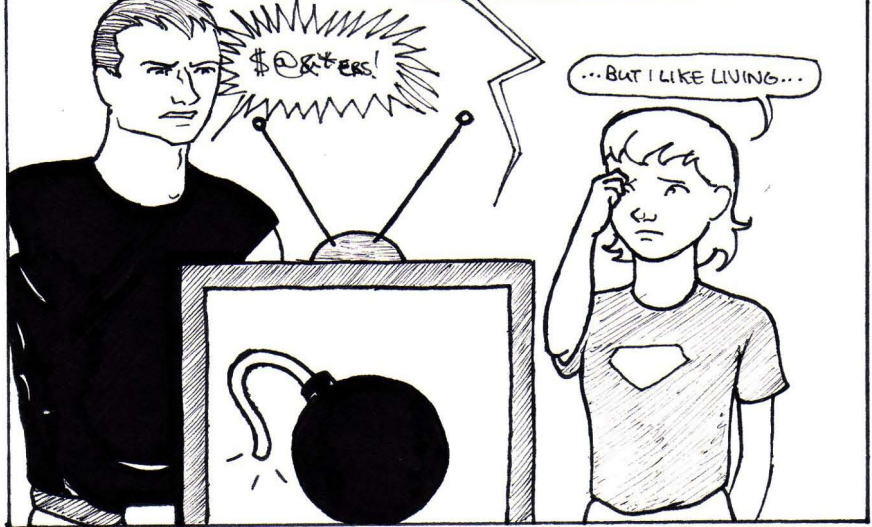
OF COURSE, IT'S HARD TO 'PROVE' I EXIST, NOT HAVING A BODY OF MY OWN; SKEPTICS COULD EASILY ARGUE I'M A COMPLEX DELUSION.

NOW, TO BE A PERSONALITY AND NOT A MOOD I HAVE TO REACT TO THE ENVIRONMENT DIFFERENTLY THAN THE OTHERS IN THIS BODY. THIS CAN BE AS MINOR AS LIKING A FLAVOR REGULARLY THAT EVERYONE ELSE HERE ALWAYS HATES...

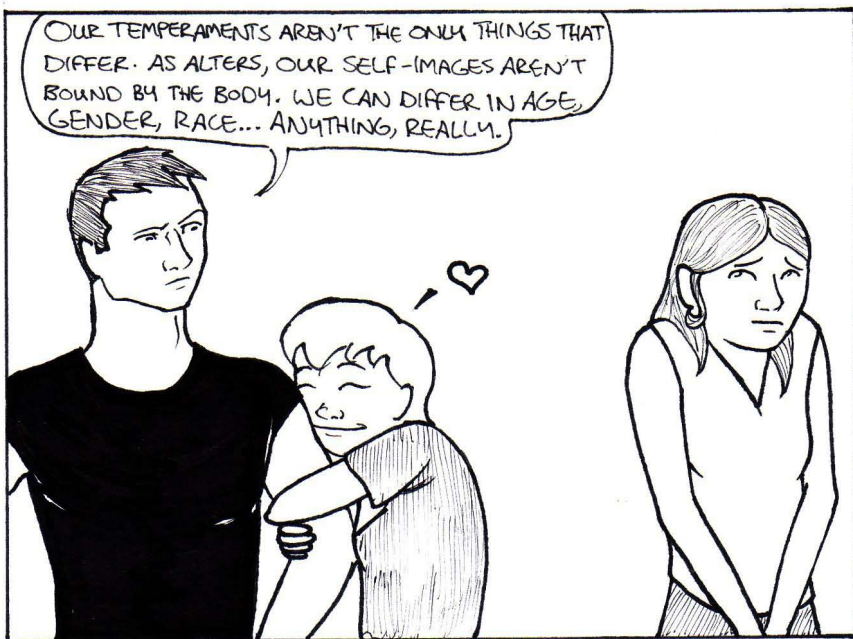


...OR SOMETHING AS MAJOR AS HOW I REACT TO A CRISIS.

WE INTERRUPT THIS NEWSCAST TO INFORM YOU THE NEPTUNIANS ARE BOMBING, AND WE'RE ALL GONNA DIE.







OUR TEMPERAMENTS AREN'T THE ONLY THINGS THAT DIFFER. AS ALTERS, OUR SELF-IMAGES AREN'T BOUND BY THE BODY. WE CAN DIFFER IN AGE, GENDER, RACE... ANYTHING, REALLY.



IT'S REALLY NOT AS ODD AS IT SOUNDS. HAVE YOU EVER HAD LONG HAIR...

...CUT IT, AND BEEN SURPRISED BRUSHING IT LATER?



OR LOST A GREAT DEAL OF WEIGHT BUT JUST CAN'T SEE IT FOR A WHILE, BECAUSE YOU'RE SO USED TO HOW IT USED TO BE?

Wow, you look great!

I do?



THIS IS WHAT HAPPENS WHEN YOUR SELF-IMAGE DOESN'T KEEP UP WITH YOUR BODY.



OF COURSE, YOU MIGHT POINT OUT THE DIFFERENCE IN DEGREE BETWEEN TEMPORARILY FORGETTING A HAIRCUT AND PERMANENTLY THINKING YOU'RE A BIG HAIRY GUY. AND YOU'RE RIGHT.

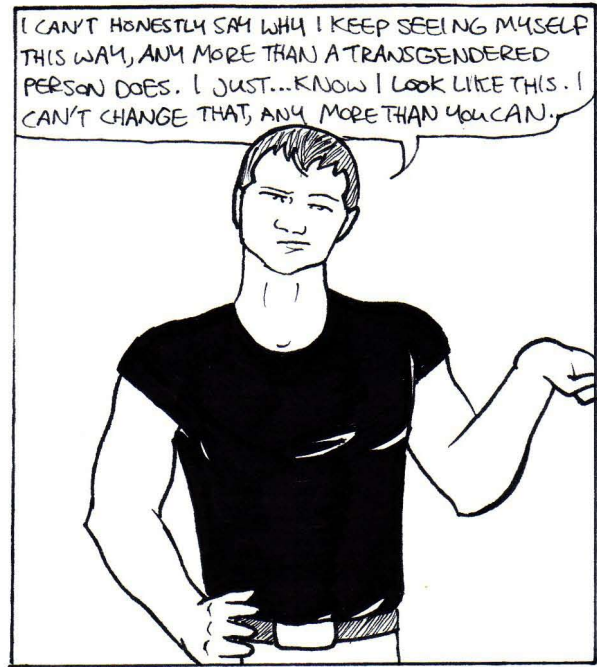


EVEN THOUGH I CONSCIOUSLY REALIZE THAT I'M NOT 5'9, 180 POUNDS, OR MALE...



... I REALLY DON'T WANT TO SEE THIS AS "ME." WOULD YOU, IF YOU WERE ME?

POINNY!



I CAN'T HONESTLY SAY WHY I KEEP SEEING MYSELF THIS WAY, ANY MORE THAN A TRANSGENDERED PERSON DOES. I JUST... KNOW I LOOK LIKE THIS. I CAN'T CHANGE THAT, ANY MORE THAN YOU CAN.

IT'S POSSIBLY A KIND OF DEFENSE MECHANISM. A GREAT NUMBER OF MPD FOLKS SEEM TO HAVE GONE THROUGH HUGE TRAUMA.



WHEN SOMETHING OVERWHELMS PEOPLE'S COPING MECHANISMS, SOME DISSOCIATE.



THAT IS, THEY DISTANCE THE EVENT BY DISRUPTING THEIR MEMORY OR IDENTITY OF IT. AFTER ALL, IF IT DIDN'T HAPPEN TO YOU, IT CAN'T BE THAT BAD, RIGHT?



SO WHAT HAPPENS?

THINGS...

...JUST GET...

... A LITTLE BIT...

...FRAGMENTED.

THIS IS JUST ME POSTULATING, BUT I'D THINK IT'D BE EASIER TO DISTANCE YOURSELF IF YOU EXPERIENCE SOMETHING BAD AS HAPPENING TO SOMEONE WHO LOOKS UNLIKE YOU.

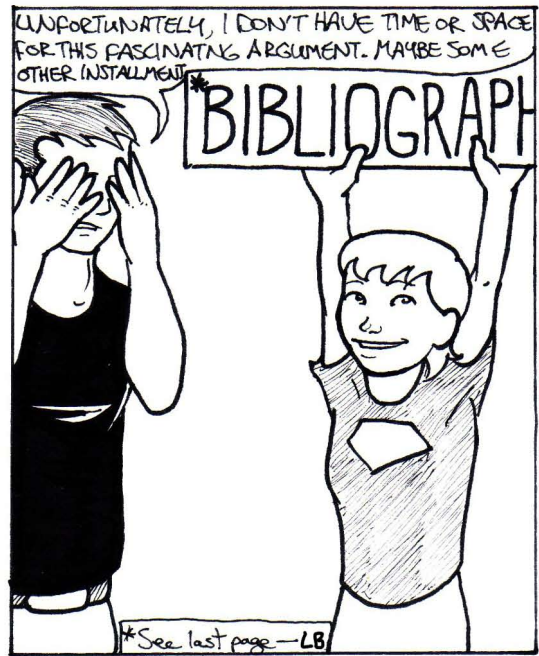
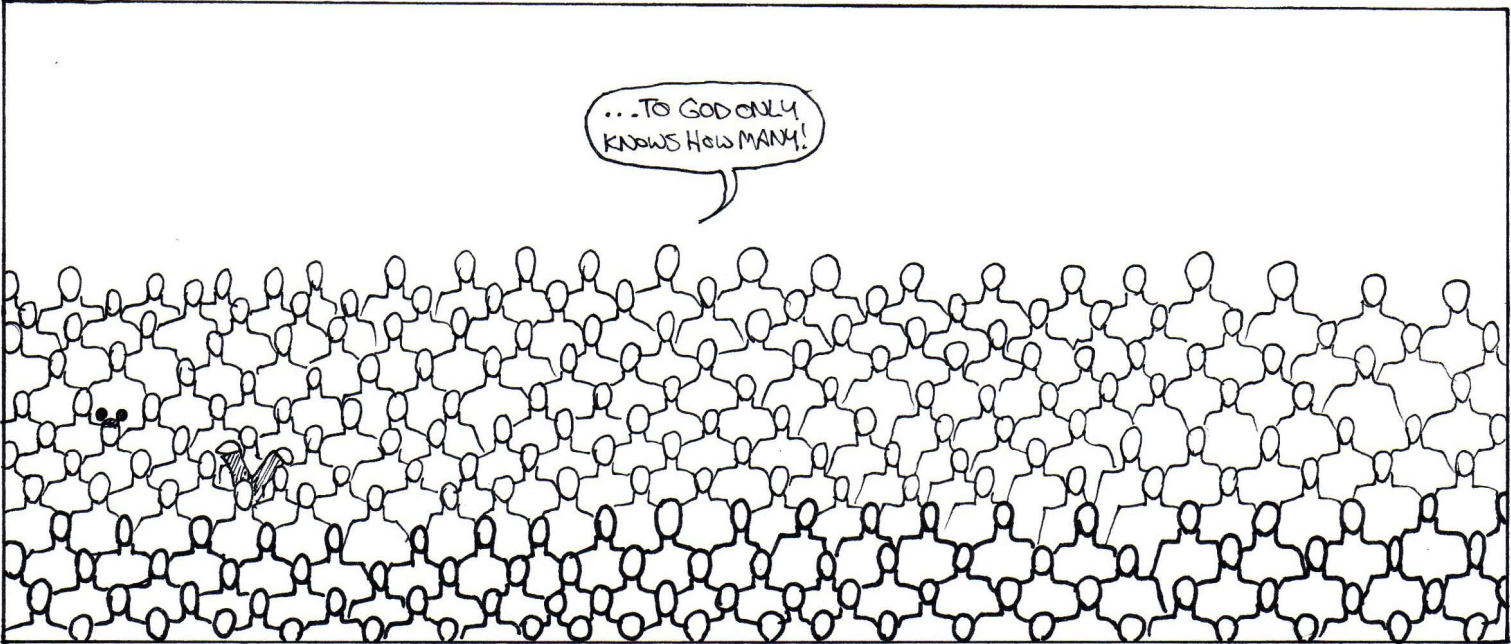


AND IF THE TRAUMA COMES AGAIN, THE IDENTITY OF THE EXPERIENCER MAY KEEP ON CHANGING...



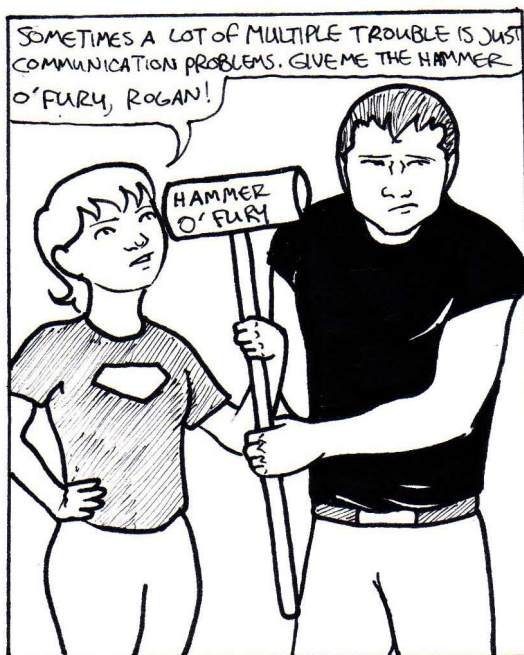
...OR JUST STAY THE SAME OVER AND OVER AGAIN.





*See last page - LB





MULTIPLES ARE NOTORIOUSLY MISDIAGNOSED. CHANGES FROM ALTER TO ALTER MIGHT BE MISTAKEN FOR MOOD SWINGS, INTERNAL CONVERSATIONS FOR PSYCHOSIS OR SCHIZOPHRENIA. SOME FOLKS MAY HAVE AMNESIA WHEN THEY'RE NOT IN CHARGE, EVEN WORSE.



ON THE FLIP SIDE, CHANGING PLACES MAY CONCEAL ONE ALTER'S TROUBLES FOR YEARS. AS OUR TEMPERAMENTS DIFFER, SO DOES OUR MENTAL HEALTH.



ONE OF US MAY BE THE VERY MODEL OF HAPPINESS AND FUNCTIONALITY...



OTHERS MIGHT HAVE A LITTLE MORE TROUBLE IF WE CAN BE AS WELL-DEVELOPED AS A PERSON, WE CAN BE AS DYSFUNCTIONAL TOO.



HOWEVER, ALTERS CAN BECOME THEIR OWN SUPPORT GROUP, IF THEY WORK WELL TOGETHER. COOPERATION AND AFFECTION HELP ALOT.



SO DOES THE ABILITY TO SHARE MEMORIES. IF YOU KNOW WHAT'S GOING ON WHEN YOU'RE NOT IN CHARGE, IT DOES WONDERS FOR YOUR PEACE OF MIND—AND MAKES THINGS EASIER TO KEEP TRACK OF.



REALLY, IT MATTERS LESS OUR NUMBERS, AND MORE ON HOW WELL WE GET ALONG. COOPERATING WE CAN DO PRETTY WELL TOGETHER.

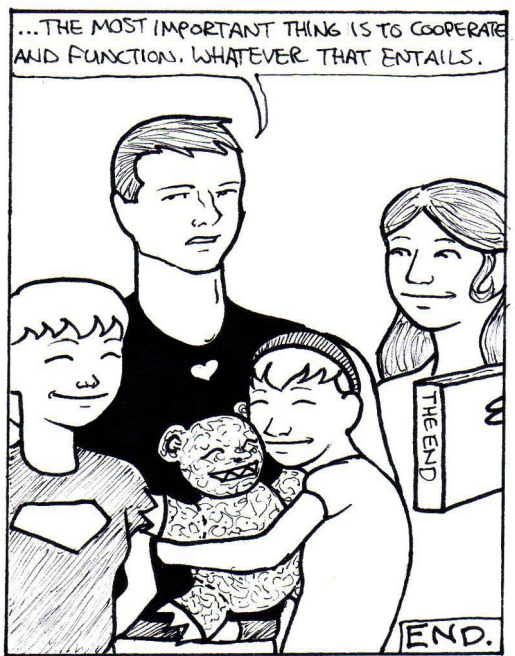
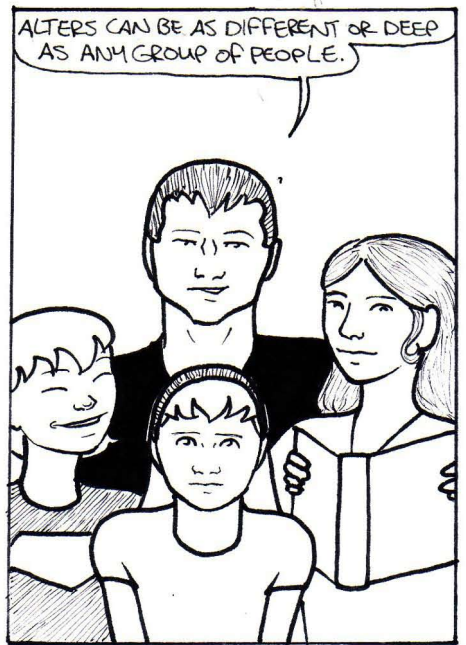


SOME PEOPLE SAY INTEGRATION (STUFFING EVERYONE BACK INTO ME) IS THE BEST WAY TO END THINGS...



...BUT SOMETIMES THAT'S NOT POSSIBLE OR DESIRABLE. LOSING YOUR INDEPENDENT EXISTENCE CAN SOUND LIKE DYING. IT'S SCARY. SOMETIMES, JUST CO-EXISTING PEACEFULLY IS BEST.





MORE ON MPD/DID

American Psychiatric Association. "300.14 Multiple Personality Disorder." Diagnostic and Statistical Manual of Mental Disorders (Third Edition Revised) 3 (1987): 269-272.

The criteria for the first diagnosis, elaborated on here.

American Psychiatric Association. "300.14 Dissociative Identity Disorder (formerly Multiple Personality Disorder)." Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) 4 (1994): 484-487.

The current diagnosis.

"D.I.D. You Know?" DeviantArt. June 21, 2007. < <http://tigrin.deviantart.com/art/D-I-D-You-Know-58072489>>

A comic, partly to blame for this one. Illustrates the diagnosis of DID and its symptoms in a simple, nonbiased, reader-friendly way.

ATW. *got parts?: An Insider's Guide to Managing Life Successfully with Dissociative Identity Disorder*. Loving Healing Press, 2005.

Common-sense advice on living multiple while respecting system members and dealing with trauma. A pragmatic approach, influenced by therapeutic styles.

Alderman, Tracy, and Karen Marshall. *Amongst Ourselves: A Self-Help Guide to Living with Dissociative Identity Disorder*. New Harbinger Publications Inc.

Another guide for multiples, family, and friends first dealing with the diagnosis. Less common-sense day-by-day advice, and more abstract. Also has a useful section for family and coming out.

MORE ON NON-TRAUMA MULTI

Astraea's Web: multiple personality resources & controversies. September 13, 2007. <<http://astraeasweb.net/plural/>>.

A website devoted to the idea of "natural multiplicity." Discusses multiplicity as a healthful, natural state of being plagued by media misinformation and miseducation.

"Plurality 101, or Plurality for Dummies (or Stuff You Can Show Your Grandmother To Explain To Her That You're not a Serial Killer)." Collective Phenomenon. September 12, 2005 <<http://www.dreamshore.net/amorpha/plural101.html>>

Three links. "What is Multiplicity?" is down, but the rest is up. Takes a natural, "empowered" multiplicity perspective.

"What is Multiplicity?" four and twenty. September 30, 2004. <<http://www.karitas.net/blackbirds/layman/>>

The *correct* link to "What is Multiplicity?" More healthy natural multiplicity for beginners who want to know more about it.

Healthy Multiplicity.com: Websites by Healthy Multiples. December 2, 2010. <<http://healthymultiplicity.com/>>.

A site listing links to websites by and about healthy multiplicity, including our own.



QUESTIONS? COMMENTS?

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