

## CHAPTER NINE

### MIRACLES OF MODERN MEDICINE

Marie lived to see this day only because certain members of the medical profession obeyed their vows. She almost did not live to see this day because certain other members of the medical profession violated their vows. During her entire life, her physical and mental health was repeatedly reviewed by various members of the medical establishment, as it operated in a major California city. Unfortunately, not all of those standards were helpful to a patient suffering from the post-traumatic disorder known as MPD.

Fortunately for her, her medical care during her earliest days was in the hands of one of those revered, but now rare medical professionals, the family doctor. Dr. David Frank's office was on the edge of the area where Marie and her family lived, and he took care of many of the families in her neighborhood. His nurse was a friendly neighbor who lived in back of the McKenzie home. Dr. Frank believed in being a part of his community and treating his neighbors with dignity and honor. He had the old-fashioned idea that his professional reputation would allow him to make enough money to pay his bills and raise his family.

He owned his office building, so he owed nothing to a corporation or a large group practice. He was one of those obsolescent private practitioners, one who knew how to take care of 90 percent of the ailments that his patients suffered from. He sent the other 10 percent to the specialists near one of the big hospitals where he had admitting privileges.

Dr. Frank thought he knew his patients fairly well, and he did, to the degree they allowed him into their lives. Unfortunately, those who abused their children kept it within the family by threats and intimidation. They would not tell an honorable man like him regardless of what the law said about confidentiality between doctor and patient. They would not admit to beating their

children or subjecting them to sexual assault, since they believed he would turn them over to the police. The days had not yet arrived when the physical signs of child abuse were advertised to all doctors and laws had been passed requiring them to report such cases to the local police.

He delivered all three McKenzie children and watched them grow up. He saw Shelly as a loving, concerned mother. At least she was with the younger two children. When she brought in Marie, the eldest daughter, he saw something different in her eyes, but he could never put his finger on what it was.

Gerri, the younger daughter, was the outgoing one. Arthur was somewhat backward, with an IQ lower than his sisters. Marie impressed him as the reserved, quiet one, someone who always seemed afraid of something. He knew that eldest children often had to grow up faster than the younger ones, since they were expected to parent the babies and help their parents, if both were working.

Over time, Dr. Frank learned that the McKenzie family was not one of the more stable ones in the neighborhood. They were divorced before Marie suffered the terrible burns that required him to do extensive skin grafts. When Marie was being prepared to have her skin grafts, Dr. Frank knew she was taking ballet, as his own daughter was in her class. Marie had taken ballet lessons from the time she could walk. By the time of the fire, she was in toe shoes. Her dream was to be a great ballet star. Dr. Frank knew how much Marie loved the ballet. So when it became time for the skin grafts, he told the anesthesiologist about Marie's love. The anesthesiologist and the surgical nurse told Marie a story of a great ballerina to calm her while she waited for her surgery.

After the surgery, Dr. Frank ordered Marie's father to come visit his eldest daughter in

her hospital room. He did what he could to raise the spirits of his young patient, but the mental collapse she suffered when she returned home greatly upset and perplexed him. He referred her to the best child psychiatrist in the area, but he never really knew what happened inside the mind of his young patient. It was difficult enough taking care of her skin and bones, without deciphering what went on inside her head.

Dr. Frank's Essence was learning and growing. Becky was blissful to know that her charge was being taken care of by a talented doctor with a fantastic Essence. She was truly honored to know his Essence and to be in such company.

Dr. Frank had previously experienced many trying moments with his young patient, Marie. When she was five years old, her mother had brought Marie to him because of intense abdominal pain. He carefully followed his usual procedure to investigate such a problem. She was first unable to keep down her food or have regular bowel movements. She had major bouts of diarrhea. She clutched her abdomen and doubled over in pain much of the time, making it impossible for her to stand erect. She hurt all day, and she could not sleep at night. For the first week, her parents assumed that she had the flu and ignored her complaints. When she lost 20 pounds in a week, Mother decided to take her to the doctor. When he saw her, she was so weak she couldn't walk without trembling and was totally helpless.

Marie was grateful her mother finally took her to see Dr. Frank. To her, he was a kindly gray haired doctor who took time to talk to her. Marie truly loved Dr. Frank. He was patient and kind -- nothing like her father.

Dr. Frank's physical examination showed no localized area of pain where there might be an infection. She hurt all over her abdomen. The pain was both above and below the umbilicus, and it traveled to the right and left of the midline as well. Blood and urine tests were normal. Since an infection might be present in spite of normal lab tests, he decided on antibiotics as his first choice of

treatment.

The doctor suggested that if antibiotics didn't help, she might have "stomach epilepsy." He explained this as a rare type of seizure disorder in which the paroxysmal spasms were in the gut, not in the muscles of the limbs, because the part of the brain that was affected controlled the movements of the intestines.

This explanation was comforting to Mother, but Marie didn't understand. She knew what was going on between her father and her, horrors she couldn't tell anyone about it. The stress of not being able to tell was just as bad as the abuse itself. If she didn't share it with someone, she would explode. Because of her father's constant threats, Marie was programmed to say not a word.

Mother gave Marie the antibiotic Dr. Frank had prescribed. But the medicine relieved none of her symptoms, and Mother and Daughter returned to his office in despair. When he examined Marie the next time, he found a walking corpse. He called for an ambulance and phoned the hospital to admit her to the pediatric ward. He ordered intravenous fluids to rehydrate her shrunken body and ordered the nurses to feed her a liquid diet if she could take anything by mouth. She couldn't, so he ordered a feeding tube inserted through her nose into her stomach through which the nurses pumped down liquids, proteins, and vitamins.

The severe pain had started after her father had started ejaculating into her mouth. Before that, his probing and stroking fingers were bad enough, but when he escalated his sexual abuse one step further, she just could not bear it in silence. She had to tell someone about it, and Becky hoped her charge would tell Dr. Frank. Because her mother was there, Marie feared for her life if she told, so she dared not tell the doctor the truth.

Becky hoped that, when her charge saw Dr. Frank, he would find out what was disturbing her. Even though Becky knew that Marie's life plan was already in force, she was hoping Faith and the other CIE would change "The Creator's" plan for Marie. But that was not to be. Becky's first duty

was to make sure her charge lived.

Becky was concerned about her charge's illness and communed with Faith.

Becky: "What is happening to my charge? Is she going to cease to exist? Is this the end of her life cycle? What are we going to do? Has 'The Creator' decided that she will not meet Dr. Allison and become one? Have my efforts in keeping her somewhat sane with the abuse been for naught? Please, Faith, let me know, as my charge is dying, and I'm not sure how to stop it."

Faith: "Nothing has changed, Beck. She will continue to exist, and 'The Creator' still has the same plan in place for your charge. Your charge has to experience this, and there is nothing anyone can do to change her life at this time. She has to experience everything that is going to happen to her because of 'The Creator's' plan. She will not cease to exist, so take heart, Beck; it is not her time as yet. She has other duties to finish."

Becky was relieved but still concerned because she knew what Marie had to face until the right doctor was to come along. She was aware Faith knew it was going to be a rough road for her and her charge. Faith, Hope, and Charity had confidence in the extent of Becky's training. They knew Becky could do what was asked of her. Faith knew what Marie's life was going to be like when the plan had come full circle. Faith had done all that was possible to prepare Becky to be the ISH/Essence of Marie. Faith was blissful to watch her student help such a mixed up human as Marie. But they also knew what Marie's life was going to be like when Dr. Allison finished his therapy. Faith knew Becky would be blissful with this lifetime of bringing Marie back from the depths of hell. Hope and Charity were also blissful with their efforts, since they had helped Faith in her tutoring of Becky.

Gradually Marie's weight came back as her intestinal track calmed down and began to digest and process the food they fed her.

Still, Dr. Frank had not been able to isolate any specific cause of the problem. The cultures of

her stool turned up nothing indicating infection. Her electroencephalogram (EEG) had shown only "nonspecific abnormalities with no localization."

Dr. Frank had to consider emotional factors as a last option, but no one brought to his attention anything that might explain what was upsetting his young patient. During the last two days in the hospital, he tried a therapeutic test by removing the stomach tube and giving her a muscle relaxing tranquilizer an hour before each meal. On his next visit to her, the nurses' notes recorded that she had accepted her offered meals without complaint and had consumed 80% of what was on the tray. He couldn't ask for more than that. At last he felt he had come to a reasonable understanding her problem, and he discharged her home.

The only trouble was that the mild tranquilizer pills he gave her kept her in a dreamy state, with a feeling she was not totally there.

When Marie was seven years old, she fell and hurt her elbow. Mother again took her daughter to the doctor. On the x-ray, he found no fracture line. He put her arm in a sling to keep it immobile and told her she probably bruised her bone. He advised her to wait for it to heal, and Mother should bring her back in a week for a recheck.

A week passed, and Marie returned to Dr. Frank's office. She still had the same amount and type of pain whenever she tried to move her elbow. She hurt as much as ever. The doctor could find nothing more to explain her continued pain and was bewildered as to why her elbow did not feel better.

Dr. Frank had just completed a weekend course on hypnosis for general practitioners. Here was a chance to try out his new skills and see if he could relieve the pain of his young patient. The instructors had told him that children were easily hypnotized, as they used their imaginations a great deal and had not yet gotten skeptical about going into trance.

He told Marie he was going to hypnotize her while she was sitting on his examining table. He asked her to focus her eyes on the corner of a piece of paper stuck to his bulletin board. He told

her to look at it closely and relax. Marie did so and was GONE.

After Marie went into trance, he moved her arm around and determined there was no physical reason why the joint should not move freely. He then brought her out of the trance, by counting backwards from three to one.

Becky was watching all this from the inside and was attentive. She knew what was going to happen, but she hoped she was not going to have to manufacture another false-front alter-personality, as her supply of "spare parts" was getting slim.

When Dr. Frank put Marie into a trance, the presently operating false-front alter-personality disappeared. She was gone. Becky had to work fast to create another one who could take the body home. The new one had to know who she was and what she was doing there. Becky fashioned together a new Marie during the time Dr. Frank had her charge in trance.

By putting her into a trance for a humanitarian cause, Dr. Frank had "dissolved the psychic glue" that had held all the alter-personalities together in a "loose confederation." Now they found they could all declare their independence, and they were ready to go wild, each one on his or her own. Dr. Frank had started a major change when he hypnotized Marie to help her move her arm without pain. He thought he was helping Marie by doing something simple and innocuous. He never knew he had started a tidal wave. He had cracked the dam, and the alter-personalities started running amuck.

Becky knew she could not stop him, as this was all part of Marie's life plan, and neither Becky nor another human could change Marie's life.

Aside from the stress induced illnesses Marie suffered from, her physical and emotional reactions to the abuse wreaked havoc with her bodily systems. She could not respond as her organism was designed to respond. She no longer could have symptoms signaling something out of balance. She could not attend to the problem the symptoms pointed to and gain relief from the problem.

She had to hide the problems from anyone who might be able to help her, or she would be responsible for unspeakable harm coming to her parents or to herself. If her father found out she told anyone, he would kill her just like he had beaten to death her beloved dog. No young girl could do that, and certainly not Marie. So the abuse kept coming, and her body kept changing in response.

Every human body is built to react in specific ways to each change, such as infection, injury or pregnancy. That is the basis behind all laboratory tests. The doctor expects to find a certain laboratory test change in the case of each illness. Those tests may change soon after the symptoms begin, and they tell the doctor what disease process is occurring. But what if the body no longer can respond as it was designed to do, and the doctor does not get the laboratory results he expects to find?

When Marie was 19 years old and pregnant with her son, she felt nauseous, so she knew she was pregnant. MediCal required proof by way of a pregnancy test, and the one most frequently used then involved a rabbit being injected in a vein with the woman's urine to see if it ovulated. In Marie's case, the rabbit did not. The doctor told her she was not pregnant, but Marie knew better. She waited for three weeks, while suffering through morning sickness, and then decided to see an obstetrician. He did a pelvic examination on her and congratulated her on being two and a half months pregnant.

The doctor told her some women do not show signs of pregnancy with the rabbit test, so he always did a pelvic examination as well. Marie asked the doctor to do her a favor and do a rabbit test every month to see when she would turn positive. He agreed. When she was seven months pregnant, the rabbit finally ovulated. She was clearly showing the physical signs of pregnancy by that time, so no one could tell her she was not pregnant.

Her husband was beating her more rough-

ly, leaving bruises on her. He was sexually abusive, as well, and anally raped her.

When she was 22 years old, Sad Marie's marriage was falling apart, and she was disintegrated as well. Kelly was about to leave her, and she started having intense abdominal pain. She had already had the therapeutic abortion and Kelly had beaten her in the shower, triggering the loss of her third pregnancy.

She had pain on her right side every time she ate or drank any food. Whether she laid down, sat upright, reclined, or stood up, she couldn't decrease the pain. She was doubled over with pain and couldn't stand up straight. Still, she was afraid to go to doctors, as they usually doubted she was physically ill.

When she finally saw a doctor, her temperature was normal and her white blood count was not elevated. The doctor told her she might have too much gas. But that did not explain away the pain to her. He prescribed antacids to get rid of the pain.

She took the big white tablets every five minutes, but the pain continued as bad as ever. She returned to the doctor with her complaints of excruciating pain. He told her that, with no fever and a normal WBC count, she did not have appendicitis. The pain was too low for kidney trouble and too high for appendicitis. But he would send her to a surgeon anyhow, even though he thought the referral a waste of time.

Sad Marie saw the surgeon in the hospital emergency room. She described her pain as an intense burning, stabbing one that became worse when she ate and prevented her from standing up straight. She was doubled over when he asked her to walk around the examining room.

The surgeon asked her to lie down on the gurney, so he could examine her. He told her he would not touch her on the sore right side, as he wanted to examine the other side of her abdomen. He slowly and carefully palpated the left side of her abdomen. Slowly his fingers pushed deeply into her tissues. Then suddenly he released the pressure his

fingers had made on her abdomen, and Sad Marie shrieked in pain. He had his proof, with his demonstration of "rebound tenderness."

"You've got one hot appendix, Marie," he said. "It's time to take it out. Have you eaten anything today?"

"No, I haven't," she answered.

"Then we will find out if an operating room is available and get it out as soon as we can," he said.

An hour later the nurse wheeled her into the operating room where the surgeon was waiting for her. He found her appendix to be infected and swollen, thin enough to burst. Her right ovary was infected with a tumor attached, so he removed both organs. Sad Marie was left with only one ovary.

During her second marriage, Devin Fields, the integrated Marie's new husband, was also abusive to her. She had integrated all her alter-personalities, so she was better able to fight back. Her pain came on about ten minutes again after she ate anything, especially fatty foods. The pain started in the middle of her chest, then moved to her right side next to her arm, and then to her back, still on the right side.

She went to her doctor, and again all the routine laboratory tests were normal. She had no fever and both her red and white cell counts were within normal limits. She was physically drained but not emotionally depressed, at least no more than one would expect to be with a husband who always had to control her.

After his examination, her doctor referred her to a radiologist for a set of x-rays of her gallbladder. The films showed no opaque stones. Marie had what seemed to him a classic case of gallbladder disease, and surgery was her only option. She agreed, and he scheduled her for surgery the next day.

When her surgeon came to her hospital room after surgery, he had a glass vial containing her four gallstones. He told her she had a classic case of "hidden stones." He had successfully removed her gallbladder. Unfortunately, since then

she has had chronic difficulty with diarrhea and constipation.

While married to Fields, she started having cramps in her left leg. She was constantly in the bathtub trying to ease the cramps. Her doctor put her in the hospital for traction for a week, hoping the weights would help her feel better. When he added more weights, she hurt even more. She tried to explain to the doctor that the pain was more severe, but he explained that the weights would make her feel worse for two or three days, but then the pain would ease off.

Marie tried not to let her doctor know how badly she felt, as she wanted to be the perfect patient. After a week of no improvement with traction, the doctor decided that a myelogram was needed.<sup>1</sup> This test showed no obstruction in her spinal canal.

The doctor sent Marie home, but she still had the leg cramps, but now it was in both legs. She found it increasingly difficult to walk, lift or move. Finally she went back to the doctor, who readmitted her to the hospital and repeated the myelogram. This time it showed a bulging disk at the L5-S1 level, so he scheduled surgery.

He removed a herniated L5-S1 spinal disk, and, postoperatively, she felt much better. She experienced only the incisional pain from the operation. She was soon discharged home from the hospital.

Two months after this surgery, she was admitted to the seclusion room of Yolo General Hospital by Dr. Dailey. Just before discharge, she fell off the bed and landed on her back on the floor. She knew she had jarred something in her back. She returned

nostic tool.

2. Sedatives and stimulants: Before integration, sedatives used for "stomach epilepsy" calmed down the pain, but put her on "cloud nine." Caffeine makes her extremely exhausted.

3. Antibiotics: Before integration, penicillin was beneficial for infections, and it did not cause drowsiness. After integration, it put her to sleep.

4. Analgesics: These medications alleviated pain normally before integration. After integration, aspirin made her active, but in a sluggish way. Codeine, instead of making her sedated, now makes her hyper-alert and hyperactive.

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Between her first marriage and her psychological integration, Sad Marie spent half her days in one psychiatric hospital or another. She first entered the psychiatric ward of a community hospital in Benica. Her first husband, Kelly, beat her severely, and Lynn finally had enough of it and tried to stab him with a knife. He called the police, who found a raving madwoman on their hands, so they sent her to that hospital on a 72-hour hold.

The place looked more like a jail than a hospital, with bars on the windows, locks on all the doors, lifeless colors on the walls, and drugged patients sitting around doing little all day. The lights were on all the time, so, if patients were not drugged, they could not sleep.

During admission, the nurses examined her inside and out to find out if she was carrying a weapon or other contraband items. She always had to wear a hospital gown and robe with blue slippers. She and the other patients were so drugged they were not allowed to go to the toilet alone. Attendants had to be with them whenever they took showers or baths as well.

While in that setting, the "hostile psychic sisters" learned some lessons. They knew they could not act out there and still be free to do what they wanted, which was to have fun with Sad Marie's body. They kept inside so she would look well enough to be discharged. Then they could

resume torturing Sad Marie and making her life difficult.

Sad Marie spent only two days in that ward. Kelly was so worried she might tell someone what he had been doing to her, he gave her an ultimatum -- either she got out of there, or he would take their son and leave her. Sad Marie was more afraid of Kelly than of being in the hospital. She had to do what Kelly wanted her to do. She persuaded the doctor she had recovered from getting angry at her husband and was perfectly able to go home now.

When Sad Marie had divorced Kelly and was living in Sacramento, Becky decided that Sad Marie needed to start seeing a psychiatrist, because the time was coming closer for Dr. Allison to come to meet her. The only one who would see her was Dr. Harvey Masterson. Becky knew this doctor was not going to listen to her or anyone else inside Sad Marie. Becky had to keep her charge in a somewhat sane condition, as the "hostile psychic sisters" were having a field day. Becky needed a doctor who would let Sad Marie ask questions and try to find some answers with her. Becky knew it was impossible for any of these doctors ever to accept that her charge had MPD.

Dr. Masterson was an older man who wore thick glasses and had a soft, calming voice. She hoped he could find out what was happening to make her life such hell. Sad Marie had high hopes that Dr. Masterson could help her. He was the first of many doctors who looked only at the problems superficially and did not try to get to the roots of them. Becky needed Dr. Masterson available to put Sad Marie into a psychiatric ward if one of the "hostile psychic sisters" tried to kill her.

Becky and Faith decided that, because he was such an elderly gentleman and hard of hearing, it did not matter what Dr. Masterson did or did not hear. He usually sat back in his chair behind his big desk and let his patient talk about anything on her mind. This was difficult for Sad Marie to do. She was programmed to be depressed and nothing else. Dr. Masterson would ask questions and try to

help her find answers. But he never looked deeper for solutions.

Becky was blissful that there was now a doctor who could protect Sad Marie from self-destruction, as Becky's energy was being depleted with the constant acting out by the various alter-personalities. When Lisa Kay tried to kill Sad Marie with an overdose, Becky called Dr. Masterson and told him, "Marie just tried to kill herself. What should we do?"

Dr. Masterson, thinking he was talking to Sad Marie, told her to go to the Emergency Room at American River Hospital (ARH) in Carmichael where he admitted her to the psychiatric ward. He did not think much about the wording of that phone call from Becky. He just thought that his patient had had a change of heart and wanted to live after all. This was the first of several times he admitted Sad Marie to ARH.

The staff at ARH treated patients as persons to be respected and cared for. Sad Marie kept coming back so often that they finally began treating her as a nonperson. Most of the time she was drugged so heavily she could barely function, which was the goal of the staff.

Since the staff wanted all patients to participate in group and occupational therapy, they made sure all were out of bed by a certain time. Patients were not allowed to return to their rooms to hide out in bed the rest of the day. The staff rewarded participation in the community meetings and activities. They had meetings every week to deal with problems on the ward and how to fix them, but Sad Marie felt they were a waste of time. She watched the staff members doing all the talking, while the patients just sat back and dozed.

The attending psychiatrists were expected to see their patients every day to evaluate how they were doing and whether they deserved more privileges. Eventually they had to decide when discharge was feasible. Sad Marie's psychiatrist usually spent five minutes with her, reviewed the nurses' notes in the chart, told her to get more involved in the community, and asked if she had

any problems. But he would not stay around to answer her questions. He then dismissed her and called in his next patient.

Being on MediCal, she was only allowed one month's hospital stay at a time. At the same time, her doctor could not wean her off dependency on the ward by giving her passes outside the hospital. If he did, MediCal considered her not sick enough to need to be in the hospital at all.

The day room doubled as a cafeteria, as well as a multipurpose room where the patients could read, play cards and socialize with other patients. To her, the other patients appeared sicker than she was. After all, she knew what she was doing, at least some of the time.

Drinks were always available in that room, including coffee, tea, hot chocolate, sodas and juices. The soda cans had pull-tab rings, and no staff members ever checked to see if they were discarded. Lisa Kay and Lynn kept several pull-tab rings in their room so that they could use them on her, just as a bed inspection was starting. She would then be whisked away to be locked in the seclusion room, where she only had a toilet, bed, and mattress. Sleep was nearly impossible since the lights were on all the time so the staff could observe her. Someone was always stationed outside the seclusion room door whenever a patient was in there. Many times she was locked in there, not knowing why.

After a while, the staff hated to see Sad Marie coming through the front door, because they knew she would be a problem for them again. She tried to follow their rules, but one of her "hostile psychic sisters" would then show her face, and then all the nurses' bad feelings would rise up in them again. They were human, too.

During her admission physical examination, she told one general practitioner that other people told her she suffered from blackouts, and he asked her if she had any knowledge of blackouts. How could she have knowledge of blackouts if she had them? She did know she was having periods of time she could not remember, but he didn't ask

about those. He didn't ask her if she ever found herself somewhere where she didn't remember going to. He didn't ask her if she ever found someone calling her by a different name. At the same time, she couldn't trust telling anyone these things were happening, for then someone might think she was crazy and lock her up forever. She knew she was going crazy.

When the staff took patients out for walks, Lisa Kay or Lynn would grab pieces of glass or other sharp objects they could use on Sad Marie. Once she was dead, they thought they could live their own lives. The staff never checked for such weapons when they came in from those walks. If they thought she was so drugged all she could think about was walking, they were wrong.

In spite of these minor faults, the psychiatric ward at ARH was one of the best she was ever in. The shame is that they never knew what was really wrong with her.

After she saw Dr. Masterson for a year, he retired and referred her to another psychiatrist, Dr. Arthur Hazelton. He was a bald, 45-year-old man who worked alone, separating himself from his patients by sitting behind a big oak desk. He let his patients talk but seldom gave any feedback. When Sad Marie asked, "Why am I depressed?" his answer would be another question.

"Tell me why you think you are depressed," he would say. This was at a time when the "hostile psychic sisters" were running amok. The first month she was seeing Dr. Hazelton, one of them tried to take an overdose, but Wendy stopped her. Wendy went to the ARH Emergency Room, where Dr. Hazelton authorized her admission.

Whenever Dr. Hazelton hospitalized Sad Marie on that psychiatric ward, she would become very agitated. At night, she would constantly walk the halls, which lay in a square pattern around the ward. As Sad Marie walked those halls, she would stride faster and faster. All the while, Lisa Kay and Lynn would be yelling at Sad Marie to get out of there. She then walked even faster around the

square hallways until she ended up at the front door, where a staff person was always stationed.

With the "hostile psychic sisters" screaming at her, Sad Marie would run out the door, with the staff person frantically pushing the alarm button and trying to catch her as she hurled by. After the first few hospitalizations there, the ward was always on lock-down status when Sad Marie was there. This infuriated the staff the most.

After the allowed month in the ward, Sad Marie's psychiatrist sent her home with a month's supply of pills and an appointment to see him in two weeks. He repeated this pattern over the next two and a half years, but he could never figure out why his patient was not getting better.

What neither Dr. Masterson nor Dr. Hazelton understood was that, if they did not probe for answers, they could not open Sad Marie up and see what was happening inside her. Becky knew from her talks with Faith that neither Dr. Masterson nor Dr. Hazelton would ever accept the idea she had MPD. They knew most doctors didn't believe in the diagnosis. Even if they had, they didn't know how to treat it. Anything they might do could hurt Becky's charge rather than help her. Becky knew her prime directive was to keep her charge alive and somewhat sane until the doctor who had been picked for her could arrive on the scene. That doctor was Dr. Allison.

When Dr. Hazelton became totally frustrated with his inability to help his patient improve, and the nurses subtly gave him an ultimatum to keep her out of their ward, he wrote a transfer order to Crestwood Manor in Sacramento. He encouraged her mother to become her probate conservator, so she could take the necessary action to keep her daughter from killing herself.

Crestwood Manor was one of a large chain of long-term psychiatric hospitals owned by a large corporation. The buildings were originally convalescent hospitals, previously known as nursing homes. To house psychiatric patients, they added extra security to prevent runaways. The primary purpose was to provide long term custodial care for

the chronically mentally ill patients whom no one expected to get well soon. Thus they were called L-facilities, for Long term care. Each one was run by a head nurse, but the majority of staff members were aides who had only minimal training.

When Sad Marie was admitted to the one in Sacramento, she found herself in a room with two other patients. The place was so short staffed it seemed to her that the patients ran the hospital. At night, the patients played their radios loud, as if they were trying to outdo each other in achieving the highest noise level. In Sad Marie's room, the lights were on all the time, while the radios and TV's blared. The woman patient in the last bed in her room kept inviting men into her bed for sex. Staff members kept catching her in the act, but never said anything about it to their supervisor. Other patients came into the room dancing, smoking and sneaking in liquor, all under the noses of the staff members.

Lisa Kay wanted desperately to join in the fun, but Becky kept her under control most of the time. Becky didn't want Lisa Kay to get to like the place, or it might be difficult to extricate her from there when the right time came. Becky wanted her to be eager to leave when Dr. Allison had come to town and was ready to start his brand of therapy.

She could only sleep during the day, because of the all-night parties that the patients organized. Because Sad Marie stayed in her bed during the day with the curtains drawn, the aides told her that she was never going to leave there. If she didn't participate in the "program," she would never be considered well enough to go anywhere else. Sad Marie's curtain always stayed closed around her, telling everyone to leave her alone. For the most part, it worked.

To keep some semblance of order amidst this chaos, Becky decided that, whenever one of the hostile alter-personalities tried to come out, she would have Sad Marie faint. Lisa Kay kept trying to come out to play, but the fainting kept stopping her from doing anything that would interfere in the destiny of what was to happen.

Sad Marie found herself on the floor so many times staff members thought she was faking to get attention. But no one tried to find out why she fainted so often. When she fainted during rounds by Dr. Hazelton, he told her she was going to be in there a long time if she didn't learn how to behave herself. He told her she would end up in a state hospital if she didn't start taking responsibility for her own behavior. When Dr. Hazelton saw her slump to the floor in a faint a second time, he told the staff to let her lie there. He thought she was just putting on a show.

The staff insisted that all the patients take the medication that had been ordered for them. If they would not take it voluntarily by mouth, they forced them to take it. The patients had no right to refuse. Often the patients would palm their pills and save them up. Every couple of weeks, they would get together at night and have a big Pill Party. Anyone could get whatever they wanted.

Marie has only bitter memories of that 30-day stay at Crestwood Manor. The food was horrible and had no taste. The walls and floors had the smell of urine emanating from them. This was the lowest point in her life, because she had no freedom and no hope.

When Mother became Sad Marie's conservator, she signed her out of Crestwood Manor and moved her to Yolo County. This was one of the few times Mother and Daughter agreed on what was best for Daughter.

After Sad Marie started in therapy in the Yolo County MHS with me, she came within the confines of that system. The only hospitals immediately available to her were the Woodland Memorial Hospital (WMH) and Yolo General Hospital (YGH), which was across the street from the main MHS clinic building in Woodland. The psychiatric ward at WMH was designed for the private patients of the psychiatrists of the Woodland Clinic, a multidisciplinary medical clinic that drew patients from a wide area. The psychiatric department consisted of two doctors when I came there, Drs. Luther Lucien and Barry Romero. They were also

the active psychiatric staff of YGH, as their contract with the MHS gave them responsibility of caring for all hospitalized patients. Patients who came from the county jail were placed in YGH in its locked seclusion rooms. MHS patients who could be accommodated on an open ward were admitted to the homelike ward at WMH, where they mixed with the patients who were covered by private insurance. If someone at WMH misbehaved beyond the tolerance of the nursing staff, that patient would be transferred to a YGH seclusion room under the care of the same psychiatrist.

All psychiatrists working in the MHS clinic had admitting and treatment privileges at both YGH and WMH, but they seldom exercised the admitting privileges, since that meant working after hours. There was no provision for overtime payment in their contracts. However, they were free to see any of their patients during hospitalizations, and I did my best to visit any who were hospitalized at WMH so that I could collaborate with the psychiatrist on the ward and help him arrive at a rational discharge decision. When a patient was admitted to YGH, it was usually for a very short time, and often the patient was discharged before I had even heard about his or her admission the night before.

The first week I was employed at the MHS, I sat in on the meetings the MHS staff members had with Drs. Lucien and Romero to discuss the hospitalized patients. The primary MHS contact person was a psychiatric nurse, Charlene Morino. Morino immediately impressed me with both her personal and inner beauty, as she was a lovely person to be around. She was the kind of woman every male staff member wanted to sit next to at lunchtime. She was intelligent, friendly, and outgoing, and devoted to the welfare of the patients.

Of these two psychiatrists, I felt comfortable only with Dr. Romero. He was a short, pleasant man, dressed in a casual suit and tie, who showed compassion for his patients. He was soft spoken, never lost his temper, and was flexible in

working alongside the staff of the MHS.

Dr. Lucien was a total contrast. He was a tall hawkish looking balding man whose tone of voice indicated that he expected respect for his exalted position, while he showed no respect for others. He wore a white waist-long lab coat while on duty, with his name embroidered over the left breast pocket. I knew the customs of dress for doctors and that psychiatrists routinely shed these lab coats when they finished their internships. All psychiatrists I knew preferred to wear street clothes when they saw patients, as they felt that would put them at ease. The lab coat represented BIG SCIENCE, AUTHORITY, THE DOCTOR, and created a distance between and psychiatrist. Only a psychiatrist unsure of his professional identity would wear such a lab coat.

During these meetings, Dr. Lucien consistently put down everyone connected to the MHS, and most of his criticism fell on Morino, the liaison between the hospital and clinic staffs. She was kind and diplomatic and kept up with every case. Yet, Dr. Lucien went out of his way to find error in her management of each case, or, if he couldn't blame her, he blamed the clinic therapist for failing to get the patient well and allowing him or her to go into the hospital in the first place.

As I watched this drama unfold, I saw Morino trying hard to cover all her bases, to be alert to all problems that needed solutions, and to document everything that went on with these patients. No matter what she did, it was never good enough for Dr. Lucien, and she would frequently be near tears when the meeting ended. I wondered what was going on here. I had never seen a psychiatrist be so hard on a nurse, and she was doing a superb job, as far as I could tell.

Dr. Romero always treated the MHS staff members with courtesy, and swallowed his complaints when Dr. Lucien went on one of his critical binges. I wondered how he could stand having Dr. Lucien as a partner, but I never saw Dr. Romero undercut Dr. Lucien's authority or criticize him in front of the others. On the surface, at least, they

appeared to be at opposite poles from each other.

I hospitalized Sad Marie for the first time six weeks after we started therapy together. Lisa Kay attempted suicide by running in front of cars driving by ARC, and I sent her in by ambulance from the Broderick clinic on a 72-hour hold. Dr. Lucien was on admitting duty and knew nothing about Sad Marie or the others that first time. But he got well acquainted with her over the next three years.

Yolo General Hospital had been built in the 1920's when there were no psychiatric wards outside of the state hospitals. The only rooms available had been built as substitutes for the county jail seclusion cells, since they were designed to hold inmates who had been transferred for evaluation after running amuck in the jail. The walls were thick concrete, and painted a dirty white. When Sad Marie was shoved into the seclusion room by the ambulance attendant that first time, all she could see was a steel framed cot bolted to the floor and a glaring floodlight recessed in the ceiling. That was it. There was no toilet, no sink, no chair or stool -- nothing else. When the ambulance attendant left, he locked the big heavy steel door behind him, leaving her in there with no way of calling for help, except by yelling through the tiny grill window in the door.

During the next three years, Marie was in and out of one of those seclusion rooms at least a dozen times. Sometimes the nurse would leave a big yellow plastic barrel in her room for her to defecate into. Sometimes, the nurse would be kind enough to let her out so she could walk down the hallway to the women's bathroom.

When Dr. Lucien met Marie on his morning rounds that first time, he saw a quiet, reserved woman sitting on the cot, whose behavior gave no indication of mental illness. He was used to seeing patients who were there on 72-hour holds complaining they were unfairly incarcerated, and the voices they were hearing told them to kill themselves as soon as they left. He knew how to deal with those patients.

But this woman just sat there and looked at him. When he started to question her reason for being there, Lisa Kay figured she might as well come out and give him the full story. "What do you want to know, you asshole?" she asked him. "Fuck it. I got mad and took a walk in the street in front of that place she calls a college, and the bitch Wendy cut me down. She had the gall to drive over to that damned Broderick clinic, and that damned asshole Dr. Allison got chicken and called the cops on me. God, he couldn't take it, and so he had to call in the army. Who does he think he is, God Almighty?"

Lisa Kay paced the room, spitting her venom at Dr. Lucien. She was angry at being thrown into this "shitplace," and she was furious because of how Dr. Allison had treated her. She knew Dr. Allison was scared of her, but she was going to get her revenge on him yet. Lisa Kay did not know what Dr. Lucien might do, but Becky did. She kept telling Lisa Kay to shut her mouth, and Wendy and the others refused to come out to stop the insults Lisa Kay was heaping on Dr. Lucien.

Dr. Lucien was shocked, but only a moment. How can someone change so suddenly from being so quiet and sullen to being in a complete rage? But he only thought about that for a moment. How dare a patient of his talk like that? She had better learn to respect his position, if nothing else. And pretty damn quick, too. He wasn't going to take shit from her or any other no good MediCal patient.

"I don't know what Dr. Allison was thinking," he barked, "but I know what I'm going to do." Turning to the nurse behind him, he ordered, "Get those leather restraints in here and put them on her pronto, all five points."

The nurse knew how Dr. Lucien was, but she could not understand why he was so angry at this patient. The nurse could see the patient was upset, but that was not cause to tie her down. But the nurse knew better than to ever question Dr. Lucien on anything. Then he would come down on her, and no nurse ever wanted that to happen.

She rushed to get the leather straps and proceeded to hook them around Marie's wrists and ankles, strapping each one to a corner of the bed. Lisa Kay screamed and started to fight with the nurse and Dr. Lucien while they were putting the straps on her. Dr. Lucien yelled for help, and a male orderly came to hold her down while Dr. Lucien injected her with a potent tranquilizer to keep her quiet. Finally, the nurse strung the fifth strap across her waist, and tied it to both side beams of the bed.

That accomplished, Dr. Lucien made it clear to Sad Marie, who had returned as soon as Lisa Kay figured out this doctor could not take her verbal swipes, that he would brook no insolence from any patient of his. She could tell her precious Dr. Allison that he, Dr. Lucien, was in charge as long as she was in this building. Sad Marie got the clear impression that Dr. Lucien had no respect for her psychiatrist and would do whatever he could to sabotage his therapy with her. She wondered why.

Becky was watching the whole scene and could see that Dr. Lucien had made up his mind that Sad Marie needed to get his power message. He wanted her to know that she was not fooling anyone and that Dr. Allison was a fool to believe she had MPD. He thought she was just insane and needed to be committed forever to a state hospital, where she could be locked away with no chance of escape. She saw he wanted and needed all patients to respect him so that they would do anything for him. Patients had to know he had the power of life or death over them. He had to let them know it was his choice whether they lived or died, and they had better not forget that.

Becky tried many times to talk to his Essence, but she soon learned that his was one of those few who can change from a good and decent Essence into one that is turned. Becky decided that Dr. Lucien was a dangerous man, but she also knew her charge would eventually be safe, if she could stay out of his way when she needed to be hospitalized. At those times when Becky needed to be sure Dr. Lucien would not interfere in her

charge's therapy, she appealed to her CIE to get Dr. Lucien sick or called out of town. The CIE did what they could to answer her pleas.

In her subsequent admissions to that seclusion room, Sad Marie had to listen to Dr. Lucien tell her Dr. Allison didn't know what he was doing. He seemed determined to ruin Dr. Allison's reputation any way he could. Each time she came in, he ordered five point restraints on her, to teach her that she had better follow his orders. Maybe then she would learn some discipline. Dr. Lucien had to have order in his life and in his patient's lives. Because Sad Marie was not his patient, he was going to destroy Dr. Allison and show everyone what an imbecile doctor he was. Once he did that, he could then bring order into Sad Marie's life by making her obey him.

Sad Marie never told me what Dr. Lucien was saying about me and what he was doing to her. The false-front alter-personality was made only to bring the body in for therapy, and Becky knew when it was time for Sad Marie to enter the hospital again. She knew how long her charge was going to stay, so the CIE assisted her with the times in the seclusion room. Becky had plenty to do dealing with the helper alter-personalities who were afraid of being in that room because of her charge's many experiences of being locked in a closet by her father. I had not yet learned of that problem in therapy, and Becky had to keep therapy going one step at a time. She could not overload me with too many traumas at one time.

Dr. Lucien believed I had coached my patient how to act up when she was there, so I was making her worse, not better. It was therefore his mission to rescue her from this idiotic doctor.

I visited her there that first morning before my clinic appointments. Sad Marie was out, and I asked the nurse to release her from the restraints. I explained to her that, since I was leaving town the next week, this was the only day I had to get this mess straightened out so I could safely let her go home. I then left to see my clinic patients across the street.

When I returned several hours later, Wendy was in charge and told me that Sad Marie could not stand being closed in a room like that because her father had locked her in a closet for punishment so often. She had also been talking to Mary Lou, the child alter-personality, who now felt that she could start growing up, as I felt that was important. Mary Lou wanted to come out and tell me how Wendy had been started and about other important episodes before Lisa Kay had started at age eight. I sat back to listen to Mary Lou's stories.

"When Marie was seven and a half," Mary Lou began, "she was lying in bed, late at night, while her parents were still arguing and fighting. She got up and went into her brother's room. There she saw a pair of white shoes walking on the bed on top of him up to his head. She watched the feet walk out the window, and a voice said to her, 'Everything is going to be all right, don't worry.' She recognized it as the voice of her doll, even though her doll had been gone for many years. She woke up her brother right away and told him about this, but he told her it couldn't have happened. She told her minister about it many years later, and he said it couldn't have happened. That was the last time she told anyone about what she had seen that night."<sup>2</sup>

"That's very interesting," I said, "tell me more."

Mary Lou continued her story. "Later that same year, she again heard her parents fighting late at night. She went into her brother's bedroom to get some toys and blacked out on the floor. It was during that time she just couldn't stand to hear any more of her parents' arguing all the time, and she must have made another Marie who could handle it better."

I then asked her to tell me what she knew

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<sup>2</sup> What Mary Lou was describing was the time that Faith, Becky's Guardian, talked to her, to let her know that "The Creator" sent her, an angel, as a sign that He cared about her.

about how Lisa Kay was created, since she was the one who had precipitated this crisis. She described how her dog, Bonnie, had chewed up her father's flower beds in the back yard and how he had rushed out yelling they had to get rid of Bonnie.

While I was trying to discuss what her father might have been going through emotionally at that moment, Lisa Kay broke through and took over. In a mild manner, much calmer than she had been the day before, she described how her father had been mad at Mother and took it out on Marie. She then agreed to leave and let Mary Lou come back to talk to her doctor.

When Mary Lou returned, I now had a basic understanding of the dynamics of the scene in which her dog had been killed. I needed to give that understanding to Mary Lou so that she knew inside what had happened and didn't have to take the word of her doctor. I decided to use my "mind reading" technique for that purpose.

I asked Mary Lou to see the scene of her father coming out the back door angry and freeze the scene in her mind. I asked her to read her father's thoughts and feel his emotions. She was able to understand that he was mad at Mother and needed to get back at her. I let the subject drop with that new understanding.

Then I discussed my hope that Mary Lou would start growing up. This was at the phase of therapy when I still had the mistaken belief that Mary Lou was the Original Personality and, if I could start her growing up, she could take charge of the body full-time. So I kept the pressure on her to "grow up, grow up."

Mary Lou wanted to please her doctor and make him happy, but she didn't know how to grow up. She asked me, "How do I do it?"

I answered, "Go up inside your mind and ask how you do it."

She went to look for whomever had talked to her through Wendy the day before, and, when her eyes opened, someone else was in charge of the body, someone that I had not met before.

She was a peaceful personality, quite calm

and reassuring. I mistakenly assumed this was Marie's Inner Self Helper (ISH), the helper I knew I had to find to get me successfully through therapy. She told me she had been the one who had talked to Mary Lou through Wendy yesterday, telling her to let out Lisa Kay. When I asked her for her name, she said she had none. "She is to take one step at a time," she said to me. She told me that she had been there since birth.

She then asked me for a pen and paper and wrote, "Listen to me and keep your heart in tune with my words. I am here to help you (Wendy, Marie, Mary Lou). Listen and learn, please. [signed] Michelle." She told me that she had no personal name, but she picked that name as one I could use when I needed to call for her.

Michelle was Becky's tool for talking to me. As I had already panicked several times with her charge, Becky had communed with Faith, the Guardian, about how to approach me. They decided to have Michelle be Becky's spokesperson until they had complete trust in me. They wanted to be sure I did not panic when the other crises were scheduled to happen. I had to hang in there so that Becky's charge would be able to fulfill her life plan. Michelle was what I came to call an "ISH Personality."

Then Michelle was replaced by Mary Lou. I showed her the note, and she was upset to think that there was another alter-personality in there. She already had enough of those. I tried to reassure her that her assumption was untrue (although it was true), that this one was what I called the ISH and was an integral part of herself. It was someone she needed to listen to and who would be part of her when she became well.

During the rest of that visit, I visited with each of them several times, to check out what my options might be. Michelle told me that, between them all, they could keep Lisa Kay from acting out. Wendy told me she could get Sad Marie to school at ARC. Lisa Kay gave me her word that she would not come out during the time I was out of town. Even though she was one of the "hostile

psychic sisters," I felt that Lisa Kay did pride herself on keeping her word when she gave it. I had to be sure exactly what she agreed to, as that was as far as I could trust her.

I decided there was enough control in the system inside Sad Marie, and I could recommend to Dr. Lucien that our patient could safely go home now. I thought I had showed Dr. Lucien I was in good rapport with my patient and would be prompt in caring for the problems she presented. I had done my best, but my best was never good enough for Dr. Lucien.

Each time Sad Marie was admitted to the YGH seclusion room, I promptly visited her as soon as I could. I evaluated the reason for the latest crisis and did what I could to create a new balance of forces. I did all I could to prepare Sad Marie to be safely discharged as quickly as possible.

On her fourth admission, I was shocked when the nurse told me Dr. Lucien had left an order on her chart: "Dr. Allison is not to be allowed to see this patient." Never in my career had I been refused the right to see my own patient when she was in the hospital. Every other doctor I had worked with had appreciated my attempts and successes in finding answers for their common problems. Now Dr. Lucien was refusing to let me see her at all. What was going on here?

I knew Dr. Lucien had been sniping about me behind my back ever since Sad Marie's first admission, and something about her had "stuck in his craw." Dr. Lucien had never told me what it was about her that galled him so much, or I might have been able to help him cope with it better. But to pull a power play on me was going too far.

I headed for Dr. McIver's office. When I told my boss what Dr. Lucien had done, Dr. McIver told me to relax and let him take care of it. He immediately went over to the hospital to check the chart, and then he called Dr. Lucien.<sup>3</sup>

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<sup>3</sup> Faith asked her supervisors, Hope and  
(continued...)

"Luther," Dr. McIver started, "I saw an order on Marie Kelly's chart that says that Ralph Allison is not to see Marie while she is in the seclusion room. Can you explain that to me, please?" His tone was soft and diplomatic, but stern as steel.

"Well, Dennis, every time he comes in to see that manipulating hysteric, he just makes her worse. He plays into her delusion that she has these other personalities, and you and I know that is just a lot of damned foolishness. He's got it into his head that she has MPD, and we both know that's bunk. So I don't want him in there messing up what I'm trying to do."

"Well, just what are you trying to do, Luther?" Dr. McIver continued.

"I'm trying to show her that she is not going to get away with this charade anymore. Someone has got to show her that she can't keep up this game she's playing and that someone seems to be me. Everyone else is too chicken to do what needs to be done, which is to set firm limits on her acting out."

"Is that why you always put her in five point restraints and give her such large doses of IM tranquilizers, Luther?" he asked.

"You bet, Dennis," Dr. Lucien bragged. "If I didn't, there's no telling what she might do to the nurses or other staff members. I've got a responsibility to them, too, you know."

"When are you planning to discharge her, Luther?" Dr. McIver asked, seeking a compromise.

"I guess I can let her out after rounds this afternoon," he said, realizing that he had said too much already. He really didn't have any grounds to keep her after today, now that he knew Dr. McIver would be watching his every move.

"Well, I won't interfere this time, Luther,

as long as you let her out today. But remember, your clinic has a contract with us to take care of hospitalized patients. The contract includes a clause that you agree to cooperate at all times with the responsible staff members of the MHS in managing our patients. Do you hear what I'm saying?" He was not about to let Dr. Lucien brow-beat one of his psychiatrists, but he also had to keep these Woodland Clinic psychiatrists handling the hospital duty. The contract was coming up for renegotiation in another couple of months, and he knew the Woodland Clinic needed the money.

Dr. McIver continued. "Hereafter you will let Ralph, or any other member of my staff, have full access to any patient of ours. Do you understand me? I know this particular woman is one hard-to-handle patient, but you have to give Ralph the leeway to do what he thinks best and see how it goes. You have no valid reason to interfere with his therapy. I think you know that, don't you?"

"Okay, I get your point, Dennis," he answered. "I'll let her out today and not stop him talking to her in the future. But I still think he is leading her on, and she is just acting out his fantasies."

"That may be," Dr. McIver responded. "Only time will tell. In the meantime, you keep out of Ralph's way, and I am sure he will keep out of yours."

Dr. McIver then called me and told me that my patient would be discharged this afternoon and I could see her in the outpatient office at her next appointment. He told me he had warned Dr. Lucien to not interfere in the future, but for today, I should just keep out of YGH and let him cool down.

Three weeks later, I had to send Sad Marie to the psychiatric ward of WMH for the first of her five admissions there. Dr. Romero was the psychiatrist on duty, and he listened carefully to her as she gave her long history of both medical and mental problems. He talked with me about what she had been doing and what I had found in my therapy. Wendy gave him most of the history he needed, so he saw her most of the time during the admission

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<sup>3</sup>(...continued)

Charity, if she was permitted to listen in on what Drs. McIver and Lucien were saying. They gave her clearance, and this is her account of that conversation.

procedure.

The ward at WMH was small, with 12 beds, three to a room, and one seclusion room for an agitated patient. That room had the same bed and fixtures as the other patient room, except it only had room for one bed. The nurses liked Dr. Romero, but they did not care for Dr. Lucien. They were afraid of him and did everything they could to avoid calling him for emergencies.

The most notable event during that hospitalization was when Mary Lou locked herself in the laundry room. The nurses' notes describe the situation this way: "Agreed to go on walk with staff. Unable to be found when group was ready to leave on walk. Found in laundry room where she had chosen to seclude. Minimal verbal response. Angrily stated she would not come out when another patient requested to be allowed to get his clothes. Response to staff was, 'I can't come out till Daddy Frances tells me I can.' Resisted persuasion to come out of room. Remains in laundry room, physically preventing anyone from opening door."

A man visiting another patient looked like a twin of her father. Mary Lou thought it was her father, and she was scared of him because she was not in school. She knew her father would be angry with her and beat her again. To hide from him, she locked herself in the laundry room, thinking it was the closet at home where her father had often locked her for punishment.

The nurse called me, but I did not come right over and talk to Mary Lou in the closet. I told the nurses that they should just wait, and eventually one of the other helper alter-personalities would come out and open the door. I did not see it as such an emergency that I had to rush over and deal with it in person. My patient was primarily under the care of the WMH psychiatrist, and that doctor was the one who had primary responsibility to deal with all that happened on the hospital ward. I felt that the nurses worked all the time with those two doctors but did not know me, as I was new in town. The two hospital psychiatrists should be able to decide what to advise the nurses at that time, and

they could call me if they needed my advice. After seeing Dr. Lucien at work, I had no desire to invade into his territory and give orders that might conflict with his.

Also, a patient locking herself in a closet was not what I considered a psychiatric emergency. I didn't remember that her father had punished her by locking her in the closet, and I had little idea what I might do in such a situation. So, I played the odds there was little likelihood of her hurting herself in the closet, and I expected a helper would soon tire of this dilemma and take over to open the door.

The nurse on the phone did not have the panic in her voice that might have alerted me to come out and rescue her from a serious problem. When I had worked on the psychiatric ward in Santa Cruz, I knew all the nurses well, and I could tell what they really wanted and needed from their tone of voice. I did not know these nurses, so I could not determine whether they were reporting to me to keep their records proper, or if they were asking me to get over there and solve "my" problem.

I decided this was not an emergency and stayed at home. Becky had asked Michael to make sure I came to the hospital to deal with Mary Lou, and Michael had assured Becky that his charge would solve this problem. What Becky and Michael failed to take into account was that this one time I decided to use the free will "The Creator" had given me.

When I decided not to come out, the nurses waited for Mary Lou to come out on her own, most likely when she got hungry. She finally responded to her stomach grumbling, but went straight to her room, without eating, until the next morning. Mary Lou never forgave me for not coming to rescue her from the closet.

As a result of my not leaping to the rescue, Mary Lou took longer to trust me than if I had shown up at the laundry room door. It also took Becky, Faith, Hope, and Charity longer to feel right about coming out and meeting me, so we

could all work together toward my patient's integration. I had failed the first test when I went looking for my boss when Mary Lou first came out. That political decision put the Original Marie back into hiding. When Mary Lou hid in the laundry room thinking her father was going to hurt her again, I didn't come to save her. I was being tested. The ISH and CIE had to be sure I was ready for the big league playoffs.

After Lisa Kay tried to slash me at the Satellite House, Sad Marie was admitted to WMH for the third time. At 2:15 a.m. Sunday morning, she was awakened by a dream of her father yelling at her. When she opened her eyes to escape the dream, she saw the image of her dead father in the chair in the corner of her room. She couldn't believe her eyes, but there he was!

"Hello," her "father" said to her. "I want you to go home now. You are not supposed to stay here. You must come home so I can show you how much I love you. I cannot love you if you are in here."

Sad Marie stared at her "father," understood his command, and started to put on her clothes. She must always obey her father; that is what he had taught her. When she had put her coat on, she walked to the door to tell the nurse she had to leave now.

"Where are you going?" the nurse asked.

"My father says I have to go home," she answered.

"Where is your father?" the nurse asked.

"He's in the corner," Sad Marie answered.

Because of the dream, Lisa Kay had decided to get back at her "psychic sister" by showing Sad Marie that Father was still alive and someone to fear. This was not so. Father was dead. But, since Sad Marie had never seen her father in his casket, she had never accepted the reality of his death. She experienced feelings she would have had if her father were alive. Lisa Kay took advantage of Sad Marie's failure to accept her father's death and created an image of her father for Sad Marie to see. Becky allowed it to happen, as this issue now

had to be worked through in therapy with me.

The nurse looked at the corner where Sad Marie was pointing and could see only an empty chair. She observed Sad Marie barely able to keep her eyes open, leaning against the wall. Since psychiatric patients frequently hallucinated, she was used to dealing with people who saw things that were not there. She calmly told Sad Marie that she saw no one there and asked Sad Marie to take her clothes off and get back into bed. She went to get Sad Marie some medicine to help her sleep. She told her that it would be better if she waited and talked to Dr. Lucien when he made rounds in the morning.

Sad Marie was too confused to know what to do. But the nurse was kind and understanding and seemed to know what was best for her. She decided she could go home right after breakfast and doctor's rounds, so she stripped off her clothes and got back into her nightgown. When she got back under the covers, she put on her tape player headphones so she could listen to the relaxation tapes she had brought with her to help calm her down. In fifteen minutes, she was sleeping again. The nurse heaved a sigh of relief, grateful that she had not had to call Dr. Lucien out at this ungodly time of night. No telling what he would have yelled at her on the phone at that hour. The nurse who had briefed her at shift change made it clear that he could not stand this particular patient, and she should try anything she could to keep from having to call him for her.

After breakfast, Sad Marie asked the day nurse to come into her room. "I want you to see something," she told the nurse. "The other nurse said it's not there." She pointed to the chair in the corner and asked, "Do you see my father sitting there?"

"No, I don't," answered the nurse, remembering what the night nurse had told her in report that morning.

"Nobody believes me," Sad Marie said. "I have to leave. My father is telling me to leave."

The nurse sat down with her and tried to

change the subject, hoping to get her mind on the "real" world she knew Sad Marie must be concerned about facing upon discharge. She asked her how she was doing in school. She asked what she felt about going back to the quarterway house, where she had come from.

Sad Marie was grateful someone cared what was going to happen to her. She told the nurse her fears of flunking out of college and losing her grant. She told of her bitterness with her two roommates who were ganging up on her and making her their patsy all the time. The nurse was relieved that Sad Marie was willing to talk about the actual issues that needed solving instead of listening to her hallucinated dead father.

When Dr. Lucien came to make Sunday morning rounds, he read the nurse's notes about Sad Marie's early morning apparition. He asked her what had gone on, and she explained. "Well, you had better behave yourself on this ward, or I will have to ship you over to Yolo General Hospital. Do you hear me?" he warned her. But he was glad the nurses had defused the situation without calling him. He could never go back to sleep when he was awakened for a 2:00 a.m. emergency.

"But I have to leave if my daddy tells me to," she pleaded. "I have to do whatever he wants."

Dr. Lucien had no patience for this nonsense. "Just listen here, young lady. You didn't see your father in there, so quit trying to pull that kind of stuff on me. You will leave here when I am good and ready to let you out. Do you understand me? Are you going to control yourself, or do I have to ship you over to that seclusion room again?"

"I understand, doctor," Sad Marie responded, realizing that she was no match for the powerful Dr. Lucien. "I will behave myself. You can be sure of that."

"I'm glad we understand each other, Marie," he answered. "Now go on back into the day room. I've spent enough time on your problems."

The following morning at 4:00 a.m., she again woke up in her hospital room and saw her father sitting in the chair, telling her to come home.

This time she went out into the day room where the nurse was sitting and told her about it. The nurse again comforted her, told her to sit there and rest a while, and maybe he would go away. Sad Marie spent the rest of the night dozing on the couch or watching the early morning TV shows, waiting for breakfast. When daylight came, she called ARC to see if she was still eligible to go to classes there. She called me at the clinic to tell me what had happened. I assured her she would be discharged that day.

During the three years Sad Marie was repeatedly in and out of the seclusion rooms at YGH, and during her four admissions to the WMH psychiatric ward, Dr. Lucien kept up his constant barrage of verbal and medical abuse of her. Every time he saw her, he told her how worthless she was, how little she deserved anything they were doing for her, and how he knew she was lying all the time. He let her know repeatedly that she deserved to languish in a state hospital forever. Sad Marie knew she was dependent on Dr. Lucien for her medical and psychiatric needs when he was on duty. She did not want to do anything to harm him, or she might lose her contact with me. She even had to endure the hours in five point restraints when she had to defecate in her own underclothes, because he had left orders for the nurse to ignore her calls for help. He didn't believe her when she told him of her chronic back pain that made her hurt so badly whenever she stayed on her back for long. He forced her to endure the unendurable, and then gave her such large doses of tranquilizers into her buttocks when she was released, she could barely walk to the clinic to see Dr. Allison.

During her final WMH hospitalization, I planned to bring all the alter-personalities who were ready to give up their independent existence into the Original Marie. Dr. Fred Newbury had just joined the staff, and he agreed to be her attending psychiatrist. Dr. Newbury was a friendly, warm young man, bright and compassionate. I felt comfortable with him in charge for the most important hospitalization my patient would ever have.

But Dr. Lucien was on call during the weekend she was in the ward. During his Saturday morning rounds, he talked to her briefly and refused to give her the in-hospital pass she asked for, claiming that he could not do so as long as she had any suicidal thoughts. She couldn't argue with him, of course, but she saw other patients with the same privileges whom she knew were still talking about suicide to their doctors. She didn't think it was fair for him to refuse her the chance to walk around the hospital halls when she had nothing to do on the ward.

On Sunday, she was baking cookies for the other patients when Dr. Lucien came for rounds, and she offered him one. He refused. When he asked her if she had any current problems, she told hi **sne**

he handled Marie. He was very supportive of all we were doing."

The next day, the partially integrated Marie went to Stepping Stones Day Treatment Center, where Martinez encouraged her to slam the punching bag around as long and as hard as she wanted to. He hoped this would "get her in touch with her angry feelings." Unfortunately, it didn't help much as Jill could only see Dr. Lucien's face in the bag, and his image made her anger only that much stronger. It did not diminish but grew to monumental proportions.

When she saw me on the next visit, I tried to age regress Marie back to the time when she last felt insulted by Dr. Lucien on his rounds, but Jill came out to interfere. I decided she was not yet ready to go through any resolution of her hatred of the evil psychiatrist. She still had to have some time to express and feel it physically. She had kept it buried down inside herself for almost three years now, and she needed some time to "let it all hang out."

Finally, Becky felt sorry for all I was going through with the trauma of the session, so she came out to replace the angry alter-personalities. She said to her favorite psychiatrist, "Dr. Allison, now you see what we have had to keep under wraps while you took care of all the older personalities. Jill tried to prove she could overdose Marie the other night, and she took three antidepressant pills after Marie had taken her regular dose. But Charity took over and swallowed the Ipecac. Marie was up vomiting the rest of the night. That showed her we aren't going to let her get by with that kind of behavior."

I thanked Becky for letting me in on this "good news," and I mentally prepared myself for a therapeutic confrontation with Jill at our next session. When it arrived, Marie did everything she could to avoid letting me deal with Jill, but I was even more stubborn than usual in following my plan of therapy.

When I finally persuaded Marie to cooperate, I age regressed her back six weeks to when she

was on the WMH ward last confronting Dr. Lucien. I asked her to use the "mind reading" technique, so that we could both learn why Dr. Lucien had treated her so badly for so long.

"Dr. Lucien is saying that he thinks I don't need to be on this ward," she said. "But he is thinking that he would like to get rid of me, to send me back to Yolo General where he could work me over and prove his power over me. He wants to show everyone that Dr. Allison and Dr. Newbury are nothing but assholes. He can't stand it that their patients like them and don't like him."

With that explanation, Marie realized that she was not at fault by being a "bad patient," just as she had not been a "bad daughter" to her father and stepfather. She realized that Dr. Lucien's battle was with the two doctors she liked the most, and he couldn't stand any patient not bowing to his will. He needed power over his patients, and he was willing to do anything to get that power. He had long since given up obeying the Hippocratic oath.

With that understanding now conscious, Jill was willing to give up her anger towards psychiatrists into a can of molding clay. Jill shoved and pushed her anger from deep inside into the can, and she squeezed it until it broke apart. When she was done, Marie age progressed to the present time, and Jill appeared again.

"Why, hello, Dr. A," Jill smiled sweetly. "I'm so glad to meet you again. I'm truly sorry for trying to hurt you after seeing Dr. Lucien's image in your face. I hope you will accept my apology for such rude behavior. But you now understand what that man has been doing to us every time we had to go into the hospital."

"I accept your apology, Jill," I said. "I'm glad you're feeling better now. I don't plan on having to force you to see that man ever again, so that problem should be over."

"We're glad for that," Jill answered. "I think we have had our fill of psychiatric hospitals. Now it's time to go to Stepping Stones, so I will bid you goodbye for now."

With that final comment, she walked out

the door and went on to the Day Treatment Center.

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During subsequent years, YGH had serious difficulty meeting state and national standards with its outmoded hospital building. At first, Dr. McIver tried to remodel a medical ward into a small psychiatric ward. Finally the county officials decided to stop "spending good money after bad." Like other small counties, Yolo County closed its hospital in 1992 and started contracting for all services to the private hospital, WMH. Now all the psychiatric patients, good or bad, angry or pleasant, have to be managed on the ward at WMH.

At last report, Dr. Lucien was still on the staff at WMH. Dr. Newbury found that there were not enough children and adolescents in that practice to suit his tastes. When, in 1988, a new private hospital opened its doors in another county, he became a psychiatrist there. Dr. Romero left the clinic after that to become medical director for a hospital in another city.

Dr. Newbury has since seen several patients who appeared to be multiples, and, with his exposure to how I approached Marie and her psychic sisters, he was able to work out a treatment plan for each of those patients and help them toward integration. His hospital has avoided the pitfalls of a special ward for dissociators, so he has not been plagued with the problems so many other specialized ward therapists have had to face in this past decade.

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Over the years of going to these psychiatrists, Marie has come to some conclusions as to what makes a "Desirable Psychiatrist" versus an "Undesirable Psychiatrist." What characteristics and behavior of the psychiatrist can help the patient with MPD become healthier? (For clarity, the psychiatrist is called "he" and the patient "she.")

1. Personal interaction: The desirable psychiatrist interacts with his patients. He is not afraid to sit close to them. He does not need a big desk between them. He wants to be close to his patients, not on the other side of a huge void.

The undesirable psychiatrist would never get involved with a patient, meaning that he would only answer questions with other questions. He would sit back and appear utterly bored with whatever the patient talked about.

2. Alertness: The desirable psychiatrist would stay awake while the patient is in the office. If he found he could not, he would either send the patient home or avoid scheduling patients when he cannot stay awake.

The undesirable psychiatrist looks at his watch during the session, rubs his eyes, stares out the window and closes his eyes. Sometimes he falls asleep while the patient is talking. He will not notice the patient tiptoeing out the office, shutting the door behind her. When he wakes up and finds his patient gone, he is not curious enough to call her at home to see if she made it safely.

3. New methods: The desirable psychiatrist is willing to try new and improved methods of treatment. He does not stick only with what was in the textbooks he studied in school. He will try whatever might conceivably help his patient, warning her of potential dangers so that she can be an informed, cooperative part of the system of healing.

The undesirable psychiatrist will not try out anything he did not learn was proper to do in school. He values orthodoxy over results. He may be interested in curing his patients, but only if they will respond to the approved methods. He is not willing to be flagged by his peer reviewers by doing anything different from all the rest of them. He plays it safe.

4. Labeling: The desirable psychiatrist remembers that each patient is a unique individual. Because some procedure worked with another somewhat similar patient is no guarantee that it will work with this new patient. He may make a label in the chart for reporting to the insurance company or the referring doctor, but he does not consider the patient to "be the label." He realizes there may be more differences between two patients in the same diagnostic category than there are

between two people in different diagnostic categories.

The undesirable psychiatrist feels his first duty is to apply a label to the patient. Then his behavior is based on what tradition tells him is the proper way to treat everyone with that label. He does not feel he is doing his job unless he can label what kind of person that patient is. Nothing the patient then does or says can conflict with what he expects someone with that label to do or say. Anything else is malingering. It does not matter if the label is incorrect. Once the psychiatrist assigns a label, the patient is thereafter "nothing but a [label]!"

5. Ethics: The desirable psychiatrist will not cross over the line that separates his patients from his family. The two are separate and equal, and shall remain that way. He will not give his views of how the patient was in the past and will not try to implant in the patient's mind ideas of activities that did not happen. He will not try to seduce the patient, but will maintain a professional relationship. Only in this way can he help the patient become the best person she can be.

The undesirable psychiatrist is more interested in power and prestige than in the welfare of the patient. He may feel justified in seducing the patient because he thinks he is God's gift to women and has a need to prove it (because he doesn't really believe it). He puts his patients above his family members in value and makes one jealous of his attention to the other. He assumes that only he knows what the patient really experienced decades ago, since he read about it in some trade book recently. He feels a need to convince the patient that it happened just the way he thinks it happened. That the patient has no memory of any such event(s) is all the more proof to him that it happened, because she "is in denial." To deny something he, the authority, knows happened is absolute proof that he is right. He can never be wrong, regardless of what the patient remembers, with that kind of reasoning. If she remembers it, he is right; if she doesn't remember it, she is in denial, and he

is right again.

6. Crises: A desirable psychiatrist sees a crisis as a window of opportunity during which he can do therapy that the patient has been resisting doing. Now that the crisis has made her hurt in some way, corrective therapy to prevent further similar crises is a small price to pay to prevent further major crises. He uses her pain and embarrassment as a needed prod to persuade her to look into areas she has been afraid to face before. He keeps her in the hospital until she has faced and effectively dealt with those issues that brought her there. He lets her go home when she has conquered the mountain she has created for herself.

An undesirable psychiatrist takes a crisis personally, and gets angry at the patient for making him look bad. In his opinion, a psychiatrist should be able to prevent all acting out of his patients, and he wants all others to think of him in that way. Patients of undesirable psychiatrists soon learn that they can have crises safely only if they are "manageable crises," something that is intense enough to get the doctor's juices flowing, to make him feel he is doing something useful. The patient must not expect him to explore the cause of the crisis more than superficially, as then he might feel obligated to do something constructive for the patient. That would put him in the position of being seen as manipulated by the patients, a fate worse than death for him.

In addition, the patient of an undesirable psychiatrist must avoid what he calls "acting out," the most negative label possible. Such an additional label would guarantee her becoming labeled a "troublemaker," and no one wants troublemakers in their practice.

The basic plea that Marie makes at this time is that new psychiatrists and other psychotherapists be trained to interact with their clients, realize they are human beings, and deal with them with respect and dignity.