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She reads the *Times*, shops at D'Agostino, and designs software. But in the privacy of her home, one personality gives way to the chaos of many. A New Yorker's psychological struggle.

Divided She Stands

By Laura Emily Mason

Photograph by James Porto

IT'S A TYPICAL DAY AT WORK. I CHAIR A MEETING, WRITE A REPORT, GIVE A SOFTWARE demo. In between, I chat with co-workers waiting for the copy machine. Then I answer my e-mail and return a few calls. Five o'clock. With relief, I exchange the intimacy of the office for the privacy of the crowded street. I always walk the three miles home, and as I head down Broadway, I begin to feel the familiar internal shift. Those inside me are waking up. I give them free play while my body continues to walk. ■ In the safety of my apartment, I take off my outside clothes and put on a comfortable, oversize T-shirt. I also shed my outside demeanor. Now I don't have to think in words or wear a grown-up expression—all those inside me can finally be themselves. Just as waves turn the ocean inside out and rearrange the water, different ones of us cycle in and out in an ebb and flow that is sometimes gentle, sometimes turbulent.

A child colors with Crayola markers. She moves aside to make way for the administrator, who reconciles the bank statement. A moment later, the dead baby takes over and lies paralyzed on the floor. She remains that way for a while, but no one gets upset—it's her turn. The live baby stops in her crawl, engrossed by a speck of dust. The cooker prepares meals for three days and packages each separately—we all have different likes and dislikes. A terrified one screams aloud, a wounded one moans, a grieving one wails. Cooking and screaming go on simultaneously, as more than one of us can be out at a given time. One talks to another, then pauses to listen to the response, which I cannot hear—I don't yet know everyone in me. "You little shit! Leave me alone!" Pause. "I told you, I didn't do that!" I have no idea what this exchange is about, but I feel no anxiety, pain, or fear, despite the ominous words.

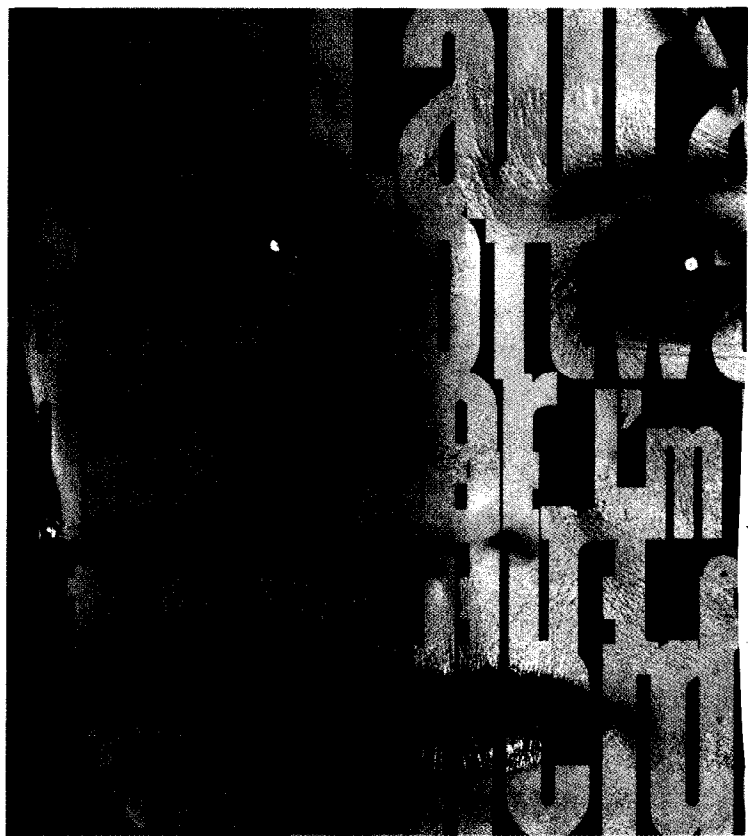
In many ways, I'm an ordinary person. You've probably seen me in the public library, or eating pasta at the table next to you in a restaurant. You would never know, from my behavior or appearance, that I have multiple-personality disorder (MPD). I don't do bizarre things in public. I'm not dangerous. And like most Multiples, I go to great lengths to conceal my multiplicity, partly for practical reasons like earning a living, partly because I crave connections and don't want to be seen as a freak.

The free-flowing time at home allows my system to come into balance and replenish the enormous amount of energy expended outside, where I have to maintain a nonstop internal translator as my interface to the world. It is the most essential part of my day, and I try to make sure it's uninterrupted. But sometimes the phone rings. Then we come to a short stop, and everything freezes while System Control decides whether to answer. If the decision is yes, I hastily put everyone on hold and manage a barely audible "Hello." Invariably, the person calling asks, "Did I wake you?" or "Are you sick?" But by the time the preliminary how-are-you's are dispensed with, I have usually gotten enough of the interface in place to talk in a more normal manner. If the caller is one of my Multiple friends, whom I've met through a support group, I sometimes welcome it. While I don't let any of the children or babies talk, I do talk *about* them—what they thought and felt and did, the current problems they're having. My friends listen and share their own similar experiences with me. I come away

Laura Emily Mason is a pseudonym. The author is currently working on a book, Losing the Atmosphere: A Memoir of Living With Multiple Personality Disorder.

from the call feeling validated and refreshed. With non-Multiple callers, we have to hide all our internal concerns. It's a strain to keep the interface in place and talk about things that have no meaning for those on hold who are waiting impatiently to return, and I try to limit the conversation.

Occasionally, I go to the theater with a friend, or baby-sit for my 7-year-old nieces after work. The shortened free time we have when we get home is stressful—those waiting to come out know there might not be enough time for them and are restless underneath. If the switching runs its natural course, everyone goes back inside peacefully. Then, no matter who is out when we go to sleep, the administrator wakes in the morning to get us ready for work and everyone inside remains calm



during the day. But if free time is shortchanged, no one is stowed away properly. We don't sleep well, have a bad day at work, and come home worse—our delicate internal balance is completely disrupted. Because it takes two or three days to recover from one evening at the movies with a friend, I don't go out often, and my life is severely limited.

There are mental-health professionals who question the existence of MPD, also known as DID (dissociative identity disorder). Others acknowledge it but believe it is created by therapists who suggest to their patients that they have separate parts. But most think it is similar to post-traumatic-stress disorder, the difference being that the abuse and trauma that cause MPD usually begin in childhood and continue for many years. Although the syndrome was documented as early as the 1880s, little was known about it when I was in high school and college in the fifties and sixties. Two books—*The Three Faces of Eve* (1957) and *Sybil* (1973)—and their associated movies brought MPD to the public's attention. I had no interest in the subject then, and didn't read or see either of them. At the time, audiences were intrigued by the bizarre symptoms—sudden switching from one personality to another, amnesia for things another self did, “waking up” bewildered in a strange place. But today, media coverage of the problems of Vietnam veterans, rape and incest victims, and victims of political terrorism has made the public more aware of the long-term effects of physical and emotional trauma and this kind of psychological reaction.

WHEN I WAS GROWING UP IN BROOKLYN, PEOPLE DIDN'T call my father abusive—in the parlance of the day, they said he was strict. Although he was a government clerk with only a high-school diploma, my mother had been captivated by him because he went to concerts, studied languages, and played chess. But she soon came to know his rages. Anything set him off—a neighbor was playing the radio too loud;

When I was growing up in Brooklyn, people didn't call my father abusive; in the parlance of the day, they said he was strict.

she flavored the stew with ketchup. She had been looking forward to motherhood, but he took possession of me the moment I was born and shut her out. With fierce love, he set out to give me all the skills I would need to survive in the world. Baby talk was forbidden. No coo-cooing, or anything that wasn't a perfectly enunciated word in a well-constructed sentence. He trained me not to cry by not responding, and sent my mother out of the apartment when she tried to soothe me. Her self-esteem had been shattered by an earlier divorce, and she resolved to stay married this time, despite her unhappiness. She survived by cutting off her feelings at home and pouring her energy into her teaching career, leaving my upbringing to my father.

He was intent on molding me to his vision of complete self-reliance with the patience of a horticulturist shaping a bonsai tree, knowing it would take years to painstakingly twist it into crippled perfection. Worried that I might be orphaned, he taught me touch typing and Gregg stenography when I was 8. When I was 10, he insisted that I sit on the beach without a bathing-suit top so I could absorb the sun's healthful rays. I had tiny breast buds and was mortally embarrassed, but I didn't dare protest.

At best, he was a benevolent despot. At worst, he was brutal. He made me prepare myself for his beatings when I did something that displeased him, ordering me to “take off your glasses and come here.” I always complied and presented my body for punishment free of breakables. In winter, he put me to bed with the window wide open, for fresh air. He placed a thin blanket over me and told me to keep my feet under it all night. I did, but I could never get warm. When morning came, he lifted the cover, felt my icy feet, and was sure I had disobeyed. I submitted to his blows in silence; the less I said, the sooner this part of the morning routine would be over and the sooner I could get ready for school.

My father's rages were the backdrop of my family's existence, but my mother, my brother, and I never mentioned them. When I watched my father pummel my brother into a football and kick him down the hall in fury, I didn't feel solidarity with him—only relief that it wasn't me. The members of my family lived isolated lives, taking what private respite we could in the calm intervals. My father wasn't physically abusive to my mother, but she was not spared his tirades. Lacking emotional support herself, she had none to offer me. If I whined and tried to cling, she hit me with a wooden hanger and banished me with “Get out of my sight, you fucking bastard! Go shit in your hat!” I felt disgusting, like a worm you poke with a stick. My father, at least, never tired of me.

Although an abused child has little control over her *external* environment, she can escape it by becoming divided *internally*. Some parts, or personalities, hold all awareness of the abuse, as well as the fear, anger, humiliation, and helplessness that go with it. Other parts, free of the disturbing knowledge and feelings, lead seemingly normal lives—they go to school and play with friends as if nothing were the matter. The personality who is out at any given moment may have no idea that others share her body.

It isn't always easy to spot abused children, especially if there are no visible marks. But even when they do leave clues, as I did in kindergarten, adults often don't recognize them. I colored and pasted, played games, and was generally indistinguishable from the other children. Except for one minute each day, I was totally unaware of my pain. That minute came at ten o'clock, after free play, when the teacher gathered the class together for group singing. Something about her sitting at the piano, looking so kindly at the class arranged in a semicircle around her, woke up the part inside who longed for someone to care about me. The longing was so great, it opened a big

hole in my chest and made my insides hurt unbearably. Every morning, I tiptoed up to her piano stool and whispered in her ear, "I have a stomachache." And every morning, she dismissed me, saying gently, "Just sit down and try not to think about it, and it'll go away." So I obediently returned to my seat with my stomachache, which I didn't know enough to call a heartache. And just as the teacher said, in a few minutes I dissociated it away.

I'M 55 YEARS OLD. IT WASN'T UNTIL MY LATE FORTIES THAT I realized I was Multiple, but long before that, I knew something was wrong. When I was a teenager, I became aware that I was talking to people and faces in my bedroom mirror who weren't me. Sometimes they were kindly storybook doctors and nurses, sometimes amorphous beings who understood my pain and surrounded me with their protective atmosphere. They couldn't rescue me, but they knew and had compassion. They alone saw the real me—the me who was invisible to real-world people, who saw only a laughing teenager.

Outwardly, though, I acted regular, and sometimes I even felt regular. I wore bobby socks with white buck shoes and walked home from school with my girlfriends, giggling conspiratorially as we discussed our cute math teacher, Mr. Jacobs. But I was isolated and lonely and only felt real when I looked into the mirror. Although I had one foot firmly grounded in reality, with the other I was descending into an uncharted and dangerous inner landscape. I watched all this from outside myself, and I knew I wasn't okay. I needed to talk to someone and chose my English teacher, Mrs. Waller, a motherly woman who had always shown an interest in me. Mrs. Waller broke my confidence and called my mother, who reacted in her usual, efficient manner—she located a therapist through inquiries, made the appointment for my first session over the phone, and considered the matter resolved.

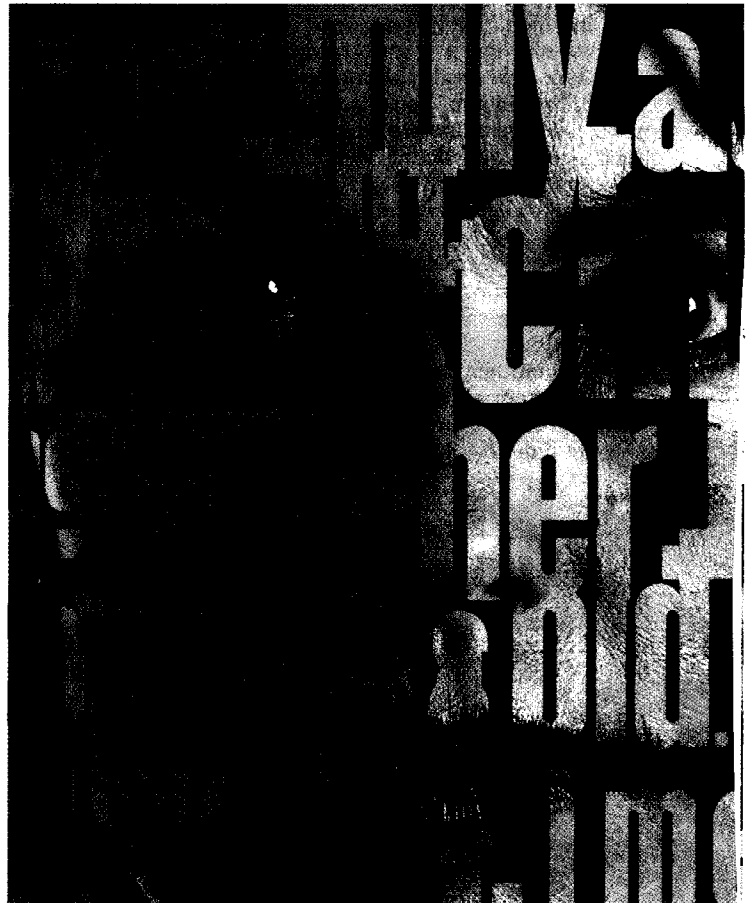
Throughout the four years that I saw Dr. Horn, I never stopped longing for her to find the hurt part of me who was hiding inside and had never talked to anyone. But week after week I just sat, unable to move or speak. I couldn't tell her she had become my fairy godmother, a mirror person whose caring atmosphere surrounded me all the time. She read the notes that I brought to sessions while I sat motionless, then tried to talk to me about them, but the one who wrote them wasn't the frozen one who sat opposite her. Over time, she became annoyed, asking when I was going to "let the pearls drop from my mouth." Before each session, I would make a resolution to talk, and I was terribly disappointed afterward that I hadn't. I know now that the one who made those resolutions was Almost-Laura, who was trying to get help for us, but 6-year-old Emily switched in as soon as Dr. Horn came to fetch us from the waiting room. Emily always expected Dr. Horn to be the way she was in the mirror, and each week was intimidated anew by the tall woman with auburn hair who sat in the big swivel chair, asked questions, and stared at her when she couldn't answer. Dr. Horn finally threatened to stop seeing me if I responded "I don't know" one more time. I quit before the next session.

I was now in college, still maintaining an acceptable façade, although it was starting to show cracks. There was a constant low-level noise inside my head, like radio static. I shifted in and out of trances and often felt unreal. Sometimes I got paralyzed in the middle of doing something ordinary and remained frozen for ten or fifteen minutes. I was frightened but tried not to show it as I casually mentioned to a friend that I was looking for a therapist. She put me in touch with her psychology professor, who had a private practice in addition to his teaching.

Just as Emily switched in for all my sessions with Dr. Horn, Lisa appeared for most of the sessions with Dr. Sacker. She is 16, and one of the few of us who feel at ease in social situations. But Lisa can also get psychotic and suicidal. Dr. Sacker couldn't understand why I was sometimes spaced out and other times had a firm grasp of reality. As the spaced-out periods grew more frequent, he felt powerless to contain them, and after three years, he hospitalized me.

I was in and out of hospitals twice more during my twenties, for a total of two years. The misdiagnosis each time was schizophrenia. After my last discharge, in 1968, unable to work, I went on welfare and lived in a halfway house for a year.

From then until the late eighties, my outside life took on a veneer of normalcy. I lived alone, was self-supporting, and earned two master's degrees at night. I had woman friends and several romantic relationships with men. Those never lasted more than a few years, though—usually only one of us



was directly involved, but others caused havoc from inside.

During those twenty years, I had three more therapists; I saw each for five years. All were empathetic professionals, competent in diagnosing and treating the disorders they had been trained to look for. But treatment never "worked," because it wasn't MPD-oriented. Those of us who were distressed, suicidal, and crazy were braided in and around the highly functional. I switched many times a day. Friends sometimes asked how I could be so upset one minute and so together the next. Without understanding it, I answered offhandedly, "Oh, I just snapped in another cassette." Concurrent with these frequent, daily fluctuations were major long-term shifts in my internal structure. The players didn't change, but their relative influence in the overall mix did. Depending

on which of us became dominant, these shifts ushered in relatively peaceful or turbulent eras.

One calm era lasted five years. Dorothy was out most of that time, and I held a job as director of a cultural institution, responsible for programming, outreach, budgeting, and publicity. Dorothy is the only one of us who can relate to other adults as an equal. She is vivacious, extremely capable, and never worries about translating or passing, because she doesn't know we have MPD. Unhampered by awareness of the rest of us, she threw herself into her work and revitalized the organization.

That era came to an end when I broke up with my boyfriend of two years and had an abortion. The next eight years were dominated by someone who believes she's living in a war zone. Fearing land mines would make roads impassable, she enrolled in flying school and drove to the suburbs on weekends to practice landings and takeoffs. During her reign, every

feel the impact, hear the sirens, or see the ambulance workers who scooped me off the road and brought me to the trauma center. It took five major surgeries to repair broken bones and remove my ruptured spleen, and months of physical therapy before I could walk and use my arms again.

Through all the changing eras, I devoured books on abnormal psychiatry, looking for something that fit the way I was. Everything I read described constant abnormal states, but I flipped back and forth between being crazy and highly functional. Yet I so needed to know there was an official name for my condition that I eagerly latched on to whatever label fit best at the moment—schizophrenic, catatonic, suicidal, aphasic, obsessive-compulsive—and made it mine. These secret diagnoses gave me comfort, validation, and dignity.

One summer evening in 1988, I was wandering the aisles of a video store, picking up one empty box after another. Nothing grabbed me. Then I saw *Sybil*. I don't know what made me decide to rent it, but as soon as I watched it, I knew. I was 46 years old, and things made sense for the first time.

I BEGAN SEARCHING AVIDLY FOR INFORMATION ABOUT MPD. ONE of the books I read was *Diagnosis and Treatment of Multiple Personality Disorder* (1989), by Frank Putnam of the National Institutes of Health. It described exactly how I felt inside. I was amazed. He even talked about things I did, like crouching on the floor in a fetal position during a therapy session. I was frightened of this freakish-sounding diagnosis, but I also felt liberated, because for the first time, I didn't feel like a freak. I had a medical condition, one he talked about with compassion, understanding, and hope. My therapist and I wrote to him, and he sent us the name of a psychiatrist in my area who was involved with the New York Society for the Study of Multiple Personality and Dissociation. He also told me about *Many Voices*, a publication by and for people with MPD. Both *Many Voices* and the support group for Multiples that I located through the study group gave me a much-needed connection with others like myself.

Slowly, I began to realize that those forces that had mysteriously pushed and pulled me from inside for so long were really different parts of myself whom I hadn't known existed, although I'd occasionally called myself by different names. Emily, still with the ache in her chest, still yearning for a mother, still 6 years old. And beautiful Lisa, who took my place at my sweet-16 party when I felt awkward and unable to talk to my guests. But I recognized Lisa's darker side, too. Her main function in our system is to take away pain, and she was still doing this for us, sometimes using drugs and alcohol, sometimes making elaborate plans for suicide.

The partitioning mechanism of MPD was adaptive for me as a child. But now that I no longer have to keep knowledge and feelings sealed off to survive, it's a liability. Things are fragmented for me. And many of us don't have a linear conception of time; they think something happening today can retroactively change events that happened last week. We manage because our collective has a timekeeper who keeps track of what day it is and where I am, and an administrator who sees that bills are paid, laundry is done, and food is bought. And although each of us has different outside friends, Almost-Laura is acquainted with most of them and provides continuity in social situations. She also has the most co-consciousness, and helped Laura Emily Mason, the writer in us, to draft this article.

But problems arise because some of us continue to react with patterns of behavior that remain frozen in the past. Harmless situations trigger flashbacks and sudden switches. One oversubscribed day at the exercise class I'd been attending for years, the instructor accommodated a latecomer by

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in the apartment.

surface in my tiny apartment, including the floor, was covered with layers of used wooden kitchen matches, broken television sets, empty dish-detergent bottles, pieces of wire. The old vacuum cleaner might provide a valuable piece of hardware that could be used in an escape; newspaper stacks could make a barricade. For years, there was so much debris that I couldn't even cross the room to open a window.

None of my therapists understood why I was sometimes plagued by major internal upheavals even though everything in my current life was calm. During one of those upsets, in April 1987, I was racing through the street fleeing an unnamed terror. I came to a crossing. One of us saw a taxi coming, but our system was in such disarray that the information wasn't passed to the desperate one who was running. I didn't

squeezing in an extra mat next to mine. The protective safety zone of space that I usually manage to keep around myself was invaded. A 4-year-old who is afraid of being beaten switched in. Tears slid silently from her eyes, but we didn't wipe them for fear someone would notice. We stuck out the hour, but she found the experience so traumatic we never went back.

If a man inadvertently blocks my way in a D'Agostino aisle, a child pops out and freezes with fear—she has no idea he's just a fellow shopper. We want to bolt, but the behavior police make us walk out of the store normally. In the street, they let us break into a run, and we fly home, muttering, "Goddamn fucking son of a bitch! Goddamn fucking son of a bitch!" We lower our voice as we pass the doorman in the corner building—he knows us only as a pleasant neighborhood woman who has exchanged greetings with him for fifteen years. Finally, with our apartment door locked behind us, the stopper comes off. Anyone hearing us scream, curse, rant, and rave would be surprised to look in and see only one person—one body—in our apartment.

BECOMING FREE OF MY NO-LONGER-NEEDED DIVISIONS IS difficult. MPD is not an organic disease; it can't be cured with drugs. Long and intensive psychotherapy is the only known cure. Each part must re-experience its own individual trauma, sometimes with the intensity of the original events, then must come to know and feel what other parts know and feel. This work takes a great deal of strength and commitment on the part of the patient as well as much skill, compassion, and patience on the part of the therapist.

I have sessions with Steven on Tuesdays and Fridays, each for two hours. These are essential times for everyone in me—he is the only outside person from whom we don't have to hide ourselves. I start getting ready the evening before, collecting notes that various ones of us wrote to him and putting them in a shopping bag. Some are in grown-up script, some in a child's round printing, some in backward writing that needs to be read with a mirror. I add a copy of a technical report I wrote at work, to let him know about those of us he never sees. And I throw in cracked dishes or broken refrigerator magnets that my war-zone part still won't let me discard. If there's time, I bake cookies.

As always, I walk to work in the morning so no one on the crowded subway will touch me inadvertently and trigger a sudden switch. The monotonous right-foot-left-foot rhythm is hypnotic, allowing the children to be active beneath the surface. I don't yet have co-consciousness with everyone, and as I walk, I often feel as if I'm before a closed theater curtain. I see ripples and hear snatches of talk. Several blocks from my office, I buy the *New York Times* and glance at the headlines. This helps rearrange the layers—the children go further inside, and an adult comes closer to the surface. Gradually, the curtain becomes still. By the time I slide my ID card through the scanner and enter Corporate America, the switch is complete, and I'm ready for work.

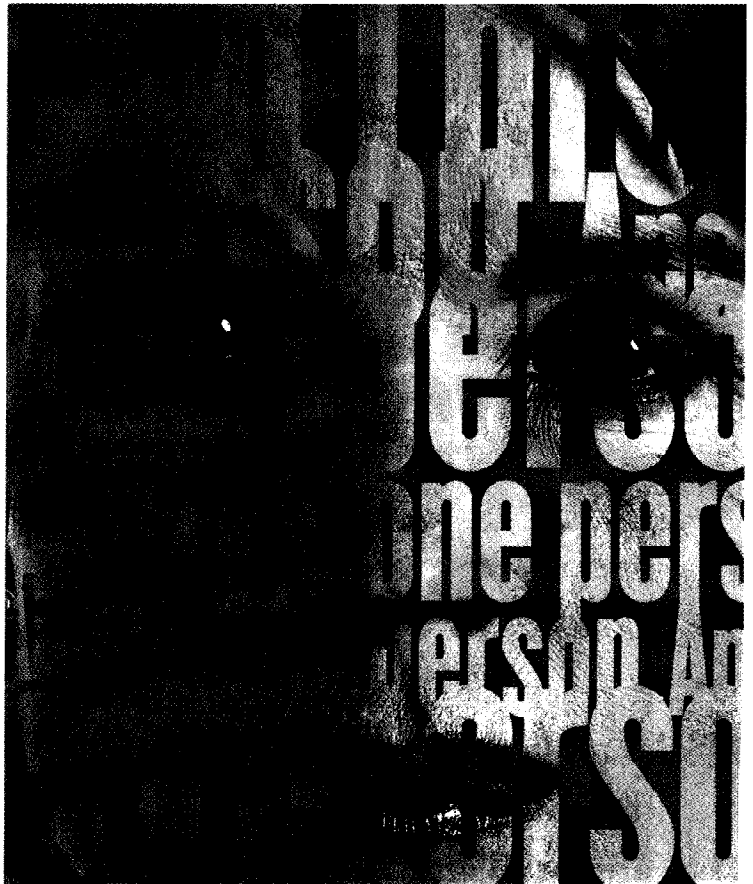
During the day, I take a walk every few hours—to the ladies' room, the cafeteria, the street. This allows me frequent, short rebalancing breaks that relieve the pressure of internal activity. For the first mile of the walk home, an adult in business mode reviews the day's work. Then a little girl comes out, furious at Steven because he didn't call when he said he would. Another doesn't want to go to the session, believing he didn't call because he's dead. Now the businessperson is back, remembering something she forgot in the program specs. We walk another eight blocks. Others who want to talk to Steven start coming out. One is a 10-year-old girl who used to fear losing him if she let him know she was upset because he didn't

call. When young, I never would have let adults know they did something to disappoint me. But this girl looks forward to the session—she luxuriates in being able to complain and pout to him, knowing nothing bad will happen.

At home, I finish packing the bag with the water bottle and the Teddy bear for the babies, the cookies for the little girl who steals them. I feel the weighty responsibility of a single parent as I shepherd everyone to the garage half a block away and stow them all in the back seat. The driver gets behind the wheel.

Twenty-five miles later, in the suburbs, I arrive at Steven's office. I hurry through the waiting room and into the kitchen, where I'm shielded from seeing the patient before me leave. Some of us know he sees other people. But the children and babies have no idea that he's a therapist, or that this is an office, or that I pay him. If they did, they wouldn't feel safe enough to come out, and the session would be wasted.

I close the door and lie on the floor. The only sound is the soft hum of the waiting-room fan. There's just a hint of light



outlining the door frame. The façade I keep in place all day to prevent the outside world from seeing anyone underneath comes off. I breathe slowly and evenly as it releases.

Soon the baby surfaces. She doesn't know she and Steven are separate people in different bodies—that he's in a container made of skin, and at this moment his container is in his office with another patient. Soon she hears a door open. For her, it isn't a patient leaving but part of the sequence of noises that always precedes his appearance—door open, fan quiet, then the light coming in as he slowly opens the kitchen door, says softly, "Hi, Laura," and comes to sit on the floor beside her. She lies quietly and locks eyes with him.

In a few minutes, the little girl who steals cookies comes out. She finds herself lying down and sits up quickly. "Hi,

Steven," she says energetically. "Hi, Laura," he answers, returning her smile. "Could you give me a cookie?" she asks hopefully. "I'd love to give you a cookie," he responds as he reaches for my shopping bag, finds the cookies, and unwraps them ceremoniously. He glances at them briefly to see what kind they are. "Would you like a chocolate-chip cookie?" he asks. "Yes!" She eagerly takes the bigger of the two and chats happily while they eat together. Now we're ready to move to his office.

Once there, he sits on the floor with me as someone talks animatedly for a few minutes, bringing him up-to-date on what happened since we last saw him—outside concerns like work, phone calls from my mother. Abruptly, sometimes in the middle of a sentence, I feel my mouth go slack and my body slump. I can no longer talk. Someone screams, writhes on the floor, howls like an animal in the night forest. I hear her noises and am amazed, because I don't feel terror or pain. Sometimes I try to stop the sounds coming out of my mouth by choking the one making them, squeezing her so tightly, she

I start getting ready for my therapist two nights before, collecting notes that various ones of us wrote to him and putting them in a bag.

gags. Steven pries my hands off my neck so I can breathe again. He says to let the sounds happen—that even though I don't know what they're about now, somebody in me does, and one day I will, too.

No matter what went on before, the last few minutes are always light. I empty the shopping bag and give him my household discards. We smile together over some of them. A child asks, "Are you going to be in your beeper?" He nods yes. As I put my coat on, someone begs, "Please don't forget me." Part of me thinks that's silly, but another part is desperate because she thinks she won't exist if he can't see her. He understands and says, "I won't forget you. I carry you with me all the time." She is reassured. I drive back to the city feeling temporarily whole and connected.

THE LITERATURE DEFINES A CURE AS INTEGRATION—THE repeated merging of one personality with another until only one remains. There are many steps along the way. The first is building trust—Multiples have been betrayed by people they should have been able to count on, and they constantly test their therapists.

Next comes the recovery of memories. In theory, once a memory is recovered, the personality that held it will no longer be tortured by it. The false-memory-syndrome movement claims that some therapists implant memories in their patients, causing them to unjustly accuse their parents of abuse. That may happen occasionally, but I believe most therapists follow their patients' lead and don't make suggestions. There are also people who question the accuracy of memories. It's not always easy to know whether something I remember happened exactly the way I remember it. But therapy isn't a court of law, where the goal is to establish facts. Therapy aims for emotional healing, and for that, emotional truth is what matters.

Some of my memories are visual or auditory, and some have emotional content only—intense agony, grief, terror. Memory recovery is very upsetting, because it doesn't feel like a memory—it feels as if it's happening now. But it's also healing, because Steven bears witness to my pain. When I was young, no adult acknowledged that anything bad happened to me, not even my aunts, who lived nearby—they'd knock tentatively on my apartment door when they came to visit, whisper, "Is your father home?" and retreat in fear if I said yes. Then only the mirror people knew about my pain.

Concurrent with memory retrieval is becoming aware of one another. Before I started becoming co-conscious, some parts of me were suicidal and psychotic, but others were able to function at a very high level. Now that we don't have such sharp divisions, both work and social relationships are much more difficult. The crisp, efficient one is no longer protected from the anguish of the others, so she's not crisp and efficient anymore. I have awakened to a tornado of feeling—pain, fear, shame, even happiness—that I never experienced. It's as if I'd been blind from birth, hearing people talk about red, blue, lavender, knowing they were describing a dimension I had no way of experiencing. Now suddenly, in midlife, I'm able to see. Nothing could have prepared me for the sensory bombardment.

The disruption affects many areas. We can't keep friendships that individual parts had, and those friends don't understand why we suddenly stopped knowing them. The part who has an eating disorder is no longer totally separate, so all of us now have a hard time in restaurants. Even simple routines are complicated, like getting dressed in the morning. I'm 6, looking in the mirror while I brush my hair. I see a middle-aged face looking back at me—a face I never saw before—and I realize with horror that it's me. And what will I wear to work? I'm ashamed of the cotton flowered dresses with puffed sleeves that hang in my closet. But the Harvé Benard suits aren't mine, either. I compromise with pants and a turtleneck. Corporate America is not happy with my grooming of late.

Because it took so long to be properly diagnosed, I have wasted much of my life—time I can never recover—and money on treatment that was not effective. Most insurance plans have limited coverage for psychotherapy, and the limits are usually applied across the board, regardless of the diagnosis. The prognosis for MPD is excellent with proper treatment, and now that I've finally found it, I work seven days a week to pay for it.

I have no idea what the final step, integration, will feel like. We're used to living as separate entities. If we become integrated, we—or rather, I—will have to develop a whole new way of relating to the world. But I'm optimistic—for the first time, I have a chance to be a regular human being. ■