

ALTERING PERCEPTIONS OF CHILD SEXUAL ABUSE SURVIVORS AND  
INDIVIDUALS WITH DISSOCIATIVE IDENTITY DISORDER

by

SARA MARIE NORVAL

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Department of Communication Studies  
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Approved by:

Major Professor  
Dr. Sarah E. Riforgiate

## **Abstract**

At 47 years old, Lori is a high-functioning businesswoman, matriarch, and contributing member of society. Lori is also diagnosed with Dissociative Identity Disorder (DID). From age 3, Lori was violently raped and assaulted by several perpetrators, yet views her multiple personalities as strength, as survival mechanisms, and wants to share her story to help prevent child sexual abuse. Utilizing methods drawn from communication studies, ethnodrama, and autoethnography, this study aims to tell a person's story in her own words and in a format that can easily be shared with both academic and non-academic audiences. Lori's story is woven together as an ethnodramatic play that includes original interview transcripts along with an autoethnographic monologue describing the experience of writing someone's truth when it challenges the hegemonic views of society, and instead embraces the feminist ideals of equality and deconstruction of power. Academic research needs to reach further than academic journals to make a true impact. Through the non-conventional venues of autoethnography and ethnodrama, we can breathe life into our research and provide accessibility to innovative information for those who may need it most.

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## **Dedication**

For Lori.

“I had to stop blaming myself for the things that were done to me when I had no power, when I was little with no one to defend me. I had to pretend I did not know myself, and pictured myself as the little, brown-haired girl who wanted to be safe and loved. Next, I had to convince myself that the little girl (my God, a little girl!) deserved to be loved just like everybody else. What can any child do or be to not deserve that much? I was lucky. Along the way I had teachers who insisted on letting me know just that. My survival means that I must maneuver myself into a position where I can give the kind of nurturing to others my teachers gave to me. Put simply, if I define myself as having taken a crash course in empathy, I can reframe my experiences as having something positive about them.”

Carol Rambo Ronai, Child Sexual Abuse Survivor

## Chapter 1 - Introduction

Lori studies my face from behind her wine glass, peering over the rim, “Girlfriend, you know I can’t draw.” Yet there in front of us are several portraits together, in a swirling cloud of disembodied faces, all with names written on them. She glances at the collage of sketches and drains her wine glass. Lori presents me with a small stack of papers, bits and pieces of evidence that she has no memory of. The next picture, scrawled in the handwriting of a small child, appears to be a person lying on a bed, a group of figures standing at a door to a room, a dog, and a broom. “That’s me, I can tell you that, because there’s blood coming out of that little girl - I mean, that’s me, that’s my blood.” Lori points to another part of the drawing, “My alters<sup>1</sup> and my mom are there in the doorway, but my alters are inside the room trying to help me. My mom is outside the door,” she pauses. “She knew, but - ” she trails off and stares at the picture in silence. Lori embraces her empty wine glass with both hands and pauses. “Why I can even sit here and talk about it - is because (as she points to the little girl on the bed) that’s me, but it didn’t happen to me.”

Lori loves wine and Jesus. She is a mother of 5 children, 3 of them grown and out of the house. Lori watches the Bachelor like most people watch a football game, with yelling,

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<sup>1</sup> Alter, also known as a personality, is defined as an entity with a firm, persistent, and well-rounded sense of self, and a characteristic and consistent pattern of behavior and feelings in response to a given stimuli. An alter must have a range of functions, a range of emotional responses, and a significant life story (of its own existence). Many individuals with multiple personalities have alters which may be characterized in typical presentations, such as child personalities of various ages, cross-gender personalities, helpers, persecutors, etc. (Giller, 1991).

emotions, and angry Facebook status play-by-plays. Lori also runs a thriving business as one of the most talented hairstylists in the Midwestern city she calls home.

Ask her, and Lori will tell you that today, she is Lori, and on disorganized days, Sam, and when she is nervous, Kari, and when she is truly comfortable, Sarah, and on really good days, Jane, and on really bad days, Rosebud. Lori: mother, businesswoman, Christian, survivor of violent incest and sexual abuse, diagnosed with Dissociative Identity Disorder (DID)<sup>2</sup>.

Sexually abused by her janitor at school. Forced to accommodate the perversions of an elementary school teacher of whom she still has flashbacks, physically gagging about his hairy fingers and the explicit pictures of her that hung in the boiler room at school. Sodomized by her best friend's father, a man playing the role of "Pastor" while he played church, with Lori and his own daughter, reframing their ideas about how to get to Heaven. Raped by family members. Molested by her parents' friends. Impregnated by her father at age 11 and taken for an abortion by her mother who knew about the abuse but did not act to protect Lori from it or stop it. The repetitive acts of sexual violence and inflicted pain Lori experienced originated from countless trusted people that should have been protecting her, nurturing her, loving her.

Lori would say she wasn't a victim of these horrific acts. She remembers these violations as if they had happened to someone else. Seventeen others, her alters, took the pain for her. Through the selfless sacrifice of her alters Lori is a survivor. She doesn't want pity, she is voraciously eager to tell her story. Lori says all the pain would be worth something if she can prevent one child from being abused.

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<sup>2</sup> Dissociative Identity Disorder (DID) was previously labeled Multiple Personality Disorder.

Lori's story of abuse may seem exceptional; the reality is that 1 in 10 children will be sexually abused before the age of 18 (Townsend & Rheingold, 2013). In 1995, child sexual abuse was deemed "a silent, violent epidemic" by the American Medical Association (Chasan-Taber & Tabachinck, 1999, p. 1). One in 10 people. One in 4 girls. One in 6 boys (smallvoices.org, 2015). With these numbers, it is very likely that every person is affected in some way, is in contact with at least one if not more survivors, and inevitably, knows an abuser. Child sexual abuse is the number one health issue facing children. So why isn't there more being said?

This epidemic thrives in a culture of silence, feeding off of power dynamics in families, hegemony in society, embarrassment, shame, fear, stigma, threats, and manipulation (Honor, 2010). Research suggests that more than two-fifths of women and more than one-third of men who have been sexually abused in the United States have never disclosed the experience to anyone (stopthesilence.com, 2014). The lack of voice for survivors reduces the platform for these issues and hinders dissemination of information for prevention, perpetuating a culture of silence and shame.

With the platforms available to us as academics, it may be tempting to speak "for" these survivors through quantitative representations of the impact child sexual abuse has in society. Even with the best of intentions, scholarship often does not provide an accurate or representative depiction of child sexual abuse survivors. Instead, research often perpetuates authoritative, hierarchical and distanced observations, which displace the voice of survivors, and frequently casts them as "the other," a spectacle (Fine, 1994). How can these voices be recovered, realigned, and magnified?

In ethnography researchers do their best to help a reader experience a culture (Narayan, 2012) through the “being there”-ness that is possible using the written word (Geertz, 1973, p. 12). Ethnodrama, a form of written theatre using ethnographic methods to collect data, is one way to disseminate data through an artistic medium. A playwright of ethnodrama is not a storyteller; she’s a “story *re*-teller” (Saldana, 2005, p. 17). Authors don’t compose what participants tell them in interviews, but can creatively and strategically edit the transcripts to maintain rather than re-story participant narratives. The ethnodramatic medium offers a platform for DID individuals to explore how multiple personalities (contrary to some clinical research) actually allow productive communication.

Non-DID individuals often draw stereotypical opinions about DID that are influenced by the media (Traub, 2009), often leaving DID individuals with a communicative platform limited to sensationalized entertainment value and resulting in myth propagation. Woven in with every definition of DID is a deep social stigma, even in the medical field (Reinders, Willemsen, Vos, den Boer, & Nijenhuis, 2012). There are those that ask DID individuals to silence their alters, and even suggest that treating physicians “ignore presenting alters to avoid reinforcement of the pathological behavior” (Gleaves, 1996, p. 42). Researchers must seek ways to facilitate survivors’ voice without colonializing or sensationalizing stories to broaden understanding and allow for meaningful change. This study considers spiral of silence theory (Noelle-Neumann, 1984) to examine reasons that survivors’ voices are muted and offers ethnodrama as a methodology and means to share a survivor’s story. This leads to the research questions (RQ1) how do ethnodrama and autoethnography co-create space for changing sexual abuse survivor and DID individuals’ perceptions, and (2) how do ethnodrama and autoethnography further child

sexual abuse prevention awareness dissemination to a larger audience than academic writing and publications alone?

This thesis project creates space for Lori's voice, allowing her to speak in her own words through the co-creation of an ethnodrama based on ethnographic interviews, conversations, and interactions occurring over a year. Utilizing a postmodern (power deconstruction; Derrida, 1963), feminist (placing value on emotion; Ellis and Bochner, 2000) lens, this study reveals "emotion, intuition, personal experience, embodiment, and spirituality" in order to examine diversity and difference, particularly in the areas of sexism and disability (p. 748). Further, the ethnodrama chapter creates an opportunity to better comprehend the "worlds of experience that are unknown to us, show us the concrete daily details of people whose lives have been underrepresented...reduce their marginalization...show us how partial and situated our understanding of the world is" (Ellis & Bochner, p. 748).

From a methodological perspective, ethnotheatre techniques and ethnographic methodology contribute to meaningful dissemination of sensitive research. Lori's own words are shared, using ethnodrama as method, to first, explore non-clinical child sexual abuse survivor and DID individual research, second, to enhance understanding of these experiences, and finally to enable a survivor to best represent her identity. Further, the autoethnographic portion of this project exposes the experiences of the researcher to share and critically analyze her experience in the research process to explicate the challenges and benefits of this method of study (Jago, 2009; Rambo Ronai, 1992). Researchers can never fully be removed from their work, but they can present their experiences honestly and fully through autoethnography. In a practical sense, ethnotheatre and autoethnography will allow Lori to be heard but also allow her to spread child sexual abuse prevention awareness and survivor networking to a wider audience

Chapter Two examines existing research in child sexual abuse and DID through a rhetorical lens. Following the review of the literature, feminist theory is used to frame methodology, including ethnodrama as a significant and appropriate methodology to share a survivor's story, coupled with autoethnography to deepen the exploration of data to analyze the researcher's perspective. The methodology is followed by a full ethnodrama to share and give platform to Lori's experiences of child sexual abuse and DID. An ethnographic fiction is included to examine researcher processing of traumatic data. Finally, the study concludes with a discussion of the implications, limitations, and future directions.

## **Chapter 2 - Review of Literature**

Using a postmodern feminist theoretical lens, the goal of this study is to extend research to a broader audience to raise awareness without objectifying survivors or sensationalizing disabilities by giving platform to survivor/participant voice. First, it is necessary to understand the existing research on child sexual abuse and related communication patterns. Specifically, the following sections define child sexual abuse, share statistics on the prevalence of this epidemic, and explain negative consequences for children experiencing abuse.

Next, the spiral of silence theory (Noelle-Neumann, 1984) is discussed to recognize factors that perpetuate silence and potential avenues to increase awareness. The review continues by exploring existing research in Dissociative Identity Disorder (DID) as one protective mechanism sexual abuse survivors may experience. Following the literature review, ethnodrama, autoethnography, and feminist theory will be reviewed as a methodological alternative to clinical and social scientific examinations of abuse survivors.

### **Conceptualizing Child Sexual Abuse**

*“Child sexual abuse is likely the most prevalent health problem with the most serious array of consequences that children face” (Townsend, 2013, p. 5).*

While there are many definitions for child sexual abuse, there are common elements that are largely agreed upon by practitioners and researchers. Generally, child sexual abuse includes sexual physical contact as well as non-contact acts such as exhibitionism, exposure to pornography, voyeurism and communicating in a sexual manner by phone or Internet (d21.org, 2014). Sexual abuse occurs with both boys and girls and does not have to involve penetration, force, pain, or even touching (Child Advocacy Center, 2013). If an adult engages in any sexual

behavior (looking, showing, or touching) with a child to meet the adult's interest or sexual needs, it is considered sexual abuse (d21.org). Several sexual abuse education and prevention agencies have conceptualized sexual abuse. Darkness to Light (2014), Stop It Now! (2014), Prevent Child Abuse America (2014), and the American Professional Society on the Abuse of Children (2002) all use definitions that share the following themes:

- Contact and non-contact sexual acts with boys or girls, ages birth to an age of majority (17-19 years old in most states)
- Any sexual act between an adult and a young child, regardless of whether force or coercion is used
- Any sexual act between a teen and an adult who is significantly older, regardless of whether force or coercion is used (Statutory rape; laws vary by state)
- Forced or coerced sexual acts between two children when there is an age (usually three or more years) or power differential (including developmental or size differences); this can include unwanted or forcible peer abuse

With a greater understanding of what child sexual abuse is, the next section discusses the implications of this global epidemic.

### **Prevalence of Child Sexual Abuse**

Child sexual abuse is an epidemic in the United States (Chasan-Taber & Tabachinck, 1999). One in 10 children are sexually abused before they turn 18; in other words, 7-12% of children and as many as 400,000 babies born in the United States this year will be sexually abused before their 18th birthday (Townsend, 2013). The rate of sexual abuse of females is estimated (according to reported abuse) to be four times more prevalent than males (Townsend). Sadly, child sexual abuse statistics are often underreported, making these estimates conservative

(Hornor, 2010). Based on retrospective studies of adults, it is estimated that only 1 in 20 cases of sexual abuse is identified by or reported to authorities (Kellogg, 2005). For every child that discloses the abuse, there are five that never say a word.

Little is known about the far-reaching effects of child sexual abuse on society. Research suggests that more than 40% of women and more than 33% of men who have been sexually abused in the United States have never disclosed the experience to anyone (stopthesilence.org, 2014). Worldwide, child sexual abuse alone is responsible for 1% of disease. However, child sexual abuse is likely to be a risk for several other malaises, including alcohol and illicit drug use, mental disorders, and STDs, which combined, are responsible for over 20% of the global burden of disease (Ezzati, Lopez, Rodgers, Hoorn & Murray, 2002). Prevalence data of child sexual abuse in developing countries is very limited, and given the epidemic prevalence in developed countries, is undoubtedly grossly underrepresented (Bassani et al., 2009). This epidemic is thriving in a culture of silence; feeding off of power dynamics in families, embarrassment, shame, fear, stigma, and manipulation (stopthesilence.org).

A common misconception is that sexual abuse only happens if parents leave their children unattended around strangers – something that most parents naturally avoid. This is a fallacy. According to sexual abuse prevention agency, Darkness 2 Light (2014), “in more than 90% of sexual abuse cases, the child and the child's family know and trust the abuser” and over 33% of the time, a family member is the perpetrator of child sexual abuse.

Child sexual abuse is socially perceived to be a highly private issue, individualized and isolated; however, “sexual abuse in children is a problem of epidemic proportions, affecting children of all ages, socioeconomic levels, and cultural backgrounds” (Modeli, Galvao & Pratesi 2012, p. 1). A 2009 study in Brazil found that aside from the gender of the child, no other

sociodemographic characteristic identified high-risk populations for child sexual abuse (Bassani et al., 2009).

As an example of prevalence, the Lincoln-Lancaster County Child Advocacy Center in Lincoln, Nebraska is a non-profit organization providing a “safe, child friendly location for conducting forensic interviews and medical evaluations for abused children in Southeast Nebraska” (smallvoices.org, 2015). In 2014, they saw 1,129 child survivors of abuse and neglect. In the last ten years, the number of children seen at the Child Advocacy Center has tripled. Seventy-three percent of the children seen are under the age of 12, and 33% of the children are under the age of six (smallvoices.org). The abusers are not strangers; ninety-nine percent of the children report that they know their alleged abuser and 73% of the time the alleged abuser is a family member (smallvoices.org). To put these numbers into perspective, this Midwestern, Bible-Belt state in the heart of the United States has a significant child sexual abuse population. To further drive the point home, the Child Advocacy Center in Lincoln is 1 of 6 child advocacy centers in Nebraska, and *only* serves the counties in Southeast Nebraska (smallvoices.org). To further understand this epidemic, the next section synthesizes pertinent research to define child sexual abuse and related terms.

### **Implications of Child Sexual Abuse**

As explained above, child sexual abuse is the most prevalent health problem children face with a serious array of consequences (Townsend, 2013). Up to 75 % of child sexual abuse survivors will present as generally symptomatic at some point in their lives, traumatized by the powerlessness that occurs as a result of child sexual abuse (Dube et al., 2005).

Researchers have drawn the following links to child sexual abuse: childhood obesity (Noll, Trickett, Harris & Putnam, 2008), depression (Lansford et al., 2002), anxiety (Mullers &

Downing, 2008), school problems and delinquent behavior (Lansford et al.), substance abuse (Lansford et al.), borderline personality disorder (Hornor, 2010), DID (Chu, Frey, Ganzel & Matthews, 1999), aggression, oppositionality and defiance (Townsend, 2013), dysfunctional adult relationships (Noll et al.), bulimia nervosa (Putnam, 2003), and pain disorders (Sapp & Vandeven, 2005). Survivors may exhibit and also suffer from the consequences of overly sexualized behavior, which can lead to irreparable, lifelong consequences, such as sexually transmitted diseases, teenage parenthood, failure and dropout in school, and/or poverty (Townsend). These consequences all add to the burgeoning statistics and pain that child sexual abuse propagates.

The potential link to child sexual abuse warrants closer examination of health issues that are frequently discussed and debated in the media. Attention Deficit Hyperactivity Disorder (ADHD; Mullers & Downing, 2008), violent behavior (Mullers & Downing; Townsend, 2013), Post-Traumatic Stress Disorder (PTSD; Townsend), polyvictimization (Finkelhor & Jones, 2006), and self-inflicted harm, suicidal ideation or suicide completion (Dube et al., 2005) may be indicators or links to child sexual abuse survivorship.

The symptoms of ADHD may develop as a result of sexual abuse (Dube et al., 2005). When children are diagnosed with ADHD, the disruptive or distracting behaviors are typically treated as a neurodevelopmental disorder. Recent research posits these symptoms are possible indications of child sexual abuse (Dube et al.), which may lead to unreported, continuing abuse. Moreover, the treatment for ADHD may focus on stimulant drugs to treat hyperactivity, and not anxiety reducing medication typically prescribed for PTSD or anxiety.

In addition, Mullers and Dowling (2008) report a link between child sexual abuse and violence in survivors. This violence can manifest in school or communities, including the use of

weapons and fighting, often leading to anti-social behavior, incarceration, and/or abusive relationships (Mullers & Dowling). Just as veterans of war often return from duty with invisible scars and indelible changes, childhood trauma carries similar symptoms and scars (American Psychological Association, 2013; Dubowitz et al., 2001; Lansford et al., 2002; Martin, Bergen & Richardson, 2004). Considerable research indicates a link between child sexual abuse and PTSD, as neurodevelopment is similarly interrupted by the stress caused by the loss of a sense of control in both male and female survivors (Hornor, 2010).

Diagnostic criterion for PTSD includes traumatic witness or threat of death, or serious injury to self or others invoking intense fear, helplessness, horror or agitated behavior (American Psychological Association, 2013). Hornor (2005) explains that PTSD invokes re-experience of trauma invoking recurrent trauma recollections, repetitive dreams, flashbacks, and/or intense reactions to traumatic cues. PTSD also can be associated with sleeping issues, anger outbursts or irritability, difficulty concentrating, or hyper-vigilance (American Psychological Association). Symptoms of PTSD may emerge immediately, or may not become apparent for months or even years following sexual abuse (Hornor, 2010).

Sadly, survivors of sexual abuse are often survivors of other forms of abuse as well. Polyvictimization is a high burden of lifetime victimization, as “for some victimized children, victimization is more of a condition than an event” (Finkelhor & Jones, 2006, p. 9). For reasons that are unknown to researchers, trauma increases a chance of a child’s polyvictimization (Townsend, 2013), which in turn, increases a child’s level of trauma (Mullers & Dowling, 2008). Children who have experienced more than one victim crime exhibit six times the trauma symptoms as children who are not polyvictimized (Townsend).

Special focus must also be given to the rising prevalence of suicide among children and teenagers. Suicide is now the second largest cause of death for children ages 10-14, second only to automobile accidents (Center for Disease Control, 2015). Childhood trauma, specifically child sexual abuse, is an important risk factor for adolescent suicidal ideation, plans, and attempts (Bebbington et al., 2004). The 2000 British National Survey of Psychiatric Morbidity, a randomized cross-sectional survey of the British population, found that sexual abuse is strongly associated with a history of suicide attempts, reports of suicidal intent, and occurs more frequently in females (Bebbington et al.). In the United States, however, Sapp and Vandeven (2005) report sexually abused American adolescent boys (grades 8 through 10) are at greater risk of suicide than sexually abused girls.

Potential links to these timely and widely impactful issues may give further insight not only to ADHD, violent behavior, and suicidal ideation, but may help society identify children enduring child sexual abuse and work to prevent further victimization. Now that child sexual abuse has been defined, scope has been discussed, and negative consequences have been detailed, the next section explores how communication (or lack of) influences this epidemic. To better understand the scope of pain that child sexual abuse causes not only emotionally and physically, but socially, perception and stigma of child sexual abuse survivors are discussed next.

### **Survivors and the Default of Silence**

Researchers and practitioners agree that public awareness of child sexual abuse prevalence and implications is crucial to reduce potential occurrences of abuse (Townsend, 2013). Unfortunately, survivors are likely to choose silence as a communication response more frequently than any other response to child sexual abuse, which results in underreporting and incorrectly low prevalence estimates (Finkelhor, Hotaling, Lewis & Smith, 1990; Paine &

Hansen, 2002; Russell, 1991; Sauzier, 1989). Furthermore, research reveals that disturbing numbers of children deny their sexual victimization even in the face of compelling evidence to the contrary (DiPietro, Runyan, & Fredrickson, 1997; Lawson & Chaffin, 1992; Paine & Hansen; Sorenson & Snow, 1991).

In an unfair twist of fate, a child's disclosure of abuse plays a critical role in legal and therapeutic intervention. Abuse investigations have "frequently been impeded when children fail to disclose abuse, deny abuse that has occurred, or recant a prior disclosure" which is likely to result in the finding that the suspicions of abuse are "unfounded" or "unsubstantiated," and the case is closed (Paine & Hansen, 2002, p. 272). The child remains at risk of continued abuse, potentially at a greater risk due to the child's attempt at disclosure, thereby decreasing the likelihood of future attempts to disclose (Faller, 1985; Paine & Hansen).

In order to better understand the communication default of silence in connection with child sexual abuse, it is important to first unpack the epidemic of silence for survivors surrounding child sexual abuse and dissect the reasons behind the silence. Then the review discusses the implications of the misconceptions about child sexual abuse that stunt communication and allow this epidemic to continue.

### **Survivors and the Epidemic of Silence**

The most common communication response for survivors of child sexual abuse is silence (Finkelhor, Hotaling, Lewis & Smith, 1990; Paine & Hansen, 2002; Russell, 1991; Sauzier, 1989). For every one child that talks about the abuse, at least 10 children will never tell (smallvoices.org, 2015). Even when evidence exists and children are interviewed regarding suspected child sexual abuse, significant numbers of children deny victimization (DiPietro et al., 1997; Lawson & Chaffin, 1992; Sorenson & Snow, 1991). It is estimated that 1 in 4 survivors

report the abuse immediately, while most wait months or even years to disclose (Berliner & Conte, 1990; Gomes-Schwartz, Horowitz & Cardarelli, 1990). The mean age for a survivor's first disclosure is 18 years, yet the mean age of onset of abuse is eight years old (Lamb & Edgar-Smith, 1994; Paine & Hansen).

Surveys of adult survivors indicate that most survivors have never disclosed, demonstrating the fear and difficulty in disclosure (Finkelhor et al., 1990; Russell, 1991; Sauzier, 1989). Most child survivors "delay disclosing for significant periods of time and many had never disclosed at the time their abuse was discovered in some other manner" (Paine & Hansen, 2002, p. 272). Child sexual abuse happens in secret, in hiding, and there is rarely physical evidence (Sauzier). Often the responsibility to end the abuse through disclosure rests on the child and their willingness to speak out.

Some children tell their parents or caregivers that they have been abused immediately after the abuse happens, but "sexually abused children face a serious dilemma in deciding whether or not to disclose" (Goodman-Brown, Edelstein, Goodman-Jones & Gordon 2003, p. 528). A child's self-disclosure of sexual abuse is a critical component in initiating intervention to halt the abuse, address its immediate effects, and decrease the likelihood of negative long-term outcomes.

While some children report the abuse immediately, there are a multitude of children who take a long time to tell or never tell at all, but why? Several factors inhibit children from disclosing abuse or encourage compliance with perpetrator request or threats for silence (Furniss, 1991; Gomes-Schwartz et al., 1990; Summit, 1983). Because of the silence and hidden nature of child sexual abuse, children often must make the decision whether to disclose or not without the advice, support, or encouragement of others (Paine & Hansen, 2002). The following sections

explore the various dilemmas and constraints a child must face deciding whether or not to disclose child sexual abuse.

## **Motives for Survivor Silence**

### ***Child's Relationship to the Perpetrator***

A child's relationship to the perpetrator can gravely affect the disclosure of abuse (smallvoices.org, 2015). Child sexual abuse is not an issue of "stranger danger," as over 90% of child sexual abuse is perpetrated by someone the family knows and trusts (Child Advocacy Center, 2013). Over 64% of the time, child sexual abuse happens at the hands of a family member (smallvoices.org). This can be unbelievably distressing for a child; someone they know, respect, and love changes their relationship through the secrecy of child sexual abuse. Children abused by a family member may feel loyalty toward the perpetrator; as children are often encouraged to keep the secret, they may keep silent out of solidarity (Goodman-Brown et al., 2003). Children may not want someone they love to go to jail, or have to leave the home, stifling disclosure of sexual abuse.

Children are least likely to disclose when the perpetrator is a biological parent, which explains why incest is often discovered by accidental means (Burgess & Holmstrom, 1978). Fear of negative consequences of disclosure may be particularly salient in cases of incest, because children may fear their parent will be punished or there will be a disruption in the family (Townsend, 2014).

In extra-familial cases, children are more likely to disclose immediately, although only 39% of children are estimated to disclose even when the perpetrator is not a family member or family friend (Sauzier, 1989). Children are less likely to disclose abuse the more closely related they are to the perpetrator (Wyatt & Newcomb, 1990).

### *Non-Supportive Parents*

The single most important factor affecting the child's recovery is caregiver support, specifically maternal support (Elliott & Carnes, 2001). Support in disclosure is conceptualized as the simple willingness to accept the possibility that the child may have been sexually abused paired with a lack of caregiver punishment or pressure to recant the disclosure of abuse (Everson, Hunter, Runyon, Edelsohn & Coulter, 1989; Gries, Gohs, & Cavanaugh, 2000). Parent reactions or even anticipated reactions impact disclosure (Distel, 1999).

There are several identified factors that contribute to a parent's lack of communicated support to the child. A common concern is that children lie about the abuse. It is estimated that only 4 to 8% of child sexual abuse reports are fabricated (Everson & Boat, 1989). False reports, as rarely as they are made, are typically created by adults involved in custody disputes or by adolescents (Everson & Boat).

Parental lack of support often stems from personal distress (Hershkowitz, Lanes & Lamb, 2007), especially when the parent is also a child sexual abuse survivor (Alaggia & Turton, 2005). Mothers specifically are less likely to be supportive when the alleged perpetrator resides in the home as opposed to elsewhere, and also are less likely to be supportive when the victim reports more than one alleged perpetrator (Hershkowitz et al.). Parents may fear that a child sexual abuse report could result in a loss of financial support if the perpetrator lives with the family and is made to leave the home. The parent may also be facing the loss of a romantic relationship if the perpetrator is a spouse or significant other.

Sadly, non-supportive reactions to child sexual abuse disclosure are quite common. One study suggests that 63% of a sample of adult women who survived child sexual abuse reported non-supportive reactions, whereas only 37% recall supportive parental reactions (Roesler & Wind, 1994). Researchers in two studies report that 1 in 10 survivors who disclose sexual abuse

are met with non-support through disbelief (Berliner & Conte, 1995; Gomes-Schwartz et al., 1990). Further, in 17% of the cases, no intervention occurred, even after disclosure (Gomes-Schwartz et al.). Fifty-two percent of adult incest survivors indicate that victimization continued for a year or more after disclosure to a caregiver (Roesler & Wind). “Many child survivors fear they will not be believed or helped, and research indicates that these fears are borne in reality for too many children, resulting in lack of legal and/or therapeutic intervention” (Paine & Hansen, 2002, p. 69).

### ***Grooming, Threats, and Misplaced Responsibility***

Perpetrators often rely on a grooming process to “prepare” a child to be sexually violated (Child Advocacy Center, 2013; Foote, 1999). Part of this process often involves either making threats to silence the child, or convincing a child that he or she is a willing participant in an adult relationship (Child Advocacy Center). Children who have been sexually abused often already believe that they are at least partially responsible for their own abuse (Goodman-Brown et al., 2003). The situation is compounded when the perpetrator is a trusted adult in a position of authority and/or the child is too young to understand that the abuse is wrong.

Threats frequently decrease disclosure rate for survivors (Lyon, 2012). Perpetrator threats range from threatening physical harm to the child and/or the child’s family or pets (Kaufman, Hilliker & Daleiden, 1996; Kelley, Brant & Waterman, 1993), to threats that no one would believe a child over an adult (Burgess & Holmstrom, 1978; Paine & Hansen, 2002). “The perpetrator communicates to the child a sense of responsibility for the safety of the perpetrator and/or the child's family...and conveys the message the child has the power to keep their family and/or the perpetrator safe by maintaining the secret” (Paine & Hansen, p. 43). Children may fear

being involved with the police, or wish to avoid worrying important people in their life, often leading to non-disclosure or even recantation of disclosure (smallvoices.org, 2015).

Strategies employed to gain the compliance of survivors may also include gifts or the withholding of gifts, or misrepresentation of the sexual abuse as acts of love (Foote, 2004). Ultimately, through threats and grooming, the perpetrator projects responsibility for the abuse onto the child. The young survivor is convinced that they will be harmed, judged negatively, blamed, and/or punished if they disclose the sexual abuse (Kaufman et al., 1996).

### ***Demographics and Disclosure***

#### ***Gender***

There are mixed findings on the relationship between the gender of a victim and disclosure of sexual abuse (Paine & Hansen, 2002). While some studies find gender and disclosure to be unrelated (Bybee & Mowbray, 1993; DiPietro et al., 1997; Sauzier, 1989), other research suggests that underreporting is a significant problem especially among boys (Violato & Genius, 1993). Although current statistics posit that 1 in 4-6 girls are abused before the age of 18, and 1 in 6-25 boys are abused before the age of 18, the disproportionate disclosure rates might indicate that boys are more hesitant and unlikely to disclose than girls (Bolton, Morris & MacEachron, 1989; Finkelhor, 1990; Gries et al., 1996; Keary & Fitzpatrick, 1994; Lamb & Edgar-Smith, 1994; Watkins & Bentovim, 1992). Adolescent boys are the least likely age/gender group to report sexual abuse (Hecht & Hansen, 1999; Lamb & Edgar-Smith; Watkins & Bentovim).

Boys' reluctance to disclose has inspired several theories. Dominant, powerful themes in society shape masculine societal expectations, which include: winning, self-reliance, strength, productivity, heterosexual desire, and lack of fear (Briere, 1996; Lisak, 1993; Mahalik et al.,

2003). Male survivors of child sexual abuse may choose silence to avoid the stigma of victimization, as according to masculine norms, “a man should not be a dependent, submissive individual who cannot defend and protect himself” (Easton, 2011, p. 43).

Boys are more often abused by men (Hyde, 1987), and this type of sexual abuse often carries associated fears of being labeled homosexual. Homosexuality presents with unfortunate stereotypes that play against societal expectations of masculinity, including a proclivity towards being feminine, weak, and sexually desiring other men (Cornwall, Edström & Greig, 2004; Easton, 2011). Masculine societal norms dictate that men should desire heterosexual partners and sexual experiences (Mahalik et al., 2003). In a primarily homophobic society, deviance from heterosexuality (whether consensual or not) is discouraged (Alaggia, 2004; Easton; Faller, 1989). “The male socialization process denigrates both victimhood and homosexuality... having an abuser who is a man may heighten feelings of stigma and shame” (Easton, p. 44). Additionally, if a male survivor tells someone about the sexual abuse, he may fear that he will not be believed (Banyard, Williams & Siegel, 2004) or will be labeled a homosexual (Finkelhor, 1984b).

Many male survivors fear becoming a pedophile, a notion that society generally embraces for male survivors (Gartner, 2005). However, the majority of male survivors will *not* become perpetrators (Child Advocacy Center, 2013) Anywhere from 20-30% of perpetrators report sexual abuse as a child, which is consistent with previously mentioned child sexual abuse prevalence estimates (1 in 6 boys), and therefore does not qualify as a unique link (Hanson & Slater, 1988). Adult survivors may have flashbacks of abuse and subsequently fear they too will be abusive or confuse these memories with fantasies (Gartner). Survivors may be afraid to tell anyone out of fear that they will be perceived as a perpetrator (Gartner).

Survivors of child sexual abuse by female perpetrators may face additional societal stigma, as the possibility or legitimacy of female perpetration of child sexual abuse is frequently called into question in social discussion. In one study, participants “viewed abuse of a male by a female as less indicative of abuse and less harmful to the victim than other gender combinations” (Bornstein et al., 2006, p. 377). The flux of female teachers as perpetrators of teenage males brings this stereotype into the media eye, with societal perceptions that the teenage males are “lucky” or “living every boys’ fantasy” (Hecht & Hansen, 1999; Lisak, 1994). Heterosexual men are often portrayed as welcoming sexual activity with women “and perhaps as not needing social support in sexual harassment situations” (Struckman-Johnson & Struckman-Johnson, 1997, p. 137). Child protection professionals (social workers and police) are more likely to recommend case registration and imprisonment for male perpetrators than for female perpetrators (Hetherington & Beardsall, 1998). This suggests that investigators perceive sexual abuse by male perpetrators as more legitimate and harmful than sexual abuse perpetrated by females (Bornstein et al.). Researchers estimate female offenders are significantly underreported by abuse survivors for fear of lack of support, most likely stemming from these societal stereotypes and stigmas (Elliott, 1993; Jennings, 1993; Paine & Hansen, 2002).

### ***Disability***

Significantly disproportionate numbers of children with disabilities are survivors of sexual abuse (Browning & Boatman, 1977; Shannon & Tappan, 2011). Survivors with behavioral disorders are at the highest risk of victimization, followed by children with developmental delays (Paine & Hansen, 2002). Children with disabilities are likely to face unique struggles that impede disclosure, including “physical and social isolation related to their disability, impaired ability to communicate, and increased dependency and vulnerability” (Paine

& Hansen, p. 44). The limited research available finds that the disclosures of disabled children are at a higher risk of being found unbelievable than non-disabled children (Saywitz, Nathanson & Snyder, 1993).

### ***Culture***

There is limited research available on the impact of race on disclosure, however numerous cultural factors correlate with “vulnerability to violence and obstacles to utilization of services” (Paine & Hansen, 2002, p. 45). Cultural factors that most likely impact disclosure of sexual abuse include: “language barriers, social isolation, concerns related to immigration status or deportation, discrimination, lack of knowledge and familiarity with community support systems, absence of culture specific services, racism, and cultural insensitivity in mainstream programs” (Paine & Hansen, p. 45). Survivors who are raised with collectivistic value orientations may be less likely to disclose abuse for fear of impact on their culture, relatives, and community (Futa, Hsu & Hansen, 2002). A cultural or religion emphasis on the value of virginity may reduce a child’s proclivity to disclose sexual abuse for fear of stigma or losing societal status for themselves, their family, and even fearing negative impact in the eyes of a deity, a truly heavy and sad burden for a child to carry (Muntarbborn, 1996).

### ***Reporting Fallacies***

Only about a third of child sexual abuse incidents/cases are identified, and even fewer are reported (Townsend & Rheingold, 2013). Thirty-eight percent of child survivors are estimated to disclose sexual abuse (Ullman, 2007). Of these, 40% tell a close friend rather than an adult or an authority figure (Broman-Fulks et al., 2007). The rate of underreporting indicates that the majority of sexual abuse cases are never reported (Finkelhor, Ormrod, Turner & Hamby, 2012). Further, of these cases, child protection agencies only investigate about 55% of reported child

sexual abuse incidents (Paine & Hansen, 2012). Forty-five percent of reports are screened out for not meeting certain criteria, and of the accepted reports, only a portion are considered “substantiated,” where a filing of abuse can be made and protective steps can be taken by child protective services organizations and police (Paine & Hansen). Despite mandated reporting laws for all citizens in most states, 25% of child sexual abuse incidents where a child discloses to a teacher or other trusted adult are unreported to investigative authorities (Sedlak, McPherson, Shusterman & Li, 2010). Potential reporters often fear they don’t have enough information or evidence to prove abuse and neglect to make a report (d21.org, 2015). The responsibility to prove or disprove abuse falls on the investigators, not the reporters (Child Advocacy Center, 2013). It is therefore necessary for citizens to report suspected abuse. Investigators cannot consider unreported abuse. To better understand the ramifications of the communication patterns of child sexual abuse, the next section examines the implications of silence that discourage reporting, open communication, and the potential for justice for survivors.

### **Implications of Survivor Silence**

Many children delay disclosing their abuse until adulthood (Berliner & Conte, 1995; Lamb & Edgar-Smith, 1994; Roesler & Wind, 1994; Russell, 1991; Sauzier, 1989). Lack of disclosure often means continuing abuse (Goodman-Brown et al., 2003), and other children may be in danger of abuse from the perpetrator (Finkelhor, 1993). When long reporting delays occur, the statute of limitations to report the abuse and seek justice in many states may pass. This too could perpetuate continuing abuse, and/or an unidentified perpetrator with access to more victims.

Non-support is the most harmful communication of all, sending the message to the victim that sexual abuse is tolerable and acceptable, and that children should not trust themselves to

decide what is unsafe. Non-offending parents and adults contribute to the epidemic of child sexual abuse when they fail to believe a child's disclosure and/or fail to make a report to investigative authorities (Finkelhor, 1993). This type of non-action, when good people fail to speak up or report known or suspected child abuse, is one important reason child sexual abuse persists at epidemic rates (Bornstein et al., 2006).

Sadly, and ironically, because there is often little, if any, physical evidence of sexual abuse, intervention depends heavily on children's willingness to testify, not only to parents, police, therapists, etc., but also in court (Bussey & Grimbeek, 1995). As most state laws allow an accused person to face their accuser in court, a child must typically appear in court and testify in front of the alleged perpetrator (Child Advocacy Center, 2013). While court is intimidating for most people, a child may be especially hesitant to sit in the same room with their perpetrator and testify to a judge and other adults who will decide whether or not the child is telling the truth. Further, the child's testimony is often the only evidence of the abuse that can be offered, as human bodies heal quickly (lacking physical evidence) and there are usually no other witnesses.

The multiple levels of intimidation may silence anyone in this situation, especially a child survivor. There is downward mobility inherent in holding a position of minority; some empowering tools are necessary to bring platform to those who are struggling to be heard. The next section discusses the spiral of silence theory to further explain why silence is the dominant communication pattern in child sexual abuse.

### **Spiral of Silence Theory**

The spiral of silence theory explains how people are constantly aware of the opinions of the people around them and adjust their behaviors accordingly by either censoring their minority stance or editing their communication to match majority opinion (Noelle-Neumann, 1984).

Importantly, silence erases people, removing their voice and possibilities to create change (Noelle-Neumann). Individuals, as members of society, have a “quasi-statistical sense” where they are “constantly aware of the opinions of people around them and adjust their behaviors (and potentially their opinions) to majority trends under the fear of being on the losing side of a public debate” (Scheufele & Moy, 2000, p. 175). This means that most people base the decision to be vocal about an issue on the *perception* of opinion distributions rather than the *actual* opinion, ultimately shaping public expression (Scheufele & Moy). If an individual or group perceives their opinion is in the majority, they will share their opinion. However, if the individual or group surmises they hold a minority opinion, they will keep silent or conform to the majority view (Liu & Fahmy, 2011).

A second key concept of the spiral of silence theory is the fear of isolation (Noelle-Neumann, 1974). According to the theory, social collectives threaten individuals who deviate from majority viewpoints with isolation, increasing individual fears that their expression of unpopular views or behavior will isolate them (Scheufele & Moy, 2000). With these presumptions, the spiral of silence predicts that people or groups who identify in the minority opinion are less vocal and less willing to express their opinions in public (Malaspina, 2013). This, in turn, influences the visibility of majority and minority groups. The minority group appears more diminutive and weaker over time, simply because its members become increasingly reluctant to express opinions in public (Malaspina). Ultimately, the reluctance of minority members to express opinions establishes the majority opinion as the predominant view, or even as a social norm (Scheufele, 2008), thus triggering the creation of a spiral in which individuals fall silent (Turner & Sparrow, 1997).

The most tragic possibility of the spiral of silence is the potential impact on potentially protective adults and their decision whether or not to report. Most states carry a mandated reporting law, and in several states, everyone who knows of or suspects child abuse must report. Many citizens are either not aware of their responsibility or may be afraid that they don't have enough information to prove child sexual abuse. Potentially protective adults unknowingly contribute to the spiral of silence by not reporting suspected or known abuse. Families may also decide to handle the situation without contacting law enforcement, which does not allow for an investigation to take place, potentially missing other victims or perpetrators, and also may allow for a perpetrator to continue to have contact with children. Non-action furthers the taboo surrounding talking about child sexual abuse, making underreporting normative.

Further, the stigma of child sexual abuse may encourage the spiral of silence in survivors. In addition to the aforementioned reasons for silence, child sexual abuse survivors are likely to remain silent to not disrupt majority social norms. But the trauma of child sexual abuse manifests in the human body whether or not it is spoken out loud. The human brain adapts and creates ways to process and persist through traumatizing events. The next section discusses how one extreme coping mechanism, DID, assists survivors of child sexual abuse while also creating an additional often silenced stigma.

## Chapter 3 - Dissociative Identity Disorder

*Ellen, a child sexual abuse survivor, explains Dissociative Identity Disorder (DID) is “something that children who are resilient are more likely to have ...[as] a very logical reaction to severe trauma” (Seaman, 2007, p. 8).*

Child sexual abuse can have several effects on the survivor’s life. Some survivors dissociate to escape the trauma of abuse, even if only psychologically. This dissociation can result in alternate personalities or alter identities in a survivor’s brain, which is diagnosed as Dissociative Identity Disorder (DID). DID refers to “a psychiatric condition characterized by two or more distinct personalities within an individual, each with their own behavior and complex social interactions” (American Psychiatric Association [APA], 2013). These identities take control of the individual’s behavior and each identity has individualistic and recurring patterns of understanding, thinking, interacting and being (Jacome, 2001). These alternate personalities or identities are often referred to as “others” or “alters.” It is estimated that the prevalence of DID is between 1% to 3% in the general population and 2% to 6% in clinical populations. DID is strongly linked with child sexual abuse; 85% to 100% of individuals diagnosed with DID have a history of severe childhood sexual abuse (Hirakata, 2007).

For DID individuals, both memory and identity are significantly affected; yet the dissociation is highly organized (Weinger, 2008). Dissociative symptoms “invade and interfere” with the person’s “continuity of normal psychological functioning” by “intruding on and/or deleting aspects of conscious experience, thought, or action” (APA, 2013, E 17).

The causal theories for DID are divided into two dominant perspectives: traumagenic and iatrogenic (Gleaves, May, & Cardeña, 2001). Those of the traumagenic position believe that DID

is a direct result of childhood trauma, especially of an abusive nature (Gleaves, 1996; Putnam, 1989; Spiegel 1984). Proponents of the traumagenic school of theory posit that during traumatic episodes, the other personalities (or alters) experience the pain of the episode, in turn allowing the child abuse survivor to return to his/her body after the trauma without having memory of experiencing the abuse (Stickley & Nicheas, 2006).

Those holding the iatrogenic position assert that DID is a direct result of exposure to and mimicry of DID-type characters on television and in movies (Traub, 2009). Iatrogenic proponents also generally believe that DID (and a number of memories, including the idea that one has been sexually abused and repressed it) can be projected upon patients by therapists, also known as False Memory Syndrome (Acocella, 1999; McAllister, 2000; Piper & Merskey, 2000). In some cultures, concurrent with the iatrogenic position, DID may be explained by the presence of demon or 'spirit' possession (Stickley & Nikeas, 2006, p. 180).

DID can be confused with schizophrenia for those with no personal knowledge of the disorders. Schizophrenia is a mental disorder characterized by delusions, hallucinations, disorganized speech, or catatonic behavior (Psych Central, 2015). Often, the schizophrenic hallucinations consist of a voice keeping up a running commentary on the person's behavior or thoughts, or two or more voices conversing with each other (APA, 2013). Schizophrenia is considered a congenital chronic brain disorder; something the individual is born with (but may or may not be triggered by environment or stress later in life) where the individual experiences delusions and hallucinations (Blackwood, Howard, Bentall & Murray, 2001). Conversely, the origins of DID are most likely traumagenic (Blackwood et al.).

The symptoms of DID and schizophrenia are similar. Undoubtedly, there are individuals that in fact experience dissociation and the presence of alters that are misdiagnosed and being

treated for psychosis or schizophrenia (Stickley & Nickeas, 2006). To better understand the traumagenic theory of DID, the theory which is supported by the APA, the diagnosis in connection to childhood trauma is discussed in the next section.

### **Psychological Effects of the Trauma of Child Sexual Abuse**

The secretive and trust-shattering nature of child sexual abuse carries unique consequences. A suggested model to explain the impact of child sexual abuse is the four-factor traumagenics model (Finkelhor & Browne, 1985). Child sexual abuse is separated into four trauma-causing factors that survivors may experience. The first factor of this model is traumatic sexualization, or the sexuality of the survivors that is shaped and distorted by the sexual abuse (Collin-Vézina, Daigneault & Hébert, 2013). The next factor is betrayal, or the loss of the survivor's capacity to trust others (Collin-Vézina et al.). Then powerlessness occurs as survivors are unable to alter the situation despite feeling the threat of harm and the violation of their personal space (Collin-Vézina et al.). The final factor is stigmatization, or the incorporation of perceptions of guilt and responsibility for the abuse, through perpetrators' manipulative discourse or dominant social negative attitudes towards survivors (Collin-Vézina et al.).

These traumatic influences impact every aspect of a survivor's being- physically, mentally, and emotionally – ultimately shaping worldviews and future relationships. These effects manifest, if not in words, in other ways within the survivor (Finkelhor & Browne, 1985).

A wide range of psychological and behavioral disturbances is identified in childhood trauma abuse survivors, especially in trauma involving the unique, secretive nature of child sexual abuse (Collin-Vézina et al., 2013). Children experiencing trauma compartmentalize their distressing experiences; dissociation and repression prevent traumatic memories from entering into consciousness (Ludwig, 1983). For example, Rachel, a child sexual abuse survivor with

DID, describes her dissociative coping mechanism when she was terrified by her mother's volatile behavior and feared she would be tortured or even killed:

In order to cope... Rachel began to '*sit beside herself*' so that it didn't seem to be happening to her. She found a way of watching what happened rather than endure it herself... Rachel developed the art of thinking herself into a dream... [when she] was being sexually abused. She developed the ability to be sitting next to herself or even outside the room... She no longer felt pain... she was able to stop crying with fear.

(Stickley & Nickeas, 2006, p. 183)

As Rachel experienced, childhood abuse, "particularly chronic abuse beginning at early ages is related to the development of high levels of dissociation, including dissociative amnesia" and DID (Chu et al, 1999). Several symptoms of PTSD (e.g., flashbacks, depersonalization, and emotional numbing) are recognized as dissociative. Many clinical researchers now agree that DID should be conceptualized as childhood-onset PTSD (Gleaves, 1996). According to the traumagenic theory, individuals who suffer structural dissociation have survived a terrifying childhood (Lanius, Paulsen & Corrigan, 2014). These survivors have endured "more than most adults could fathom living through... at a tender and young developmental period of their life when they had no choice other than to succumb or perish" (dissociative-identity-disorder.org, 2015).

Gleaves (1996) draws several parallels between DID diagnosis and childhood trauma, providing strong evidence that DID often manifests in childhood as a "defensive response" to a traumatizing event such as childhood sexual abuse (much like PTSD in adults). "No reason exists to doubt the connection between DID and childhood trauma" (Gleaves, p. 42). From a communication standpoint, the split in theories of origination for DID is important, as one group

is operating in the spiral of silence, encouraging silence in survivors and DID individuals while the other group is not.

### **Alters**

As traumatic experiences accumulate, the dissociated compartments formalize, creating alters (Traub, 2009). An alter, also known as a personality, is defined as an entity with a firm, persistent, and well-rounded sense of self. An alter must have a range of functions, a range of emotional responses, and a significant life story (of its own existence). Many individuals with multiple personalities have alters which may be characterized in typical presentations, such as child personalities of various ages, cross-gender personalities, helpers, persecutors, etc. (Giller, 1991).

The National Alliance on Mental Illness (2014) estimates DID individuals present with two to 100 alters, with an average of 10 alters. Alters typically possess “distinct personality traits, preferences, emotions, ideas, habits, dominant hand, skill sets, and behaviors” (Fox et al., 2013, p. 326). DID individuals often experience excruciating (“exploding”), abrupt, pressure headaches located over the forehead during alter switching experiences (Jacome, 2001). Different alters often develop to handle various situations through a process of dissociation (Stickley & Nickeas). A controlling dominant personality, sometimes the usual self and sometimes a host personality, is typically present.

Distinct personality states mark DID, but the other defining symptom is amnesia. “For many with this disorder, it's as if they lived two or more different lives and only have knowledge of one - the safe one that does not involve past abuse or anything or anyone associated with it” (dissociative-identity-disorder.com, 2015). The combination of DID and dissociation allows the child to go on with his/her life and not be aware anything traumatic that has happened.

Dissociation and amnesia function as a means to survive severe trauma, but as the alters persist as a part of the survivor's life, this is diagnosed as a disorder (International Society for the Study of Trauma and Dissociation, [ISSTD], 2011). Mental health professionals often choose a goal of integration, or unity of the multiple states of self, as treatment (ISSTD). Understanding the decision to integrate or not to integrate, or even whether a DID individual has the agency to make such a decision, requires a better grasp of the process of integration.

### **Integration**

Becoming an “integrated person” is the process of developing awareness of the continuity of one’s “coherent existence across person, place and time while being cognizant of the multiple and various aspects of self” (Rothschild, 2009, p. 187). Integration is often a stated or implicit aim of treating people who suffer from pathological dissociation (Rothschild). DID individuals are generally encouraged to integrate or unify through therapeutic work. “When a person doesn’t know, or only ‘kind of knows’ that he or she has various dissociated parts and is unable to communicate between those parts, life becomes chaotic and out of control” (Rothschild, p. 176). A disorder diagnosis is derived when there are consistent social or functional problems for a patient (APA, 2014). DID individuals consistently cannot explain time lapses, cannot recall parts of their life, or understand or have control over their behaviors, many of which are out of individuals’ character. Clinicians who treat DID from a traumatology rather than a psychoanalytic perspective agree that the goal of treating patients with DID is to achieve a stable sense of unity (Bromberg, 2006). This does not necessarily mean that the alters will disappear. The therapeutic goal of integration is to unify the multiple states of independent knowledge into one unity of states that is aware of and in control of all states.

Psychoanalytic work focuses on these concepts of self-states, dissociation, and integration (Stern, 2003). The goal of integration for a DID individual suggests the theory that “a person with self-knowledge is a person with a soul, with what philosophers call freedom” (Rothschild, 2009, p. 177). Self-knowledge, self-awareness, and the ability to self-reflect require the recognition of self, “a sense not only of who one is, but more important yet, the awareness that one is” (Bromberg, 2006, p. 176). This awareness is a sensation DID individuals may not have a firm grasp of. A self-reflective capacity enables knowledge of the self, existing in space and in time, with a sense of continuing from the past, through the present and into the future (Bromberg). DID individuals often lose time and space with no clue what is real and what is life seen through the alters’ eyes (ISSTD, 2011). Through integration, or upon unification, the individual will begin to understand how all the pieces fit together, that all the experiences they “witnessed” as happening to someone else were actually happening to them. They can finally learn who they are and observe the entirety of their life (Van der Hart et al., 2006). The following account provides an example of how a DID individual experienced integration.

At a certain point in the treatment, Sarah’s alters began to spontaneously unite. First, two at a time, then more. A pattern emerged in her dreams and waking life in which the children were becoming a “broth” and the adults a “cake.” She chose broth and cake because in her words, “both are substances in which although the individual ingredients lose their original distinct forms, none are lost and all contribute to the result.”

(Rothschild, 1999, p. 185)

Historically, psychologists aimed to eliminate the alters through processes of therapy to make the DID individual feel more capable to handle all aspects of their life (Van der Hart et al., 2006).

For other therapists, the *agency* of the DID individual is the most important factor in the decision to or not to make integration a goal (Rothschild, 1999). With increasing frequency, the therapeutic goal is not for dissolution of the alters. DID individuals often fear that an alter will “die” in the unification process (Rothschild). An alternative therapeutic goal is “not to blend disjointed self-states into one, rather, it is to increase awareness of the various aspects of self and to facilitate access to them at appropriate times” (Rothschild, p. 176). The sense of continuity, that sensation of unity, or feeling like one self while being many, is the result of mutual recognition and internal communication among self-states (Bromberg, 1998).

## **Stigma**

DID individuals who have been sexually abused face multiple stigmas. The majority of society, as non-DID individuals, does not understand DID. There is uncertainty and unpredictability in encountering someone who is more than one person. Clinicians and researchers within the field regularly report that most patients with DID make active efforts to conceal the disorder to avoid being “labeled crazy” and experience “fear of disclosing their abuse histories, distrust of others, or a general avoidant characterological style” (Gleaves 1996, p. 45). These fears stifle communication and foster isolation. DID individuals face additional stigmas that are derived from two primary sources: society and the medical community.

### ***Societal Stigma for DID Individuals***

*People with DID work full-time, they're married, they have children, they're just regular people who also happen to have DID...erase whatever you've seen on TV because that's not what it is (Fox et al., 2013, p. 335).*

Stereotypical views of DID often reduce DID individuals to entertainment value. DID is represented in media as: a popular talk show topic (Fox et al., 2013), an interesting token

character in a television drama (*Frankie & Alice*, 2010; *The United States of Tara*, 2009; *The Ward*, 2010), or culpability defense in criminal court (Orne, Dinges, & Orne, 1984). These messages spread by the media may not be accurate or even intentional, but they are the crux of information most people receive about DID (Fox et al., 2013).

In reality, most DID individuals remain low-profile and avoid drawing attention to their diagnosis for fear of the associated stigma of the disorder which could cause them to lose their job or status with loved ones or society (Fox et al., 2013). Thus, those DID individuals who are interested in fame and sensationalism often become the voice for the community, creating a vicious cycle of sensationalism of DID (Fox et al.).

The idea that all DID individuals are interested in sensationalism or fame also permeates the mental health community (Traub, 2009). For example, when the media spotlights DID, the reported cases of DID increase (Traub). In turn, the increased reporting of DID may be interpreted as a media-inspired phenomenon, which lessens the credibility of DID individuals. With the introduction of DID individuals into pop culture, especially *Sybil* (Schreiber, 1973), there was not only an increase in the number of reported cases of DID but an increase in the “the average number of alternate personalities from a typical two or three to an approximate 15 alters” (Traub, p. 351).

DID individuals are often encouraged to silence their alters in society, but even some treating physicians believe the best course of treatment is to ignore presenting alters to avoid reinforcement of pathological behavior (Gleaves, 1996). There are several parallels of this harmful advice that foster painful implications for DID individuals, which ceases communication and halts understanding. As the spiral of silence theory explains, silence erases individuals (Scheufele & Moy, 2000). Part of the reality for many DID individuals who are also child sexual

abuse survivors is that they were first pushed into silence about the abuse, then encouraged to keep silent about their DID for fear of stigmatization or worse by those who are supposed to be treating and healing them.

### ***Medical Communities and DID Stigma***

DID is among the most controversial diagnoses in use (Fox et al., 2013; Gleaves, 1996; Littlewood, 2001; Rieber 2002). Research identifies DID as early as the 1700s (Rieber), yet the theory that DID is not a valid psychiatric disorder of posttraumatic origin persists. The sociocognitive or iatrogenic position of DID theory contends that DID is merely a creation of psychotherapy and the media (Gleaves; Stickley & Nickeas, 2006). Previous diagnoses for DID symptoms include: “double consciousness, hysteria, catalepsy, somnambulism, fugue and trance states, mediumship and spiritism, demonic possession, visions and dreams, telepathy and telekinesis, automatic writing, crystal ball gazing...as mechanism(s) of medical anthropology” (Littlewood, p. 279-280), and the theory that DID was communication from the dead (Bartlett, 1960).

Historically, dissociation was tied to the Freudian theory, arguing that (especially in women), dissociation serves as an “ego defense mechanism against unacceptable sexual fantasy that creates internal conflict from the unconscious mind” (Stickley & Nickeas, 2006, p. 181). Dennis Bull (2001) opens his *Journal of Psychology and Theology* article with a proposal for treating physicians to consider the “phenomenological model of therapeutic exorcism of demons for DID by using the patient’s view of perceived demons and empowering them to use their own spirituality to expel them” (p. 131). A DID survivor explains, “I was [mis]diagnosed with everything. I was schizophrenic, schizoaffective, borderline, bi-polar, ADHD...diagnosis shopping. One counselor told me not to worry about it, I'll just grow out of it" (Fox et al., 2013,

p. 334). Medical professionals have even denied the validity of DID because of the suggested severity of abuse and torture seem implausible (Traub, 2009).

Dell (2009) suggests that exaggerated depictions of DID also mislead clinicians into believing that it is easy to identify the disorder based on alter shift. Rapid switching between identities is less common than is portrayed by the entertainment industry; in only a small minority of cases does the disorder present so extremely (Fox et al., 2013). Many therapists question the validity of the disorder because it was largely unrecognized until the early 1980s, after the movie *Sybil* (Schreiber, 1973) was released.

Some medical professionals pose the question: if DID is a result of childhood abuse, which has existed long before the 1980s, why did it gain so much traction in the last 30-40 years (Piper & Merskey, 2004)? More cases of DID were discovered between 1981 and 1986 than in the previous two centuries, when the diagnosis was still referred to as multiple personality disorder ([MPD], Putnam et al., 1986). The occurrences of recovered repressed memories (False Memory Syndrome; Piper & Merskey) began to grow during this time, as lawsuits against therapists increased. The stigmatization born of exaggerated and often-fictitious media representations of DID, coupled with the rise in diagnosis in the 1980s and the climate of fear due to False Memory Syndrome not only affected societal views, these ideas also impacted the medical community. This stigma has the potential to compromise therapeutic support.

DID is a diagnosis, but there are deeper implications directly related to the tumultuous history and social assumptions that accompany DID. Rather than sensationalizing DID, the following ethnodrama provides voice to a DID child sexual abuse survivor in order to educate others and create discussion to disrupt some of the spirals of silence surrounding these stigmatized groups. As the experience of childhood sexual abuse and trauma moves into

dominant social discussion, DID individuals and survivors may have a more supportive space to not only become visible, but to simply be. Beyond understanding the basic diagnosis, it is important, for the sake of the subject and deeper empathy (not sympathy), that more is understood about the stigma DID individuals face.

### ***Communication Scholars and DID Research***

*The only reason that I'm kinda willing to talk to you about it, is because I w- I would- I would like to- to think that maybe someday whatever you call it, that people would start believing that peop- that kids who have been severely traumatized and abused might in fact have something like this (Seaman, 2007, p.8).*

Many communication scholars and medical practitioners alike have turned to narrative, to the telling of stories, to enhance the richness and expand the scope of the data they collect (Charon, 2009; Fisher, 1984; Harter & Bochner, 2009; Jago, 2002; Rambo Ronai, 1992). The narrative research shift impacts the study of DID individuals by including survivor accounts to explore the subjective experience of DID individuals through interviews (Fox et al., 2013). Through sharing their story, DID individuals are able to maintain positive relationships, reframe and normalize their symptoms as challenges, organize and deal with DID experiences, reduce explanation of idiosyncrasies in personal relationships, and empower others to find resolutions to their difficulties (Fox et al.).

Clinical case studies dominate DID literature, most frequently ascribing statistics and lists of symptoms to the diagnosis. Qualitative research is important, but fails to describe the actual details of the lives of DID individuals in natural settings (Ross, 2006). Individuals with DID have much to teach us. Using subjective data, such as narrative, autoethnography, and interviews, serves to expand understanding beyond frequency statistics and clinical accounts.

These methods humanize and enhance communication research regarding identity, agency, and lived truth for DID individuals. Those who do not identify as “disordered,” those who have “found effective ways to reduce their distress and manage their disorder in their everyday lives” (Fox et al., 2013, p. 326), can be especially impacted. To further serve these individuals by giving them space to speak their truth, these methodologies extend communication research and enhance understanding of DID and child sexual abuse.

## Chapter 4 - Method

*I knew then that every time I saw a person on the street, I only saw his public shadow. I knew the rest, the important part, lived in layer after layer beyond my view. We have no idea what wonders are hidden in the people around us (Nelson, 2001, Monologue IV).*

### Project Conceptualization

The idea started simply enough. Lori and I met in 2009 in my office at work. She was a volunteer and I was an advocate for a community agency that investigated child abuse, particularly child sexual abuse, and we were both very passionate about child sexual abuse prevention awareness. My friend Lori was inspired to tell others about her experience as a child sexual abuse survivor to further child sexual abuse prevention efforts and help other survivors, *especially children*, come forward, but she was afraid of what people would think of her DID diagnosis. Lori sees her alter identities as protectors, who “saved her life” and “sacrificed themselves” by repeatedly bearing child sexual abuse occurrences so that she did not have to remember these events (Lori, personal communication, May 7, 2014). Her preferred identity is that of a survivor; someone delivered from harm through the protective capacity of her own mind.

Lori’s words are powerful. Her story is unbelievable, horrific, but also quite real. The alters have their own opinions, their own personalities, and their individual roles in Lori’s life. Lori desires to help children who are experiencing sexual abuse and to prevent future abuse from occurring through awareness. Her hope is that if others who have not experienced child sexual abuse or DID learn about her story, they may be more open to her message, and that other survivors still enduring in silence may be able to find their voice. Following, I introduce Lori as the study participant, and then explain interview protocol, study procedure, and the unique

ethical considerations of this project. I discuss using ethnography as a basis for ethnodrama. Next, I explain the value of autoethnography in communication research in the furthering of data dissemination. Finally, the research is presented in an application of method as ethnodrama and in an autoethnographic account followed by a discussion of implications, limitations and potential future directions for extenuating research.

### **Participant**

For this study, I met with a woman named Lori: a DID individual who is also a child sexual abuse survivor. I was able to audio record the meetings while asking questions and simply listening to Lori share information about her life story. In addition, I was invited to observe Lori at her place of business and also was able to meet with her therapist.

Prior to beginning interviews, I obtained Institutional Review Board (IRB) approval to conduct an oral history project to record Lori's life. Before data collection began, Lori signed an informed consent form bringing to her attention several things: she would be recorded and the information would be used for research purposes with the intent to publish her story. Explicit discussions about confidentiality were important and also part of the agreement; Lori specifically asked to use her own name, but no names of friends or family would be used. I also made certain that Lori knew that she could choose to stop participating at any time and that if she desired, I would remove sections of data or full interviews from the study upon request.

### **Procedure and Observations**

I met with Lori ten times in 2014 for 1-3 hours at a time and held informal discussion sessions, which were audio recorded. I transcribed the recordings, which resulted in over 50 pages of single-spaced interview transcripts. These informal sessions allowed me to ask open-ended and follow-up questions to better understand Lori's experiences. Further, I met with Lori

and her therapist to draw up a code of ethics to ensure the safety of Lori, her friends and family, and myself. The code of ethics includes such protections as: participants involved in this study will sign a release of information, direct interviews will occur with a third party of the focus participant's choosing on call, if an alter discloses abuse, the researcher will disclose the information to the participant's therapist to decide the method of disclosure to the participant, and no direct interview will last longer than 2-3 hours in any 24-hour period. (See Appendix A).

### **Ethical Considerations**

According to Ellis (2007), there are two widely accepted types of ethics: procedural ethics and ethics in practice. Procedural ethics are rules such as IRB standards, and ethics in practice are moral choices and personal conduct (discussed in previous section). Ellis would also add an additional ethical genre: relational ethics, or "an ethics of care" (Ellis, p. 4). Relational ethics include being true to one's character, being responsible for our own actions and their consequences on others, and acknowledgement of our interpersonal relationships while maintaining mutual respect and dignity (Slattery & Rapp, 2003).

IRBs set standards, yet operate on "the premise that research is being done on strangers with whom we have no prior relationships and plan no future interaction" (Ellis, 2007, p. 5). Extra care should be taken if the relationship will last beyond the research, as the effects of any kind of feedback can be dramatic. Working within "ethic of friendship, a stance of hope, caring justice, even love...a level of investment in participants' lives...puts fieldwork relationships on par with the project" (Tillman-Healy, 2001, p. 735). Jago cautions, "as soon as you put that 'I' on the page, you can't avoid asking if your revelations might be harmful to you or anyone else" (p. 753). It becomes a question of what to reveal and what to conceal.

In this regard, we must also consider our communication with our friend/participant. Of course we imagine we can be completely honest, but when the relationship will extend past the research (people we know included in our research), this is unrealistic. In research, as in life, it is prudent to “temporarily collapse, cordon off, and background one’s own values and ways of being, in order to best attempt to understand the subjects’ sometimes very different values and ways of being” (Falcone, 2010, p. 253). And when we find we cannot be 100% transparent, we must forgive ourselves, for we must constantly be aware, be walking a fine line to be in pursuit of our deepest motives when doing both ethnography and autoethnography. “The best any of us can do is to tell one another our stories of how we have made choices, set priorities, and...engage in the unfinalized dialogue of seeking the good” (Frank, 2004, pp. 191-192).

Beyond our own personal set of ethics, which usually includes something along the lines of “do no harm” (American Anthropological Association, 2015), we must determine how to be humane and still remain researchers (Guillemin & Gillam, 2004). However, we must also take into consideration how to remain human. The code of “do no harm” is meant to protect the participant, but does not necessarily include the best interests of the researcher or the community (Falcone, 2010). In the pursuit of authenticity and producing the most honest work for others, the researcher may also need to practice self-care and responsibly process secondary trauma. In this project, this is manifested through an ethnographic fiction, included below.

Through a further examination of the existing research in child sexual abuse and DID, it is clear there is an epidemic that is festering in silence, and a population in need of platform. Through postmodern/feminist theory, the hegemonic ideas that child sexual abuse survivors make things uncomfortable, and that DID individuals are abnormal, broken, shameful, and should be silenced can be shattered, and the value of all people, and all of the pieces of people is

fostered. The necessity of this lens is identified through the threat of the spiral of silence theory for those typically in the minority view. Therefore, using ethnodrama as a methodology to share a survivor's story, coupled with autoethnography to round out the data by including researcher perspective and an ethnographic fiction to examine researcher processing of traumatic data, a potential method emerges to give platform to DID individuals, child sexual abuse survivors, researchers in traumatic fields, and to critically reflect on ethics of care in research.

### **Analysis**

The analysis of this project utilizes two methods: ethnodrama and autoethnography. The ethnodrama includes Lori's own words to promote awareness of DID and child sexual abuse through the eyes of a survivor. The autoethnography reflects on the researcher's experiences, emotions, and ethical considerations for this project. An ethnographic fiction is also included as a means of processing for the researcher.

### **Ethnography as a Basis for Ethnodrama**

*"I don't know where all the pieces belong: I can only illustrate their puzzled coexistence" (Jago, 2002, p. 733).*

Ethnographic research involves collecting and interpreting data and sharing that information. Through this process, the ethnography often creates a construction of identity that may or may not be the way the participants see themselves (Narayan, 2012). Geertz (1973) contends that what ethnographers consider data is actually individual constructions and interpretations of someone else. Although analysis involves "sorting out structures of significations, established codes, and determining their social ground and import" (Geertz, p. 9), in actuality, ethnographers are still adding interpretation, classification, and significance based on experiences and understanding.

Ethnographies are “to be clearly argued, theoretically insightful, and intellectually persuasive” (Narayan, p. 5). However, ethnographers are often prevented from understanding others’ culture or public meaning due to “a lack of familiarity with the universe in which their acts are signs” (Geertz, 1973, p.12). For a culture to be represented as accurately as possible, it must be understood and evaluated on its own terms.

Even the best intentions of doing no harm, layers of analysis, interpretation, and sterilization are piled upon data in the name of science. Impacted by the pressure to conform to the “harder” sciences, ethnographers have been expected to keep their texts “plain and unpretending” (Geertz, 1973, p.3). “The difficulty is that the oddity of constructing texts ostensibly scientific out of experiences broadly biographical is obscured” (Geertz, p. 10).

While recognizing that layers of interpretation are not avoidable, stripping away the subjective interpretations of researcher, writing, publisher, contributors, editors, advisors, and readers, is to better represent someone’s story. One way to remove layers of interpretation is to use the participant’s own words. As an extension of ethnography, ethnodrama presents an opportunity to depart from more scientific practices to allow participants greater voice. “The point is not for some expert to show how much more he or she knows, but to allow people... to say what they have learned at such an enormous cost” (Gray & Sindling, 2002, p. X viii). One benefit of removing layers is that “understanding a people’s culture exposes their normalness without reducing their particularity” (Geertz, 1973, p. 14). This addresses Tierney’s (2007) call for cultural relativism, where no culture is superior to any other.

### **Ethnodrama**

In order to remove layers of interpretation, ethnodrama uses dramatic format to create a live performance of research participants lived experiences (Saldana, 2005). Ethnodrama,

consists of dramatized, significant selections of narrative collected through “interviews, participant observation, field notes, journal entries, and/or print or media artifacts. Simply put, this is dramatizing the data” (Saldana, p. 3). Ethnodrama is not novelty and not meant to replace traditional academic mediums; it is one form of presentation and representation of people and their lives (Saldana).

Ethnodrama is aesthetic; it examines the “crises and moments of epiphany in the culture” (Denzin & Lincoln, 2003, p. 377), “possesses emancipatory power and for motivating social change within participants and audiences” (Mienzakowski & Morgan, 2001, p. 221), and allows for a “manifesto that exposes oppression and challenges the existing social order through an artistic rendering or moral and political discourse” (Saldana, 2005, p. 3).

Conquergood (1991) argues for the “conceptualization of performance for shifting ethnography away from the assumptions of colonialist and objectivist social science and initiating the second movement of performance: humanity as performer, a culture-inventing, social-performing, self-making and self-transforming creature” (p. 187).

The primary goal of theatre is neither to educate nor enlighten, the goal of theatre is to entertain ideas and spectators (Saldana, 2005). With ethnographic performance then, comes the responsibility to create an entertainingly informative experience for an audience, one that is aesthetically sound, intellectually rich, and emotionally evocative (Saldana). Ethnodrama reveals a living culture through its character-participants, and if successful, the audience learns about their world and what’s it’s like to live in it (Saldana).

Furthering the value of these methods is the ability to go back to the data and participants to check the authenticity, while keeping the audience in mind (Gray & Sindling, 2006). This

research can live and breathe, do the most justice and the least violence (Ellis, Adams & Bochner, 2010).

In ethnodrama, the researcher may appear as a character (*Storm Tracking: Scenes of Marital Disintegration*, Foster, 2002; *The Guys*, Nelson, 2002). Some ethnodrama is a one-person show (*Voices in the Rain*, Keck, 1996; *14*, Casas, 2003; *Chalkboard Concertos: Growing up as a Teacher in the Chicago Public Schools*, Vanover & Saldana, 2003), while others utilize a multivocal cast (*Baddies, Grubs & The Nitty Gritty*, Mienczakowski & Morgan, 1998; *Street Rat*, Saldana, Finley & Finley, 2004). Ethnodramatists may even combine several interviews into one three-dimensional character (Saldana), however Mienczakowski and Morgan (2001) caution, “no fictional characters, dialogue, or scenarios are permitted [in the ethnodrama] unless they can be validated by informants and researchers as reasonable, likely, typical and representative of the range of behaviors and outcomes experienced in the setting” (p. 221). A playwright of ethnodrama is not a storyteller; she’s a “story *re*-teller” (Saldana, p. 17).

Playwrights of ethnodrama search for “the very moment that language fails them...the very moment that they have to be more creative than they would have imagined in order to communicate...the very moment they have to dig deeper than the surface to find words” (p. 53). Ethnodrama is a way to disseminate data, but it is also theatre. As a play is life with all the boring parts taken out, a function of playwriting is to use an economy of words to tell a story. Similarly, an ethnodramatist reduces verbatim research transcripts to “the juicy stuff” for “dramatic impact” (Saldana, 2005, p. 27). Theatre is the explanation of life to the living (Rivera, 2003). Authors tease apart the conflicting noises of living and make some kind of pattern and order. Theatre is a guide, not to dictate, but to show the way someone understands life, so that through audience perception, a new way of looking at life is born.

Theatre has the potential to reach a broad audience. Richardson (1994) explains, “it seems foolish at best, and narcissistic and wholly self-absorbed at worst, to spend months or years doing research that ends up not being read and not making a difference to anything but the author’s career” (p. 517). The presentation of research results as a performance script to reach larger audiences than traditional academic outlets (Richardson). Ethnodrama explores performance both as a means of engaging with stories gathered through qualitative research methods, and as a vehicle for “publishing the knowledge generated from that engagement” (Gray & Sindling, 2006, p. 12). There is a lack of academic dissemination of research into the general population, exposing untapped potential for research to become ethnodrama.

### **Ethnographic Fiction**

Ethnographic researchers are constantly in a flux of complete immersion and distanced observation. This push and pull can be especially intense in violent or traumatic research subjects (Warden, 2013). It can also stand to reason that researchers would be affected by the data they collect (see Behar, 1996). Yet, the emotional strain of research on the researcher is also real, and is an important piece of honesty in autoethnography (Warden). Processing through this trauma may take the form of ethnographic fiction (Behar, 1996).

Even the broadest definitions of ethnographic fiction tend to meet the following criteria:

1) it is a narrative nurtured by lived experience (one’s own, or someone else’s as gleaned through research, perhaps participant observation); 2) it is unfettered from the bonds of the precisely experienced and observed.” (Falcone, 2015, para. 10)

Autoethnography is meant to show researcher emotion and struggle. Through writing ethnographic fiction, we can also express researcher need for cohesion (McCarthy Brown 2011; Wolf, 1992), or in my case, my need for closure. Ethnographic fiction sounds scary, as “there is

something deeply unsettling about the liberties that we take in ethnographic fiction” (Falcone, 2015, para. 5). It is important to remember that fiction can also create a fantastical cohesion or closure in order to express a non-fantastical truth or value (Falcone). It can help a researcher put things in an order to process through traumatic research.

### **Autoethnography**

Widely accepted as scientific and therefore credible, academic, third-person writing is most often used for distributing research data. Even if the writing is all done in the third person, there has been hierarchical interpretation done to the data (Ellis & Bochner, 2000). The only knowledge we can truly hope to have native perspective of is our own, and the value of the telling of the experience of research should have a place of value alongside the research itself. Autoethnography offers a method of examining ourselves as researchers, and humans in the process (Jago, 2002; Rambo Ronai, 1992).

Autoethnography was coined by David Hayano (1979), conceptualized as “using cultural-level studies by anthropologists of their ‘own people,’ in which the researcher is a full insider by virtue of being ‘native’” (p. 739). Jago (2002) describes her methodology for engaging in autoethnography as being aware of her physical feelings, thoughts, and emotions, then compiling the data into a story; “no neatly packaged rationality, no linear timeline, no clear explanations” (p. 733). Usually written in first-person voice, autoethnographic work takes on many forms, both artistic and scientific.

A layered account approach is one form of autoethnographic research. Contrary to a narrative, the layered account does not present one unified, coherent story with a predictable beginning, middle, and end. Instead, there is a raw honesty, introspection (Ellis, 1991; Jago, 2002; Rambo Ronai, 1992), examined lived emotional intersections, (Ellis & Bochner, 1992;

Jago; Rambo Ronai), multivocal accounts (Rambo Ronai), contradictions (Jago), theory of consciousness and method of reporting in one stroke (Ellis & Bochner) using self as subject (Ellis) and attempting to communicate to the reader an account of self-experience (Ellis & Bochner; Rambo Ronai). Layered autoethnographic accounts provide the reader as many ways of knowing as possible (Rambo Ronai) in all their “muddled complexity” (Jago, p. 734).

Further, autoethnographic writing works to reduce hierarchy present in most academic writing, giving voice and perspective to human experiences (Ellis & Bochner, 2000; Rambo Ronai, 1992). Reflecting on and scrutinizing personal researcher experiences allows the reader an opportunity to learn more about the researcher as a human, her thought processes, meaning making, intentions, motivations – all important parts of a research project (Jago, 2002).

Rambo Ronai (1992) offers, “I am a survivor of child sex abuse. I am also a sociologist, a wife, a friend, and many other identities one might imagine for an adult, white female” (p. 395). Different characteristics of our lived experiences produce different ways of understanding the world, and ultimately, different priorities and analysis in interpreting and understanding research.

“Language can never contain a whole person, so every act of writing a person’s life is inevitably a violation” (Josselson 1996, p. 62). Language cannot do complete justice to a person; there will always be hierarchical issues of putting one voice (the researcher's) above others. Yet, as Rambo Ronai (1992) points out, we need words. We need form. Without them, we would not be able to relate to each other or convey our experiences (Rambo Ronai). Communicating our lives through autoethnography gives form to these experiences, enriching our data and strengthening our understanding. People tell stories to make sense of events in their lives; messy texts push this process forward, and allow all voices to have value without privileging individual voices (Denzin, 1997).

Personal narrative and autoethnography are gaining interest in social science research (Ellis & Bochner, 2000; Jago, 2002; Richardson, 1994; Rambo Ronai, 1992) as even positivistic, quantitative data is subject to researcher interpretation (Wilson, 1994). Through ethnodrama, the participant speaks in her own language, coupled with autoethnography where the researcher's perspective illustrates a new level of understanding, ultimately making research available to a wider audience.

## **ALTERS: an ethnodrama**

CONTENT WARNING: CHILD SEXUAL ABUSE, SUICIDAL ATTEMPT

### CAST OF CHARACTERS

LORI: early to mid-forties, hairstylist, healthy, stylish, vibrant, buoyant, chatty, quick-wit, humble, full of life and personality, child sexual abuse survivor, diagnosed with Dissociative Identity Disorder (DID).

SARIE: early to mid-thirties, mom of 3, grad student, military wife, sensitive, motivated, has ADHD, but is mostly organized, laughs a lot.

THE ALTERS (LORI says the alters look like her in some way.)

SAM: Lead alter. Early to mid-forties, controls the other alters, stoic, calm, in control.

KARI: An alter. Early to mid-twenties, loves to clean, very active, fit, red hair in a ponytail, blue eyes, very casual, but stays busy and is constantly in motion.

SARAH: An alter. 8-11 years old, but might be played by an adult, dark short hair that has been crudely chopped off, green dress that is two sizes too big, quiet, sweet, solemn.

JANE: An alter. 19-46 years old, seductive, outgoing, affectionate, Lori describes her as the "Slutty One."

ROSEBUD: An alter. 19-25 years old. Very angry, may come across as confrontational or bitter, introverted unless provoked, full of violence and vibrancy.

## SETTING

The play takes place in LORI's living room: a couple of armchairs and a coffee table and large rug would work. A countertop stands behind the chairs to suggest a kitchen counter. The ALTERS are behind a schoolhouse window that can be lit from behind. It should be set off Stage Right and behind the living room set. A sidewalk can be indicated in front of the school wall.

(Lights up on SARIE.)

## SARIE

It's difficult, maybe impossible to explain those things that seem to live in only our minds. Try explaining a dream, and you will most likely find you don't have enough time or enough words to explain everything. Our constructions of the beyond are always slippery. We experience it, we recall it, but our telling it leaves us with a sense of betrayal, even if our telling gives us relief from the anxiety that surrounds it.

(Lights start to come up on the living room; LORI is already on the couch.)

## SARIE (continued)

Our attempts to explain through words create a distance between the experience of the dream and its articulation.

(SARIE takes a seat, joining LORI, both drinking out of take-out coffee containers. There is a recorder on the table between them. SARIE starts the recorder. She has a notebook and pen out and occasionally writes in it. LORI begins to speak.)

LORI

I was abused as a child, sexually abused, severely. And um - because of that, as a child, I developed something that was called DID, which is Dissociative Identity Disorder. When I would be abused, my mind would drift off, and it would create another personality, and so, that's how I survived it. I mean, people look at me and they think, "That happened to you?" Well, they don't see - well, I'm functioning, I'm behind a chair, and I'm doing my job. You know, I'm a church-going person - I'm - but they have no clue, for the last 26 years, they've had somebody with DID cutting their hair. That's because that's how I survived extreme, severe sexual abuse. When I was 11, my father impregnated me, and there was an abortion that took place that I, personally, me, Lori did not remember, but one of the personalities did, and I really struggled with it at one point. I lost like 124 pounds when I found out about it - a lot of vomiting, a lot of distress happened. I was struggling with thoughts like, "Oh my God, I did this, and it's such a huge sin, and I'm gonna go to Hell." You, Sarie, you are from Kansas - Manhattan Kansas - and writing a book and play on how I survived all of that, and what this means, and how our society doesn't understand what sexual abuse can do to a child, and yet, how I am so functional, how I've managed to raise a family, how I've managed - I say lightly - being married (*Both laugh.*), but my DID literally ended up costing me my marriage.

SARIE

And saved your life.

LORI

Yeah. So. (*Tearing up.*)

SARIE

You don't even have mascara on, but here. (*Hands her Kleenex and gives LORI a hug.*) I'm trying to do some research to argue, kinda what you said, that people see it one way, but it's actually -

LORI

Another - a blessing.

SARIE

What's that word? A lifesaver? A floatation device? (*BOTH laugh as they move toward the armchairs.*)

LORI

I'm ok with who I am.

SARIE

I hope you know, I'm ok with who you are.

LORI

I do! Otherwise, I wouldn't have agreed to it. And I told you, what, like two years ago? Anybody who's gonna write my book, it would be you.

SARIE

I am in much more of a secure position now that we've talked with Bob, your therapist - who you call Buddy Bob, right? (*LORI nods*). You and I will sign the releases of information we drew up. As much as possible you and I will maintain transparency and honesty in regard to the interviews and the intent of the study, which is to do no harm.

LORI

And I - I think Buddy Bob is supportive of that. I would never, never do anything that Buddy Bob told me not to, because I totally trust his judgment that deeply. He very much has control of the system. Very much has control of the system. I don't know how he got that, if it's because that's his profession? Um - I'm glad that you told me that I was special to 'im, because I - (5 *second pause. Tears up.*)- always wished he was my dad. But he's not, so I try to keep it um - very, um professional. (*Long pause.*)

SARIE

(*Reaches for LORI's hand on the table.*)

Is it ok for me to do this?

LORI

Mmm hmm. Actually, it's good. Sometimes you just need to say stuff, ya know? (*Sniffles.*)

SARIE

I have somebody in my life like that, too. He was like a second dad. My mom's ex-boyfriend. I still cry because I miss him. (*Releases LORI's hand.*)

LORI

I used to freak out all the time, thinking that he's gonna retire. I was like, "Oh my God, you're gonna leave me?" because everybody leaves. Not that I blame them, but they do, and (*Gasps.*) when I think about the blessings that God has given me - losing that would (*In a whisper.*) just be devastating. Even though I know I'm not somebody he'd want his kids to bring home, I just um - (*Sniffles.*) Buddy Bob's kept me alive for a long

LORI (continued)

time. And I don't view myself as sick anymore - I used to - but I don't anymore. Because nobody understands these blessings like I do. I mean, do you know how much abuse I did not have to endure because of the alters? Do you understand that?

SARIE

I'm gonna try to.

LORI

It was my body (*Gestures to draw focus to her body.*) that went through it.

SARIE

(*Searches for Kleenex, finds toilet paper.*)

This is how we do it in the Norval household. (*Laughs and hands LORI a long strip of toilet paper.*)

LORI

I'm totally ok. I'm just saying that I - I totally recognize the blessings that God has given me. I really have. I just wish other people could see it, ya know, I've never seen the movie *Sybil*, but I know I've had enough people that know I have DID that ask, "Is that like the movie *Sybil*?" I'm scared to watch anything that could maybe give me a trigger. My brain? It's not a bad thing. You think about it. You have to do everything on your own. That would really suck for me (*Laughs.*) That would SO suck! I mean, oh, that would suck. Buddy Bob told me that today that Sam had came out during our session. Ok, part of me was sad, because I had thought that maybe I was normal again, that I had integrated, that the alters had gone, but most of me - 80% of me - was glad I hadn't integrated because I kinda suspected I

LORI (continued)

wasn't doin' my whole life on my own, because it wouldn't be this good if I was. Does that make sense to you?

SARIE

Yeah -

LORI

Because I know me well enough to know I couldn't get my bills paid. I couldn't go to work every day, I couldn't - if it were just me.

SARIE

Are there alters that do specific -

LORI

Yeah, there are some that do things better than I ever could. Even though I'm a color specialist, as a stylist, um - I've looked back at clients that have been in, and thought, "I don't remember seeing them." I have an alter - who I suspect is Kari - that's better at it than I am, because my customers come back more pleased than when I do their hair.

SARIE

*(Laughs.)*

Really?

LORI

Nichole was the alter that could draw. And I'm hopin' Buddy Bob gives you some of those drawings. You know, girlfriend, I have never been able to draw. Stick people – that's it. I saw the picture once, but it's been so long ago, I know it's gonna be emotional, but I think it's important for me to see it again.

*(SAM walks out behind LORI and speaks with her hands on LORI's shoulders as LORI's head drops. Sam is quieter, even mannered, and stoic, less flair.)*

SAM

Um – and I know that there's a Bible that has blood on it. Um – that I put between my legs after I had been molested. I gotta be honest with ya, I don't remember the whole story about that. And so I've gotta have Buddy Bob remind me of that, cuz it wasn't a story of mine: It was a story of another alter. Um – there's one thing that if anything happens through all this, that I have a desire, a dream that would be the most ultimate everything to me, would be to re-connect with a childhood friend that apparently I spent a lotta time with. Her name was Betsy. For years, we were best friends. She now lives in a mental institute and is severely schizophrenic and is not able to even be in society. Her dad abused us. Um – her dad was the preacher and we were the church, and if we didn't do what he told us to do, he said we wouldn't go to heaven. Sometimes that was – sucking his dick, sometimes that was having sex with us, sometimes that was – who knows? Um – he made us have sex with some of the other kids. Um – a very twisted man. The thing that is so odd is that my brother remembers this girl very well. And says, "Sissy, you spent so much time with her." I have zero memory. Zero. I still

SAM (continued)

to this day have no memory of her. I got in contact with her siblings, and her siblings sent me pictures of us as kids, and when I looked at the pictures of me, I knew that was me, 'cuz it looked like me, but it wasn't me. It was Sarah in some of 'em. It was Amy in some of 'em, it was Lori Ann in some of 'em, it was Katie in some of 'em, and it was Josh in some of 'em. It was everybody, but I never saw myself in any of those pictures. None. They all looked like me, because all the alters look like me, but they don't look alike. But I know that this girl I had spent a lot of time with: zero memory of her. When I contacted her youngest sister, Out of everything, I hope somehow I can find her. 'Cuz the family didn't wanna let me know, 'cuz she struggles so badly. Um - but I want her to know that I struggle as well, and that she's ok. I don't remember her, I can't tell you what she looks like, I can't tell you much at all. I remember doughnuts for some reason? Um - and I know her dad's name was David - that is something that my heart really wants, because we shared a lot of abuse together. But I don't remember what she looks like, and I spent lots of time with her, my brother said, lots and lots of time with her. I don't remember it. I know I had alters then, cuz those alters took a lot of abuse. But I feel like I have to find her and let her know she's ok.

SARIE

Mmm hmm -

SAM

I ended up messed up, too. But we have a blessing, whether it be her schizophrenia, or my DID, or whatever it is, we're ok. And

SAM (continued)

um - somehow, Sarie, I hope that when you write this book, it can reach her. That maybe she can look at me, at the picture on the front-a that book and say, "That's my childhood friend!" Ya know, that is something that is huge to me.

SARIE

I hope so, too. We'll pray for that.

LORI

*(LORI raises head as SAM leaves.)* So how's - how long are we gonna go before we get going on this book or your paper, or whatever -

SARIE

Who am I speaking with?

LORI

It's Lori - it's me.

SARIE *(Confused.)*

Ok. That was a close one. You blinked and you came back.

LORI

Hmmm -

SARIE

I'm going to ask you that from now on, because Buddy Bob said -

LORI

Oh, absolutely. It doesn't offend me. There's been times he's asked me, I've been like, "Heellllloo?! It's still me!" I know Buddy Bob has always told me he feels very comfortable saying, "Who am I talking to?" Even mid-sentence, um - sometimes when there's a longer session, it gets to where I can pop in and out and not even realize. Buddy Bob has always told me that one of the signs, um - is that I close my eyes.

SARIE

Mmm hmm.

LORI

Now, I don't know what that looks like. I've often asked him, "Can you videotape me, cuz I don't know what that looks like." Um - and he's never wanted to, that I know of. But I don't know what it looks like when I switch. I have no clue. I just know that I have an extreme headache, which is what I have right now, and I get headaches like this after I switch, or..

SARIE

Transition? Is that what you call it?

LORI

Mmmhmm. I wish I had all day with you, but to be honest, I think I'm gonna lie down. I'm ok, I just need to lie down and get rid of this headache. That's one of the side effects, I've got to tell you, of the alters, is, um - the more switching I have? Um - the more headaches I seem to have. And, um - (*Lost in thought, clicks tongue.*) -

SARIE

What - would happen if - and maybe you don't know? Let's say, if - if you were holding a glass of wine and you like, transitioned into your child alter, Sarah?

LORI

Psssssssh - you are asking me questions I don't know the answers to. I guess you'll just have to see. I don't know if she would put it down. I don't know - I don't know. Unfortunately, I have the kind of DID where there is zero memory - it's just loss of time. *(Rubs forehead.)*

SARIE

*(With concern.)*

And I can tell you're getting exhausted, too.

LORI

It's more of a - you know - I don't necessarily get depression when the alters are out a lot. I have learned over the years not to make major decisions when I have a headache like that and to be very vigilant of that kind of thing. When I was in the Nuthouse, they, um - I call it the Nuthouse - it seemed like I was on display.

SARIE

Is that like, um - a hospital?

LORI

When I was at General West, after the suicide attempt, there was a doctor by the name of Dr. Kyle, who did not believe in DID at all. And it felt like I was on display. But yet, there was a Dr. Danny, who knew Buddy Bob and his wife, who did believe in DID, that was very kind and gentle to me. And, um - I appreciated

LORI (continued)

that. Dr. Kyle was very mean, and um - very mean. Very mean. But I was fortunate that Buddy Bob was able to help me, and they still let me see Buddy Bob while I was there, ya know, and Buddy Bob was good to say, "Lori, keep your mouth shut, do your time, and get the hell outta here."

SARIE

What did Dr. Kyle do that made you feel like he was -

LORI

He just wants ta medicate everybody. And he would ask me trick questions.

SARIE

Like what?

LORI

Um - I was excited about, what movie, what show was it? It was like, *The Bachelor*, or somethin' like that. And he goes, "I think you are overreacting, I think you need Seraquil." And I was like, "What?!" Because I was happy! We were just talking about the show, you know, *The Bachelor*. And I thought to myself, "Do you give your wife Seraquil every time she has an orgasm?" Because that's how - he just (*in a robotic tone*) pumps the meds, pumps the meds, pumps the meds, instead of talking to the person? He's a quack, and if I woulda had the energy, and the knowledge to have his job, I would of. Dr. Kyle didn't believe in DID. I've seen him medicate people to where they are complete zombies.

SARIE

That's scary.

LORI

And you know, here's the thing. I got close enough to some of the therapists there – they even feel that way about him, but they're intimidated enough, they'd never say it. He's a quack. He never once asked me how I felt about anything, about what happened to me as a child. Instantly thought the worst, instead of looking at me as a whole person.

SARIE

That's scary. Doctors that just take pieces of you –

LORI

Right, And I saw 'im do it to other people, too. It wasn't just me. It was like *One Flew Over the Cuckoo's Nest*, I swear to God. I was ready to start eating crayons with a helmet on, I swear.

SARIE

(Laughs.)

Well, I am glad you don't feel like that anymore.

LORI

But there was one kid, I don't even remember 'is name, that was schizophrenic. Tyler. And 'e didn't want to take 'is meds. And one night, I had just had it. And I was like, "Tyler, take your meds! I've done had it, ok? I'm in here trying to have a mental breakdown, and you're stressing me out." And he was like, (Deep voice.) "Ok." (SARIE laughs.) The doctor should be able to say that. You know, here I am a patient. The pharmacist was like, "Wow, that's pretty good." Tyler was like, (Deep voice.) "Ok,

LORI (continued)

I'm gonna take the meds because she told me to." I don't know how people do it all by themselves, I would freak out.

SARIE

*(Long pause, checks phone. With sadness.)*

Well, I'm being beckoned.

LORI

She wants you to come get your kids?

SARIE

They want to go to lunch, and they are going to wait until I get there.

LORI

I'm good. I'm doing great actually. I feel really good. I have a headache, so I am gonna lay down.

SARIE

Yeah, lay down.

LORI

I feel great, I feel confident.

(LIGHTS DOWN.)

(LIGHTS UP on LORI AND SARIE IN LORI'S LIVING ROOM several weeks later.)

LORI

Are you recording now?

SARIE

*(Holds recorder.)*

I am. Do you want me to stop?

LORI

No. I was going to tell you about the um - keeping me safe, if it's because I was once suicidal, does that worry you?

SARIE

Um - *(Pause.)* that's a big part of it.

LORI

Ok. And I'm sure it is because I attempted at *such* an extreme level last year. Um - here's the one thing that's changed about that. Buddy Bob had told me at one time - that I believe - that alters don't normally go there as far as committin' suicide. They may wanna hurt each other, which is how I got all the scars. Do you remember that?

SARIE

Mmm hmm.

LORI

*(Gestures toward her breasts.)*

All those deep scars on my breasts.

SARIE

Yeah.

LORI

And, um - having, like being in the shower with a coat hanger inside of me, those are things that may have happened, but they're really not detrimental. The suicide attempt thing is - um - Buddy Bob and I have been able to come to this agreement in a comfortable way for myself that I have certain people in place that if I am starting to have those fears or those thoughts to a severity - I always have those thoughts of suicide, "My life sucks," you know - but to a point where I would act on it? Meaning I would go buy pills, go - do something like that? There are people that I have in place that I can call. And I've done that - at Christmas time, I had to do that, and I did it, and I followed through, and, and because of how long I had to be in the Nuthouse last year, I never wanna experience that again. I felt like I was on display. I had doctors comin' in to talk to me because they knew I had DID. I had doctors comin' in tryin' to pull out alters. Well, that's not gonna happen. There has to be - a comfort zone with the person I'm with - and they didn't get that. So, Bob was a huge advocate for me, to get me outta the Nuthouse, really, and that was the worst place for me, although I met a lot of really, *really* nice people, and the therapists and the counselors there were fabulous. But - but that's not what I need, and so we have this agreement and this plan in place where if I feel suicidal to *that* point, I know what to do and how to handle it, and that is how I do it. So you talking to the alters, (*Clicks tongue.*), and if they say things - like *that*, you have to know that that's not me saying it, and you have to remember - (*5 seconds of silence. SAM walks out and puts her hands on LORI's shoulders.*)

SAM

That's never gonna happen with you. Ok? I just need you to know I'm gonna make darn sure that none of 'em ever put you through that, ok?

SARIE

Am I talking to Sam?

SAM

Mmm hmm.

SARIE

I'm so happy to talk to you, Sam.

SAM

I'll put 'em behind the door if that ever happens, ok? 'Cuz I don't want nobody to have to go through this – what Daddy did.

SARIE

*(Pauses.)*

Ok.

SAM

And, when Buddy Bob's gone, I have to be away – we all have to be away, 'cuz that's what makes us completely safe, although, I do feel safe with you. They all feel safe with you. You just have to know that I would never let them do anything to hurt Lori or to hurt you, because – I'll put 'em behind the door – and I have complete control of the whole system, no matter what. *(SAM squeezes LORI's shoulders and leaves. Five seconds of silence.)*

LORI

*(Raises her head, as if just finishing a sentence she had been halfway through.)*

Every time Bob goes outta town, there's something that happens, so, ya know, him telling me that made me know that you know, he understands that you're not feeling real secure about it and everything, so, I guess, that was kind of a comfort for me, because I didn't know he was going to Brazil. I had no idea. But I - just know that every time he tells me something like that - it's his way of sayin' stay safe until I get back.

SARIE

And that was March 11th, right? *(Flips through pages of calendar.)*

LORI

Yes. And he's gonna see me a couple a times, but, you know, when that time comes, um - I - in the past 6 years that he's worked with the alters - ooh, I gotta headache - in the past, um - year - with, um - in the past 6 years with the alters, that has happened for some reason every time, either through a dream that night that he leaves, or - I don't know why that happens, um - the few integrations I've had, there has been only one in person that I know of, and that was to Buddy Bob. The rest have been dreams, where they melted, which was all the little ones. And the little ones were when the abuse started. But when you told me that there was still Sarah, and probably Jane the slutty one there, *(Scoffs.)* that tells me that I probably still got Sam who is the controller, and I prob'ly got Rosebud, who can be very mouthy, and Kari, who is *kind* of a main alter, even though what she - the original reason that she was here from what Bob and I can come up with is because of the abortion - is when she was

LORI (continued)

created. She also created Ruth- (*Grabs her head, rises to get her purse.*) I'm gonna take something for my headache.

SARIE

OK, sure.

LORI

*(From another room, digs through purse.)*

From what Buddy Bob had told me - *(Rubs her head furiously.)*

SARIE

You poor thing and your headaches -

LORI

I'm ok, I have Topamax- I wanted to talk to you about your code of ethics as well, because I really want you to not be afraid. I'm ok, ya know. I'm more stable and ok now, Sarie, than I was when I was married. As crazy as that sounds -

SARIE

*(Laughs.)*

No, I believe you. It's not!

LORI

You would think it would be different, because I had somebody there to support me, but that's just it - My ex-husband, Roger, did not ever wanna interact with any of 'em. And he really, um - refused. And I think that hindered me getting to the point I'm at now. I kinda think that every man is gonna be that way for me right now. That's why I like to hang onto my gay friends, *(Giggles.)* 'cuz they know that I don't wanna - they know where

LORI (continued)

I'm at. And I have some faaabulous support girls at church right now, and so that's why I kinda want your professor to meet me, so you know, when she reads that paper, she has spent a little time with me, and she doesn't think I'm a nutcase, because God gave me - I would have died, girlfriend. I'd a died. My brother had alcohol; I had - my friends - ya know? My DID. It's been more devastating to find out that all those kids and people were not real than anything. 'Cuz those were things that made me survive, and so - how I'm - I don't know, I just - you know that's kinda why I wanna have a chance to meet her or spend a little time with her before she reads the paper, because it's so important to me that she understands fully.

SARIE

(Pauses, thinking.)

How old is your youngest?

LORI

Twelve. You know, I know the play is prob'ly gonna raise a lotta eyebrows. First of all, let me tell you, my older children - now, the baby doesn't know, but my older children all know that I have DID. (Pauses.) They're ok. Elizabeth -

SARIE

There are older children than Elizabeth?

LORI

I have two boys that I helped raise, that were neighbor boys, and um - they know. And you know, my oldest son is a very - I

LORI (continued)

mean, he has even talked to youth groups, like with me, about child sexual abuse, but he knows that I have DID.

SARIE

And how old is your oldest son?

LORI

Eighteen. And he is very protective, ya know. He calls. You know, my suicide attempt changed my children - it really did. I need to clarify, Sarie, whether it be on video or on tape or whatever, I don't hate my ex, Roger. I mean, he didn't ask for what he got with some of the alters. I didn't ask for it, either. I didn't. But he didn't ask for that. If what you write helps people understand child sexual abuse, I don't care, I'm not into protecting who I am anymore, because good or bad, I am who I am. And I mean - if I gotta pick a name, ya know, I have 17 to choose from -

*(SARIE laughs loudly.)*

*(LIGHTS DOWN.)*

*(LIGHTS UP on LORI and SARIE chatting nervously  
in LORI'S living room.)*

LORI

So this guy bought me a diamond necklace and flowers, and I tell Buddy Bob, I'm like, "This new guy is killin' me, ya know?" Whatever, he...scares me, whatever. So the guy kinda backs off a little bit, but he sends me a little letter that just says, ya know, "I know your life has not been easy. And all I'm saying is you don't have to tell me everything all in one setting." And, um - he said, "My faith is strong," and he said, "I know I've only known you like 30 days," but I said, "Ok, you know, do you realize I met you when I was like another person? On Christian.com, do you know I was a different person?" And he said, "I do."

SARIE

Which alter was on Christian.com?

LORI

Kari, I think. May have been Jane. I'm not sure who he met. And he said, "Well, whoever it was, I liked her as well, and as long as you're not offended when we're together, if I feel like you're someone else, if I ask you who you are, that's all I ask." And I thought, "Do you realize, Buddy Bob and I have been going through this - we looked back - it was between '06-'07 and '08, with the alters. My own ex-husband - who I was married to for over 25 years - never said, "As long as it's ok that I ask you who you are, I love all of you." K-this guy's only known me- and I gotta tell ya, Sarie, he does. And he said, "The first thing we need to do is we need to go to church together and

LORI (continued)

share our faith before we share anything else." And I'm thinkin'—"Either God's playin' a trick on my mind, or — 'cuz you know he looks and sounds exactly like Larry the Cable Guy.

SARIE

*(Laughs.)*

Does he really?

LORI

*(Smiles and rolls her eyes.)*

Oh, dear God - only he's taller, and bigger stature. He's not a really thin guy, but you know me, I've always liked big, beefy, and bald.

*(SARIE laughs in agreement.)*

LORI

So I've talked to Buddy Bob about him. I haven't told him as much as I probably should. I don't know why.

SARIE

Well, let's talk about why. What makes you nervous about it?

LORI

So now, it's kinda to the point where the only time I talk to Roger is about the kids. And ya know, all the Godly things I shared with him are just gone. And that's sad, after 25 years of marriage. Um - I don't hate 'em, I don't resent 'em, I don't any of that. I feel bad for 'em, because he got stuck with me. I know I was hard on 'im, I know the alters were very hard on 'im.

LORI (continued)

I'm very sorry for that. I can't change it, but I'm sorry for it. Um - there'll be a purpose for him, ya know? (*Pauses.*) The new boyfriend has accepted me right where I'm at - regardless-right where I'm at, and I'm not accustomed to that. You know as many times as you and I've talked, ya know, you've accepted me right where I'm at. It's humbling to me. When Buddy Bob and I talked about this book, we feel like it's gonna be very healing for me, in the sense that you know my main priority is to get awareness out there of what sexual abuse can do, and how it can affect somebody. As devastated I was when I thought I was unified, I was just as devastated to find out I wasn't unified. The most devastation I have felt was when I lost the little alters. I just have Sarah left, as far as the little ones. (*Pause.*) Buddy Bob gave me some stuff when I went in. (*Grabs stack of papers.*) Some of the things I am going to show you, I don't remember at all. Everything was given to him by alters. When you have a lot of therapists that don't even believe in DID, you believe in it because you have seen it first hand. So it's different for you. Any rate.

*(Holds up a paper. Drawings are projected onto the window of the school house which acts as a projection screen.)*

This was drawn by an alter. Now mind you, I can't draw. This is a drawing by an alter by the name of Nichole, who - um - had an *extremely* southern belle accent, and Buddy Bob gave you this that explains each alter - (*Shuffles papers.*) and I wrote this trying to explain, and even writing that I popped in and out of alters, and you'll see that in the way it's written, in wording. This is a drawing that was made by Nichole of all the alters.

SARIE

Wow.

LORI

And I don't remember doing that. She had drawn that showing each one of the alters. This up here in the upper right hand corner is a picture of Jesus. Jesus always looked at all of us when we were being molested. And that's how we escaped – we would fly out the window with Jesus. He would put his hand out, and when he would put his hand out, the hole that was in his wrist, I would put my middle finger in there and he would grab my hand and just pull me out the window. So, from what I understand, that's why he's looking upon all of these alters. Each one has their own pain. Each one has their own significant abuse.

*(Points to the picture.)* Tina was one that was an exerciser. Run, run, run – more of an eating disorder type of thing. Buddy Bob asked me to explain all of the alters in the picture, and I tried to, but the alters kept popping in and out. Kari- um - experienced the abortion, and also created Ruth.

SARIE

That's the older one?

LORI

Yeah, and there is also Rosebud – who is very, very angry. But I do feel somehow, she was probably my most saving grace. Mean. Says horrible things. Very mean to Roger. Very. My brother told me that my birth father called me Rosebud as a little girl. I don't remember that. *(Points at picture.)* You know who Sarah is. Lori Ann was a little one, who experienced abuse, same as Katie. And-um. Jane. Jane has a certain set of skills? We all know Jane. We all know Jane is a slut. *(Laughs.)* LaRee is a

LORI (continued)

derivative of me, part of me, but the depressed part of me. Amy is another one of the little ones. Jacob – my memory of Jacob is that he had overalls on, no shirt, no shoes. Um – and in my mind as me, Lori, who, ya know, mind you all these people I thought were actual friends of mine growing up. But Jacob – all the other girls gave him a hard time because he farted a lot. And, um – but they liked Jacob, and he liked to catch crawdads, but he was scared of ‘em. So Katie, and Lori Ann and Amy and LaRee and Sarah all would help ‘im catch crawdads in the creek. But he was very tenderhearted. Um – Sam is the main alter. Can’t tell ya when she was created. I don’t think she was the first one. I think Lori Ann or Amy or Katie was probably the first one, I don’t know for sure. But Sam is the one that controls everyone and knows everything about all of ‘em. Knows all the secrets, and when Buddy Bob goes outta town, Sam puts ‘em away in the octagon stable, um – behind the doors. It happens in the form of a dream. Um – it’s an octagon shaped thing with the dirt floor and like a horse stable-type situation, and she puts ‘em all away behind the doors. Each one has their own door. Um – don’t know why she does it, but she does. Um – this is one – don’t know who, what, when, where, why. Just know that it was done in ‘08, in April of ‘08, and all it says is, “I want out” over and over and over and over. It says “fucker” over and over and over and over. (*Shuffles papers.*) I don’t know who – have no clue. (*Points to picture.*) This – is Lori Ann. Um – I think was done in ‘08 as well, of an abusive situation. Lori Ann drew this, and it’s Lori Ann laying on the bed with blood coming out of her. I remember her. I remember pink pajamas and plastic pants. Um – here’s all the alters standing at the door – watching. Um – this was my bedroom as a little girl, and something that happened to

LORI (continued)

me. My dog – my birth father killed my dog. He got angry at ‘im and beat him to death with a broom. Mommy was outside the door – and all my alters were on the inside of the door, watching Daddy hurt me, and this is blood that’s comin’ outta me. Doesn’t make sense really, but – um – but this (*Shuffles papers.*) when you look at this handwriting, I noticed in Bob’s office, it kinda freaked me out – this was something that was written by Nichole. She was left-handed. The rest of ‘em were right-handed, but Nichole was left-handed. (*Shuffles papers again.*) This is a knife with blood on it. This might be Rosebud, I’m not sure, but this was a letter to Bob written in ‘08 from Nichole. Nichole’s the one that could draw. But it’s obvious when we looked at that, that Nichole must have been left-handed.

SARIE

Yeah.

LORI

Now, I can’t even wipe left-handed, let alone write. (*Laughs.*) These are the parts; Bob has dissected that as much as he can. (*Shuffles papers.*) Um – this is a letter I wrote to my therapist to tell him about my childhood friend and her father that abused us, I told you about that, but I couldn’t get through it without triggering all over the place. And so those are things that you can read through. Buddy Bob and I were, you know, looking through all this stuff, and we’re thinking, “We have really done a lot of work,” I mean, you think about, I have only been trying to integrate since ‘06-‘07, it takes most people years and years and years, and I had seventeen different personalities.

LORI (continued)

Seventeen! And I'm down to – who knows? I wanna say maybe 4 or 5? I have no clue.

SARIE

Who do you think is still here?

LORI

Sarah. For sure. And I know Sam is. And I know Jane is. And I know Kari is by things that have happened recently– Kari's a clean freak and will stay up for days and days and days and not sleep and clean, clean, clean, clean, clean, clean, clean. Those are the ones I know for sure – and Rosebud.

SARIE

She's still around?

LORI

Mmm hmm. I have a loss of time and I think she's the one that's been out, she can control her mouth more than what she did. She used to talk like a truck driver. I mean - It's just – it's ugly. But you know, Rosebud took a lot for the other alters. It's her mouth that was very foul. But you know, Rosebud's probably the one I love the most, because when I realize what's been conveyed to me after she's been out, the abuse she took on behalf of some of the other alters is absolutely astronomical to me. Being bent over a log and sodomized by four different men because she didn't want the other ones to do it. These are the things I've learned – that I'm like, "Oh my God!" And I can sit here and talk about it, because it didn't happen to me, Sarie. It happened to my body, but it didn't happen to me. All it makes me wanna do is kill him. It doesn't make me feel like I'm having to - (*Sighs.*) - work through like what somebody else would if

LORI (continued)

they were the one that actually experienced it. It's like it happened to another little girl, and I'm wantin' to kill the SOB that did it to her.

SARIE

Mmm hmm.

LORI

My DID is a blessing - that a lot of this stuff happened to someone else, not me. It's such a blessing what God gave me. I didn't ask for it. He just gave it to me as a gift. Can you imagine how bat crazy I would be if I would be the one that had to go through all that? I can't even imagine. I would have never been able to be a mother or a wife or be a hairstylist and be successful at it. To get through college - to be any kind of decent human being - if I wouldn't of had them. Part of me wants to make sure that it's told how important it was that I had this - and part of it is the awareness of - you know, I kinda almost say, every man's a dirty bastard until they prove themselves otherwise. And that's not right, but that's how I feel. I don't care who they are, they're twisted until they prove otherwise - because that's how my brain processes it - (pause) - and I'd kill 'em. I'd kill any SOB that ever touched a child. I would take it on as a personal vendetta. I could literally disassemble a man that hurt a child like that. I could cut their limbs off while they're awake and not even think twice. It angers me that much, because I know what it did to me. But then, on the flip side of that, I was lucky. I've got multiple personalities. What about the kids that don't? What about them? Those are the ones that are underneath the viaduct. Those are the ones that

LORI (continued)

are shootin' up. Those are the ones that are hookers. Those are the ones that are selling their bodies. Those are the ones that have no lives whatsoever. You think about that.

*(SARAH enters slowly, goes to LORI and sits on the floor and takes LORI's hand.)*

LORI (continued)

The only reason why – as messed up as my life is – that I have any kind a life – is because of those 17 different people that saved me. Nobody understands me. All they wanna say is that the alters don't exist. And they do. *(Drops head.)*

SARAH

*(In a tiny voice.)*

And I like your hair! How come you always have such pretty hair?

SARIE

How are you?

SARAH

I'm good. I am, I'm in a corner. The grass is green. I like it when you come. I like your hair. I wish I had it. Mommy cut my hair. I don't like that. Cut my ponytail off.

SARIE

Why?

SARAH

'Cuz I liked it. 'Cuz I do like this. *(Pretends to flip ponytail.)* and she didn't like that, and she would say, "You're

SARAH (continued)

bein' snotty," and she cut my hair. (*Quietly.*) It was ugly.  
Nobody likes me.

SARIE

I do.

SARAH

I know, and you have pretty hair! (*Giggles.*) Can I have it?

SARIE

When I'm done with it.

SARAH

OK - you're so pretty.

SARIE

(*Laughs.*)

You're so pretty.

SARAH

You wanna be my friend?

(SARIE nods.)

You do?

SARIE

Is that ok?

SARAH

I have a friend named Roland.

SARIE

Roland?

SARAH

He likes ta play kickball.

SARIE

Ok, can I write down about Roland?

SARAH

Uh-huh! He's a black boy.

SARIE

OK.

SARAH

Mmm hmm - Mommy says I can't play with black boys.

SARIE

Do you know why?

SARAH

She says they're niggers. Annn - I don't like that word.

SARIE

What does that word mean?

SARAH

I don't know. It just means bad, I think. But I like Roland. He's really fun. He always picks me to be on his side when we're in school. And like, that's really cool when you get picked,

SARAH (continued)

'cuz we play kickball. And when we play kickball, that's like the coolest, like when you get picked first that means you're really nice. He always picks me first on the girls. I think he likes me. I like Roland. I like Mrs. Nicholas, too. She's black, too. But you know what? She can really read *The Boxcar Children* better than anybody else. Have you know that book?

SARIE

Yes.

SARAH

And you know what? When I was in her class – now I'm fourth grade – but when I was in her class in first grade, she would let me sit on her lap and I could suck my thumb and she wouldn't let nobody make fun of me. And then we made these little - um - plate things outta plas- or outta plaster things and mine broke (*Sadly.*) and I started crying, 'cuz I didn't have nothin' to give ta Mommy when she came to my open house. So she gave me hers. And she said, "That's ok, you don't have to tell nobody." And I said, "But Mommy will know, 'cuz yours looks good." And she said, "No, she won't. You just tell her it's one you made." And she used ta like tell us if we were really, really, really, really good, she would go across the street and get us some candy. So she would leave us in the classroom, and she would walk over to the grocery store and get us some candy. I liked her. I liked her hair, too. I like yours better, though.

SARIE

(*Laughs.*)

That's ok.

SARAH

But when I'd stick my fingers in her hair – do like this (*Runs fingers through her own hair.*), then you couldn't move 'em because it's so curly. And so I was sittin' on her lap and I suck my thumb and I'd put my fingers in there like this and I'd do like this and she'd be readin' *The Boxcar Children*. But I didn't have any friends when I was with her. Nobody liked me.

SARIE

Mrs. Nicholas liked you.

SARAH

She did. I liked her. Her husband was really mean. I heard her tellin' Mrs. Engel about it.

SARIE

What happened?

SARAH

I think he hit 'er or somethin'. I don't know. But I know that she really liked me. And she didn't like my daddy either. She told me one time, "If anybody eeeeeeever hurts you, you tell me." But I didn't tell her when Mr. Rademacher hurt me. (*SARIE starts to tear up.*) He hurt Trevor, too. And Pam. And he took pictures of us. I think I told the preacher man. I told the preacher man. (*SARAH touches LORI's hair and leaves.*)

LORI

(*Raises head and starts talking as if she were in mid-sentence.*)

Can you imagine what it would have been like in my life if I wouldn't of had that? I think about that, Sarie, and I can't

LORI (continued)

even - how could I go all those years and there be nothing that surfaces, and then all a sudden. I mean I kinda wonder how Buddy Bob - ugh - headache. (*Rubs her forehead.*) I wonder how long Buddy Bob had been talkin' to alters and didn't even know it. I think he kinda questions it, too.

SARIE

(*Sniffles, looks for Kleenex.*)

You wanna take a little break?

LORI

No, I'm ok.

SARIE

(*Chokes up.*)

Do you care if I take a little break?

(LIGHTS DOWN)

(LIGHTS UP ON LORI AND SARIE IN THE LIVING ROOM.)

LORI

I was unresponsive, tubes down my throat, and an alter came out saying, "Please, Daddy, don't hurt me. I'll be a good girl." And the doctor going, "What the hell?" And my best friend Regina saying, "She has MPD. You're talking to an alter right now." And the whole time, my husband at the time, Roger was out in the waiting room talking to his mistress.

SARIE

Ugh.

LORI

And then he comes into the room and he said, "She's just a fuckin' drama queen, trying to get attention." And the ER doc said to him, "Do you understand she took 66 ten milligram Ambien pills? That's not bein' a drama queen, that's checkin' out." And Roger said, "You don't know her like I know her." And he went out to the waiting room and starting texting his -

SARIE

No!

LORI

And that's when Pastor Mike and Buddy Bob came up, when I was in the other part of the hospital - not the nuthouse yet - still in the hospital. And Buddy Bob EPCed me - which is under protective custody - and made Roger be banned from bein' around me. I don't remember any of this, Sarie. I don't remember Sarah comin' out, and saying, "Please, Daddy, don't touch me," but Regina was the

LORI (continued)

one that was there. And the thing that breaks my heart - (*Starts to cry.*) - is that she's always been there. And I feel really selfish right now.

SARIE

You shouldn't feel selfish!

LORI

She has her own depression and hasn't had an easy life. I mean, she's -

*(LORI coughs, drops her head. Immediately JANE walks up behind Lori, wraps her arms around her neck from behind and purrs from over her shoulder.)*

JANE

But it's obvious you know who I am now. The new man - is the most faaabolous - mmm. But he'll stop lovin' me like everybody else has. (*Gently strokes the top of LORI's head.*) And I know that. Yeah, he will. (*Cups her hand gently under LORI's chin, then leaves.*)

LORI

*(Raises her head and begins as if she were mid-sentence.)*

Here's the thing about bein' in my position, Sarie. Nobody can handle this. They all wanna change me. (*Pause.*) I am so scared this man is going to dump me, and if that happens, I am going to be beyond devastated. I started cryin' about it last night. I couldn't even say that to 'im. I couldn't say it to 'im because

LORI (continued)

I was still afraid. But - anything good that happens in my life seems to always come to an end. I found a man that is willing to share his faith with me. I just - but is he gonna appreciate all of the parts that are left of me?

SARIE

You have to just be willing to find out. We all have baggage. All of us.

LORI

Yeah, but, Sarie, mine's not normal baggage, girlfriend. It's just not normal baggage.

SARIE

You just have to find your matching set.

LORI

I've never been with a man that I adore like this. And, you know me. Last time I saw you, I was like, "Ok, he's freaky deeky!"

SARIE

Mmm hmmm. Did you talk to him about that?

LORI

Mmm, kinda.

SARIE

You have to - remind yourself, because there are times I see it in you that you know it, and I don't know that you totally buy it, but I know you know it. I know you would say it to someone

SARIE (continued)

else in your position – that you are worth being loved. You have a ton to offer.

LORI

Mmm – I have several tons.

SARIE

You do! You have more love to offer than most people.

LORI

And all you hafta do is change the channel if you don't like what's on.

SARIE

Yeah, my husband can't change the channel. (*Laughs.*) He's stuck on one channel.

*(LORI and SARIE laugh.)*

LORI

And I'm glad that you love Sarah as much as you do.

SARIE

Gah – I do.

*(SARAH walks up next to LORI as LORI's head drops, holds her hand.)*

SARAH

Thank you, I love you, too!

SARIE

Awww!

SARAH

I just want your hair! I just want your hair. How come I can't have your hair?

SARIE

*(Laughs.)*

Because it's stuck to my head, silly goose.

SARAH

I can put it on my head if you want me to!

SARIE

But then, what would I wear? I'd need a hat!

SARAH

I'd let you wear my green dress! I have a green dress!

SARIE

Oh, honey, I don't think it'd fit me.

SARAH

Memaw made it for me. She makes everything perfect. I love Granddad and Memaw. They're nice. They love me. Mmm. I like you. I really like you. You have pretty hair. You're so pretty.  
*(Climbs onto LORI's lap.)*

SARIE

You're so pretty.

SARAH

You're so pretty.

(SARIE laughs.)

I bet you Mr. Rademacher wouldn't hurt you. If you wanna be my friend, he won't hurt you. So if we be friends, he won't hurt you.

SARIE

I am your friend.

SARAH

I don't have no friends except Roland. I like him. Always picks me to be on his kickball team. I like Roland.

SARIE

Is he in the same grade?

SARAH

No. He's in a bigger grade, but he's a nice boy. He knows 'cuz he got hurt, too.

SARIE

He did?

SARAH

Mmm hmmm.

SARIE

Who hurt Roland?

SARAH

His daddy, but we're not gonna tell nobody. (*Puts finger to lips.*) *Shhh.*

SARIE

(*Swallows, with difficulty.*)

I won't tell anybody.

SARAH

Mrs. Nicholas. I love Mrs. Nicholas. Mrs. Nicholas is so nice. She reads *The Boxcar Children*. Do you know *The Boxcar Children*? Do you know that book?

SARIE

Yes.

SARAH

Can I sit on your lap like I do Mrs. Nicholas?

SARIE

Maybe, we'll have to see.

SARAH

And then I can –

(*Sucks thumb for a moment, snuggled into LORI, hugs LORI, then leaves.*)

(LIGHTS DOWN.)

(LIGHTS UP on LORI and SARIE in Living Room.)

LORI

So, a client came in today. She's really good friends with the gal that delivered all of my kids, and the gal that delivered all of my kids is a huge spiritual support for me and was very, very supportive of me through the divorce – through all the sexual abuse stuff. I really struggled with a lot of the clean issues. I would stand in the shower, you know, douching for hours and hours and hours, and I'd have all the bleeding you know, because of it. I'd call my client's friend and she'd help me through all of that. And I've worked through the abortion stuff, you know, – hindsight 20/20 – and now knowing that's probably why I've had so many infertility issues, 'cuz I had to have a surgery to get pregnant, 'cuz of scar tissue being built up. Well, now, knowing that because I was so young when that abortion happened, that's probably what it was caused from.

SARIE

So you met your client through her? When did she find out about the, everything goin' on? The suicide attempt?

LORI

The suicide, yeah. June 17<sup>th</sup>, last year.

SARIE

And she has still come back to you for haircuts?

LORI

Yeah.

SARIE

Because you're the best possible hair stylist of all time.

LORI

She said she really likes the way I was doin' her hair, she wasn't about to change. The DID and the suicide attempt doesn't bother her.

SARIE

Was she surprised?

LORI

Yeah, probably. She said she didn't know much about me before that. Actually, she didn't know anything about the abuse, but she said it wouldn't have changed her mind about comin' in. She said she knows everyone has their own problems, and that I, Lori, have gotten through it by doing a good job working. She said she feels much closer to me now. All she knew about me before is that I had kids and they were a pain in the butt.  
(Laughs.)

SARIE

Well, if you have kids, that just comes with the territory.

LORI

And then another client, Dave, has known me, um - since, basically my early-married years. Um - went through the divorce part with me, um - along with the suicide part. His son John especially - has been very good support spiritually. His son, you know, originally was gonna be a priest and then, uh ended up meeting the love of his life, got married, and now has 750 kids.

(BOTH laugh.)

LORI (continued)

So at any rate, yes, the family has been very close to me and very understanding. We've known each other - it has to be like 26 - I think it was when I was right outta beauty school. So about 26 years.

SARIE

So you didn't even know about the DID yet when you met Dave and his family...

LORI

No. No clue. I've only known - it was in '04-'05. And I was talking to Dave about the book, and then about the DID and I asked him if he knew about me having it, and he said, "I don't even know what DID stands for!" And then I asked him if he knew about the sexual abuse, and he didn't know about that either. He's deaf - he has cochlear implants. He said he can't hear anything when he takes them out, so maybe I thought I was telling him and he didn't hear me! (*Laughs.*)

SARIE

(*To LORI.*) You may have thought you were telling him the whole time! (*BOTH laugh.*) Well, you know I spoke with Dave last week and he said some really wonderful things about you.

LORI

Like what?

SARIE

*(Shuffles through some papers she has.)*

Well...the glimpses of Lori I had over that period of time would suggest that she compartmentalized extremely well, because not only did she cut my hair and cut my hair well, she's a very caring person. Any time I'd talk to her, I'd know the depth of her concern for other people in making them feel good about themselves – from my grandkids comin' in here and having her braid their hair, to my son – both my sons who have had just an amazing relationship with her – and uh, that goes beyond cutting hair – that's people stuff. And, um – so, her ability, in my mind's eye, to reach out, um – if I were to have rated it, not knowing any of this, is extremely high and therein lies the puzzle, and that is how could she have compartmentalized so well, and to be so functional! Like, I can believe she could still cut someone's hair. I can't believe that she would be a 10 out of 10 in terms of people skills and working with people and feeling about other people.

LORI

You know, in the past they used to burn people at the stake or thought they were possessed by demons, but it was a gift from God. That's what it is. There was no other way. I've never known anything else. Ever. I started having penile penetration sex – intercourse, at the age of 3. I never remember one time any pain. Not once. Ever. I remember blood. I remember the heaviness, the dull smell – I remember seeing Jesus goin' out the window, pullin' me out the window. I remember Him talking to me. I remember sittin' on 'is lap. I remember – flying through the sky with Jesus. Never once do I remember the pain. But I never knew my alters existed until my therapist had had a conversation with every one of 'em – all seventeen of 'em. I

LORI (continued)

thought they were friends I had as a child. My brother thought they were imaginary friends. I thought they were real people. Come to find out, they were actual personalities that were doing things. I'd never known any different. I was just functioning. The 25 years that I was married, I never remembered having sex with Roger, but maybe 4 times. Maybe - 4 times. There was a personality that did that. So - Roger's not the bad guy all the way around. I mean, yeah, he has his share of faults, but I wasn't easy. It's not easy bein' with me. (*Long pause.*)

SARIE

Different identities don't communicate with one another?

LORI

Not all of 'em communicate with each other. Not all of 'em know each other. Some of 'em know. There's one identity that knows all of 'em and knows everything, and that's Sam, but she doesn't necessarily communicate that information to everyone. So, like, just because she knows everything doesn't mean I know everything. So like, one of 'em could of told you something that I didn't know I told you. Because when I was desperate, not long before I tried to commit suicide, I knew I was goin' down. And another time, when I knew I was really desperate, was when - um - one of the identities had revealed about the abortion, and I struggled, really bad with that. Um - and I could not get past that it wasn't my sin - it was a sin that was done to me, not a sin that I committed. I just wadn't(sic) buying it. I was havin' nightmares, I was hearin' babies cry in the night. Um - don't know why, but I knew this was a baby girl and I knew her

LORI (continued)

name was Carol Ann because I'd hear that name over and over and over and over and over and over and over. I knew she had blonde curly hair. A couple of nights ago, I had another night terror about this baby, and I had to call Roger in the middle of the night. It was horrible. And I talked to Dave's son, John, a pastor, about it because I could not (*Chokes up.*) get past it. And - and we were talkin' about it because there was a - a Right to Life march on, you know, right in the middle of town, and he said, "You need to go, Lori." And I said, "I don't feel like I deserve to be there." And he said, "Of anybody that deserves to be, it's you." And I - you know, someday I want to be able to go and just say, you know, these people that say that life does not start at conception, I wanna say "BS! I didn't even know. I was too young to even realize that was an abortion and I'm havin' dreams and nightmares about it, and you tell me it doesn't start at conception? Don't tell me that." Of course, I mean, how can that be? And so, John's like, "Exactly. You are the person that needs to be the spokesman. You didn't even realize that it was an abortion, and it affects you." And so, we talked about that - that was a really hard time, and that's been several years ago.

(LIGHTS DOWN.)

(LIGHTS UP SARIE is in an armchair with either the recorder or a laptop. She assumes she is talking to LORI, but it is actually KARI. KARI is bustling about the kitchen counter, which is behind the armchairs.)

SARIE

So it's the day before Easter, and I am observing Lori, in her natural kitchen habitat. She's wearing some spring green pants - (*KARI begins to pull her pants down a bit to moon SARIE, but it is not a "full moon."*) - about to moon me - lovely, thank you. I wish I could put that into words for the audience -

KARI

Hopefully your professor is single and he's good looking.

SARIE

I don't have any single male professors - well? No, they are all married.

KARI

Damn. What can't it be like something where I become the cute girlfriend?

SARIE

Why? I described that moment where you were in the kitchen and you bared your butt at me?

KARI

Snap!

SARIE

And how old are you?

KARI

*(In a British accent.)*

Twenty-five.

SARIE

Well, it was a fine twenty-five year old butt.

KARI

Well, thank you. I've been working out.

SARIE

And your shirt says "Stylist to the Bride" because you are a highly successful businesswoman?

KARI

*(still British)*

I am.

SARIE

And you recycle your Daisy Sour Cream containers just like I recycle my Fage Greek Yogurt containers.

KARI

My Memaw told me I'd never be rich unless I reused my foil, so I resorted to reusing cream cheese and sour cream containers to compromise.

SARIE

Memaw is your grandma?

KARI

Yes, my grandma and Mother Theresa reincarnation. Just Mother Theresa hasn't stepped aside yet (*Laughs.*)

SARIE

And you just loaded the largest wine glass I've ever seen into the cabinet. In fact, it couldn't even stand upright, it had to go in sideways.

KARI

I'm a wine connoisseur.

SARIE

That's good!

KARI

Expert?

SARIE

How else would you describe yourself?

KARI

As a very vibrant, multi-tasking - clean - I like to be clean.

SARIE

Mmm hmmm, your apartment is legit.

KARI

Messy.

SARIE

No, this is not messy for most people. I see some laundry on your table and some paper towels on your stairs.

KARI

OK, that's bad. I like to be organized, which right now, I am not.

SARIE

Why? *(With irony.)* What things have just happened that might have you unorganized?

KARI

Ok, in the last 24 hours I have found out, um - I'm cooking for 13 people, I have clients I had to go do today, and I'm transporting another DID patient to New Orleans to get help, to a facility there, and all of this is happening within 36 hours. I'm cooking a steak dinner for my boyfriend, who will probably not like what I cook anyway, I don't know why I bother, but nonetheless, and I am doing this because I think that when you multi-task it makes you a much more important person. It shows - it just shows something. I don't know what, but it shows something.

SARIE

*(Laughs.)*

Ok, so we discussed that you are how old, do you want everybody to know?

KARI

25, I am 25. I will be 26 in May.

SARIE

Is your birthday really in May?

KARI

Yes.

SARIE

May what?

KARI

19<sup>th</sup>.

SARIE

Are you a Taurus?

KARI

I am.

SARIE

Woooo! I'm a Taurus, too! That's why we're friends! That's why we get along.

KARI

But if you want to know when Lori's birthday is, that's in February. Do you want to know my birthday or her birthday?

SARIE

*(Confused.)*

Ok. Who am I talking to?

KARI

Kari.

SARIE

*(Excited.)*

Kari! I haven't talked to you in a long time! Um - well that's why you and I get along because I'm a Taurus, too!

KARI

Seeee?

SARIE

My birthday's May 1.

KARI

Seeee?

SARIE

Ok, Kari, can I ask you some questions?

KARI

Ask away.

SARIE

Ok.

KARI

And yes, I know who you are.

SARIE

OK, good. Are you ok with me being here?

KARI

Yes.

SARIE

Who told you about me?

KARI

Lori and Sam.

SARIE

Ok. Um - is Sam ok with me being here?

KARI

Sam's always ok with you. Buddy Bob told Sam that you are ok.

SARIE

Ok, that's important to me, because I want you guys to feel comfortable at all times. Um - ok, so you are 25 and you are born in May - May 19<sup>th</sup>. I'll get the boring ones out of the way first. What do you look like?

KARI

I'm relatively fit, like a slender build, um - I know how to do a lot of things (*Doing the dishes.*) blue eyes, red hair, medium length, it's to my shoulders right now, I wear it in a ponytail. (*Swivels foot, digs through LORI's purse, and retrieves a list.*)

SARIE

Um - would it be right to say that you have jobs that you do?

KARI

Yes.

SARIE

Can you tell me about those?

KARI

I do the things that cannot possibly get done. Things when it gets too much, like right now. See I know that her client gave her a recipe to follow - and I can't find it - but, I'm ok, I'm ok. I don't get worked up about much. (*KARI bustles around the kitchen in a whirl of activity. Debones a turkey. Boils water. Wraps up the trash. Work within set parameters.*) I'm always helping.

SARIE

So your job is to help? (*SARIE is suddenly worried KARI might think SARIE is a lazy bum.*) Am I interrupting your work? Do you need help?

KARI

You knock yourself out, girlfriend. I'm fine.

SARIE

What do you think the truth is about, you know - (*Deep breath.*) this is a big question. What happened, and like who - what happened to - where do you, I mean, how do you, or where did you-

KARI

Do you mean how'd I get here?

SARIE

(*Relieved.*)

Yeah.

KARI

Well just say, how'd you get here?

SARIE

I'm having trouble - I'm learning.

KARI

Well, I'll help you.

SARIE

Ok, how'd you get here?

KARI

I got here because, when Lori was about 12, that's how old I was when I came, at the river, um. Daddy took us up in the woods, and she didn't like what happened up there. So I came. When I came, um - I decided that I probably just shouldn't leave. (*KARI stops peeling eggs and looks at SARIE, maybe to make sure she is still keeping up pace?*) And then, when Daddy got Lori pregnant, that was really bad. And so, Lori went in first to the doctor, and then Lori Ann went in, and then ultimately I was there, Rosebud and me because we seem to handle stuff. So we ended up taking over - because Lori Ann was so little, she had no clue, and when it got really, really bad, I know what happened, I just freaked out and I know that's when Ruth came.

*(KARI bustles about in the tiny kitchen, fridge to sink, fridge to stove, fridge to oven, loads dishwasher, repeat.)*

KARI (continued)

And I remember seeing Ruth in the window. But I always knew that if I didn't keep the house clean and get stuff done, it was going to get ugly, me and my brother were going to get in trouble, did not want that to happen, so, any rate. (*Mixes stuff.*) Ultimately, that's what happened. The one thing I did learn – if you clean, you keep Mommy happy, you're ok, so that's what I did. I kept Mommy happy. And I cleaned and I organized, and I took care of stuff and it just worked, you know. It's ok, it's not bad. It just is what it is. The only thing that was bad was, you know, Carol Ann was taken from us. That was the only bad thing.

SARIE

Who's Carol Ann?

KARI

The baby. Carol Ann had blond curly hair, I never got to see her. I heard her cry. Right before I saw Ruth and the white haired old man, and the vacuum turned on, I saw her. I saw. I saw her head. Rosebud, me, um – Ruth – I think that was all. Well, Sam was there, but Sam's everywhere. That's the cool thing about Sam – Sam knows everything about everybody. There's no secrets with Sam. That's why Sam can control everything. Everybody always wants to know why can Sam control us because Sam knows everything about everybody, but not everybody knows everything about everybody.

SARIE

One more question. Where do you live?

KARI

I live with Lori. You mean, "Where do you go when you're not there?" Nowhere. Where do I go? Nowhere. That's just it. We're always here.

SARIE

How old is Lori?

KARI

You mean now? Like right now, like when I am talking right now? 46. How old's she when it happened? You mean with the baby, Carol Ann?

SARIE

Yeah.

KARI

11.

SARIE

Who all is still there? Do you know who all is with you? Who all lives with you and Lori? If I'm asking the wrong way, just tell me.

KARI

With me?

SARIE

Yeah.

KARI

Well, I mean, I still see Sarah. But she's not one to talk to anyone - so if you get anything outta her, you're doin' good. I'll tell ya that. I don't think she'll talk to anyone. But - nonetheless. Sarah's still there in the corner by the schoolyard, big green dress on, in the corner. Sam, Rosebud, Me - Nichole is gone. Way, way gone.

SARIE

Were you close with Nichole?

KARI

Honestly? (Pauses.) Odd as hell.

SARIE

Really.

KARI

Mmm hmm, she was a left-handed person. Very odd. Very odd.

SARIE

And no one else is left-handed?

KARI

*(Suddenly worried.)*

Don't mean that as anything bad, I hope you're not left-handed.

SARIE

*(Laughs.)*

No, thank you for your concern.

KARI

Probably shoulda asked that first. But, nonetheless, no, I mean just, when I say odd (*Whispers.*) she was an artist. Ya know, one a those? So, ya know. But, she told Buddy Bob goodbye, so it's not like that was any secret. She showed up and told Buddy Bob goodbye.

SARIE

(*Suddenly remembers.*)

Um - Lori's boyfriend is on his way here.

KARI

What?

SARIE

He's on his way here.

KARI

How do you know?

SARIE

Lori told me.

KARI

Aw, hell.

SARIE

And I really wanna talk to you. Do you think we should tell him not to come yet?

KARI

No. (*Sighs.*) You really think he's here?

SARIE

I don't think he's here yet, but he gets off work at 6.

KARI

*(Looks at the clock.)*

I won't stay around him anyway. Don't worry about it. Just tellin' ya, I won't. It's not my style. I like 'im. I have to tell ya, he's a nice guy. *(Phone rings, KARI looks at the phone, then looks at SARIE in panic.)* It's him! Tell 'im that she's in the bathroom.

SARIE

Ok. *(Picks up phone and presses screen.)* Hello, this is Sarie. Good, how are ya doin? *(Pause to listen.)* Awww, well, I answered the phone. Lori is in the bathroom. Is there anything I can do to help or do you need something? *(Pause to listen.)* Um - hold on one second and I'll ask her. *(Waits a few second, then pointedly, as if speaking through a bathroom door.)* White flour or wheat flour?

*(KARI mouths "White.")*

SARIE

White. Yeah. *(Pause to listen.)* Oh, good. Good, uh. Getting to the end of the school year. *(Pause to listen.)* Yeah. *(Pause.)* Well, yeah. *(Pause to listen.)* What's that? Yeah. Um - he's stationed in Virginia. Um - you want me to have her call you? I don't know what she's doin' in there - *(Pause to listen.)* Ok, bye!

*(SARIE hangs up phone and breathes a sigh of relief, looks up to see LORI looking back at her.)*

LORI

Who was that?

SARIE

Your boyfriend. He's bringing a loaf of white bread for dinner. Kari was just here and had me answer the phone.

LORI

I don't have all of these memories of what all the alters experienced or at least who got what abuse. I did journal some of these things that Buddy Bob told me about, and I remembered some of the abuse on my own...or the alters gave me the memory. I wish now I would have done a better job of journaling the things I have gone through these past few years. I think seeing it on paper makes me realize more that I have had my share of God's grace over my life, and also what a true blessing it is that I ever survived my childhood. I am amazed at the role that each one of them played in my life. Each alter is very special in their own way. Rosebud included. Really maybe she is even dearer to me than any of the others.

SARIE

I'm just gonna tell you - I've talked a little bit with Jane, and that's always a pleasure. *(BOTH laugh.)* I haven't really talked much with - I mean I have talked once to Rosebud. I don't know if she wants to talk to me?

*(ROSEBUD immediately comes around the corner and stands defiantly in front of LORI whose head has now dropped. After a 5 second pause, ROSEBUD speaks. She rarely looks at SARIE, usually looks at the ground, chews a nail, scowls into distance, and often grows.)*

ROSEBUD

I'll talk to ya.

SARIE

Am I talking to Rosebud?

ROSEBUD

Mmm hmmm.

SARIE

Rosebud, do you know who I am?

ROSEBUD

Mmm hmmm.

SARIE

Are you ok with me being here?

ROSEBUD

Fuck, yeah.

SARIE

Uh, with this play, or this paper, or whatever it turns into?

ROSEBUD

As long as you all fuckin' do it the right way. Just so you know, I put up with a lotta shit - I put up with a lotta shit, and I want that known.

SARIE

Ok, what is it you want me to know?

ROSEBUD

I'm not mad about havin' ta do it. I'm not mad.

SARIE

How old are you?

ROSEBUD

19.

SARIE

Ok. Why are you here?

ROSEBUD

'Cuz, nobody fuckin' understands anything.

SARIE

Tell me what they need to understand.

ROSEBUD

I put up with a lotta shit, and I took a lotta shit from everybody, all the time - to save her ass.

SARIE

Who?

ROSEBUD

Lori.

SARIE

Why?

ROSEBUD

Because I love 'er - I don't wanna talk about that.

SARIE

What do you wanna talk about?

ROSEBUD

I fuckin' want you to just write the book, and I want you to make it right, I want you to make it good, and I want you to tell it right. I want you to tell how mean - they all were - all of 'em. Gary, Linda - all of 'em. Roni, Larry - all of 'em. All of 'em. They bent me over the log, and they sodomized me over and over and over. I did that, and I did it for a reason.

SARIE

When were you born?

ROSEBUD

What year?

SARIE

What year, what month? What day if you know?

ROSEBUD

June 19<sup>th</sup>.

SARIE

What's your job?

ROSEBUD

Nothin'. Fuckin' kick people's asses, that's what I do.

SARIE

Whose asses have you kicked?

ROSEBUD

Well, I kicked Roger's ass one time when he called me a fuckin' whore.

SARIE

I'm sorry that happened to you.

ROSEBUD

Ehhhh - fuck it. It's ok. He's right.

SARIE

You think you're a whore?

ROSEBUD

Of course I am.

SARIE

Is that part of what you do?

ROSEBUD

Of course. Better me than her, right? Ah, fuck it. I don't care.

SARIE

Do you feel close to any -

ROSEBUD

Sarah, the littlest one. I'll kick your ass if you hurt her.

SARIE

Absolutely. I would want you to.

ROSEBUD

I'll kill anybody that hurts her. It's all I got left. Everybody else has been taken from me. Everybody else has been taken.

SARIE

Who has been taken from you?

ROSEBUD

Lori Ann, Katie, Amy, all of 'em. Gone. Gone, gone, gone, gone, gone. I ain't got nobody. Jacob - all he did was wear overalls and fart and catch crawdads and everybody made fun of 'em, and were mean to him to make him stop. And he's gone. I don't have no friends left. Sarah's the only one who likes me.

SARIE

You talk to Sarah?

ROSEBUD

Yeah.

SARIE

Can you tell me what happened?

ROSEBUD

To Sarah?

SARIE

Um - yeah.

ROSEBUD

*(Looks at SARIE.)*

Yeah, Mommy cut her ponytail off.

SARIE

Do you know why?

ROSEBUD

*(Starts chewing a nail.)*

Because Sarah liked her hair. She was lookin' in the mirror. And thought she looked nice, so Mommy cut her ponytail off.

SARIE

What else happened?

ROSEBUD

To Sarah?

SARIE

To you.

ROSEBUD

Everything. I did everything. I took everything. When they couldn't do it, I did it.

SARIE

Do you wanna tell me about any of it?

ROSEBUD

Daddy fucked me. All Daddy's cousins fucked me. Everybody fucked me. Neighbors fucked me. Everybody fucked me. Daddy poured bleach in me - tied my legs up.

SARIE

Is there anything I can do?

ROSEBUD

Nope. I'm good. Nobody cares about me.

SARIE

What about Lori?

ROSEBUD

She doesn't really know me that well. I get so mad at Roger. I could just kill 'im.

SARIE

Why?

ROSEBUD

'Cuz Lori loved him so much, and she begged him to stop, and he wouldn't stop.

SARIE

Stop what?

ROSEBUD

She told him to stop being that way, stop - talkin' to that woman all the time like that, and he was so mean. (*ROSEBUD chews a nail while looking at LORI, then huffs and stomps offstage. LORI raises her head and speaks as if she was in mid-sentence.*)

LORI

I don't have your intelligence to be able to explain to you what I am trying to say. Obviously, even now, I've never handled my life on my own, ever. Ever! I mean, my mind cannot wrap around - I've always told that to Buddy Bob, "Bob, I don't wanna be integrated, I don't want to be one," and he goes, "What?" You know, that's been our objective this whole time, and now I'm like, "I don't wanna be one," and he's like, "What?" and I'm like, "I can't do it, I can't do it." I mean obviously, judging by the headache I have right now (*Laughs.*) I must not still be able to do it.

SARIE

Or, this opportunity is here, and they're waiting for it. I mean, am I putting words in your mouth? I mean - this is something that's important to you.

LORI

You're not putting words in my mouth. What is happening is that finally somebody is finally listening that it's not that bad, that I'm not that weird. And I'm stuck as a damn hairdresser, because I'm not educated enough to be anything else.

SARIE

But Lori, the way you transform people's hair, it's like magic.

LORI

But 1 out of every 4 children are sexually molested by the time they are 5 years old. Penile penetration. Molested.

*(Long silence.)*

SARIE

*(Stumped and defeated.)*

Why is that?

LORI

Because we have sick SOBs out there. People need to know what it looks like. Look, I love doin' hair, and I'm not sayin' I'm not good, because I do feel like I'm good at my job, but Sarie, that's not what God's gift is to me, and I know that without a shadow of doubt.

SARIE

Is there anything else that the alters want to tell me?

LORI

I wouldn't know. I think they would be here. I don't think Buddy Bob's had this much activity. I think he's gonna be jealous.

*(Both go to the kitchen and try to peel  
hardboiled eggs with little success.)*

SARIE

I'm gonna use this bowl. (*Rinses bowl in sink.*) Hey, what is your birthday?

LORI

2-9-68.

SARIE

What do you think the number 19 means?

LORI

I have no idea. I just know that number comes up a lot. Even in my dreams, it comes up a lot. I have no idea.

SARIE

*(Into the recorder as a reminder to herself.)*

Ok, well, next time we hang out, please remember to ask Lori or whoever wants to talk to me what the number 19 means. Maybe I should ask Buddy Bob even, maybe he would know. (*Looks at phone, sighs.*) I wish I was helping more, what else can I do?

LORI

Peel those eggs, because they are pissin' me off. Peel the eggs, and I'll be happy. So what did my man have to say when you talked to him earlier because (*Smiles, pointedly.*) I wasn't there for the whole conversation?

SARIE

*(Laughs, pauses, with concern.)*

It's ok that you know that Kari was here, because I'm not telling you anything new.

LORI

Did he know that -

SARIE

Kari decided to tell him that you were in the bathroom. It was kind of like Kari and I had a moment.

LORI

You bonded.

SARIE

We did.

(LIGHTS DOWN.)

(LIGHTS UP on LORI center stage on the couch.  
SARIE is next to her on the couch.  
Spotlight on LORI.)

LORI

So I had this dream last night. I was sitting on a park bench with my brother, he had one arm around me and one hand on my lap. I put my hand on top of his. I looked at our hands and said, "I hate it that we have their hands." We sat for a moment, looking at our hands, hearts heavy. Even as children, my hands looked like our mother's hands, and his hands looked like our father's hands. He especially hated that connection - that his hands looked like my father's - hands that had caused so much pain. My brother lifted his hand and looked at it, and then said, "You know, we may have their hands, but we don't have their hearts." I woke up wondering what that meant. (Pause.) What does that mean? I think it's a reminder that, you know, we may take after them, but we didn't turn out like them. We don't have their hearts. Our hearts are created by God - we didn't turn out like them.

(All the ALTERS come out, stand behind and next to LORI only, leaving LORI noticeably surrounded and SARIE noticeably solitary. SARIE does not see the alters. In unison, the alters lift their right hand and look at it as LORI lifts her hand and looks at it. Lights down.)

(CURTAIN.)

## **ALTERS: an autoethnography**

### **The Writing**

*February, 2014-* Lori closes her eyes, and rubs her eyelids with both manicured hands. “Every time Buddy Bob (her therapist) goes out of town, Sam puts them all away.” Leaning back on the suede barstool-style dining room chair, Lori folds her hands in her lap. We sit at her tall glass-topped kitchen table in silence. I focus on the walls around us as not to pressure her into continuing. Ficus branches seem to frame her face as she peers past me and out the sliding glass doors of her apartment. She looks as if she wants to cut through the heavy grey February afternoon and find something warmer. I look everywhere she isn’t. The serving window to the kitchen frames a black microwave; a pile of unopened mail sits on a buffet table. The apartment is clean, the smell of several lit vanilla candles swirls up toward the ceiling. The black wire wall art reads “Live, Laugh, Love” and “wine.” My eyes focus on the lowercase letter “w” as Lori shifts in her seat, thinking.

“It’s like a stable.” She pauses to take a deep breath and taps her long nails against an autumn leaf shaped dish. “When he leaves, Sam puts them all into stalls in a stable.” I nod; shift my arm on the tabletop to show her that I am ready to write down what she has to tell me.

“Sam is the leader of the alters, she is the main alter. She controls the others, keeps them in line. Every time he (Buddy Bob) goes out of town, I have the same dream. Sam gathers the others up and puts them behind the doors of the stable. The stable is like a room, an octagon shape, with Sam in the middle. Each alter that’s left has their own stall. I can’t see inside the stalls, but it’s light outside, like daytime. The wood is dark and heavy. I’m comforted by the dirt. The floors are dirt, but it’s so soft...and clean. It’s a clean dirt, if that makes sense?” She pauses again to breathe, and looks at me as if to make sure that I understand. I nod again. Her

description makes perfect sense to me. Clean, soft dirt. I imagine this lovely dirt with the consistency of baking soda, packed down, dry, but if you run your hands along the smooth surface, your hand will be attract a small layer of velvet dust. Lori continues, “Sometimes it’s like I’m there in the dream, and I can pick up the dirt and let it fall through my fingers. It is so soft and clean. The floors are this soft, clean dirt.”

Lori stops to think and holds her head. “I have such a headache.” She gets up to get her medication out of her purse, which is on the kitchen counter. She disappears behind the wall that separates the kitchen and living room and shouts out, “Do you want any wine?” I laugh, glance at the huge wrought iron clock that presides over her living room. It’s only 12:30 in the afternoon on a Sunday.

“Sure.”

Lori returns with the wine, and we sip quietly. It is my first interview, and so far I haven’t recorded anything. I avoid the paper and pen for fear that it might seem rude and intimidating to write down everything she says. One minute, we are chatting casually about the project, and the very next, Lori’s speech slows and fades out, her head drops, her chin hits her chest. Lori is gone. Her body is there, but it is no longer Lori. I sit at the table with Lori’s skin, hair, clothes...but those eyes are no longer Lori’s. A mix of fear and awe steal my breath, and it feels like the room is closing in on me a bit. *Is this real?* “They only come out when I am really comfortable with someone,” I recall her saying, but right now it feels like I am meeting a ghost. Lori has told me all about her alters, but I didn’t know if I believed it until this moment, and how would I explain it? My intent to complete research has gone out the window and my mind races. *This is really happening. Do I say something? Do I introduce myself...to Lori? What do I say?*

*What do I NOT say? Do I talk to her like she is Lori? I wish Lori would tell me what to do!* In this moment it occurs to me that when the alters are here, Lori is not. I am on my own.

This alter, this child who is and isn't Lori smiles at me and then quickly looks away, her hands play with a ponytail that isn't there. She quietly giggles and looks up and me from under her bangs. "I really like your hair. You're so pretty." Her voice is high-pitched and tiny. I am now at Lori's apartment with a child wearing adult skin. She starts to talk about her teacher, Mrs. Nicholas. My initial shock and anxiety melts away. The mother in me wants to hear all about her school day and her friends. I listen attentively as she describes *The Boxcar Children*, her favorite book, always smiling. I watch as she endlessly twirls the end of a long ponytail that isn't there. She repeats over and over again that I am pretty, she likes my hair, and that she wants to be my friend. I see before me a child. This is not Lori.

I am no longer concerned with recording or interviewing; this could present some conflict to my research: both in meeting deadlines, and in any hope of remaining objective. My heart is adopting this little girl.

SARAH

*(In a tiny voice.)*

And I like your hair! How come you always have such pretty hair?

SARIE

How are you?

SARAH

I'm good. I am, I'm in a corner. The grass is green. I like it when you come. I like your hair. I wish I had it. Mommy cut my hair. I don't like that. Cut my ponytail off.

SARIE

Why?

SARAH

'Cuz I liked it. 'Cuz I do like this. (*Pretends to flip ponytail.*) and she didn't like that, and she would say, "You're bein' snotty," and she cut my hair. (*Quietly.*) It was ugly. Nobody likes me.

SARIE

I do.

SARAH

I know, and you have pretty hair! (*Giggles.*) Can I have it?

I write nothing, but I finally remember to at least start the recorder, when without any warning, the conversation rapidly spirals. Suddenly, Lori/little girl remembers something bad. She gags in response to memories of hairy hands. Someone has taken pictures; the pictures are in a boiler room. A schoolteacher? A janitor? I can't tell what is happening, I am completely inadequate.

I default to maternal mode and I guide her to the bathroom, so she can at least gag and puke into the toilet, I follow Lori/little girl to make sure she is at least physically safe. Lori/little girl asks me for tissue, then asks me to leave the bathroom because she has to pee and is embarrassed to have an audience. She wants to change her pants. I leave the bathroom. I stand/exist like a rock in the middle of the living room.

Lori emerges a few minutes later, casually brushes her hair out of her eyes and asks me if I want more wine. The little girl is gone from her eyes. I'm still a bit stunned. *Hi? Did you just*

*miss the tornado that hit your apartment? You have different pants on.* Maybe I was unwarranted in feeling a little angry with her. *You just left me alone with a stranger. You abandoned me.* My brief flash of irritation fades as Lori winces and her hands reach for her head. She disappears briefly into the galley kitchen and reappears with two goblets, both of which are almost full of red wine, and sets them down carefully. She fixes her eyes on me. “Alright, girlfriend. You look like you are gonna cry and I have a headache from Hell, so it’s time to spill it.”

I have no idea what I should or shouldn’t say to her. How do you tell someone they just disclosed child sexual abuse and may or may not know anything about it? This is a strange, narrow, slippery twine to walk on. Here is my friend Lori, who has told me to “cut the bullshit,” especially if I am uncomfortable, and just speak my mind. I had every intention of this- but now, I am frozen. If I tell her what happened, what if it is new information, abuse she hasn’t processed through yet? To know something deeply private, so intimate and traumatic about someone that they themselves may not even know feels voyeuristic and treasonous. She is watching me expectantly, waiting for an answer, and I am teetering on my wire of friend/researcher/secret keeper.

“You...left. I mean, you didn’t leave, but...it was a little girl...I think it was Sarah.” She takes a long sip of wine, smacks her lips together, “Really? I didn’t know she was still around. She must like you. She doesn’t talk to anyone.” I say nothing to Lori about Sarah’s disclosure. “You told me to tell you the truth, but I want to make sure I am doing and saying the right things when you transition, I am nervous I will say something stupid...” Lori had spoken at length with her therapist about her desire to share her story, and they had agreed it would be beneficial for Lori to do so. At this point, Lori and I agree that I should speak to her therapist about what I should do with disclosures from alters. I am terrified to make a misstep, to be irresponsible with

Lori and her therapy progress. I worked in the child abuse investigation field for long enough to know that telling someone they were abused must be done in a therapeutic setting.

A week later, Lori and I meet with her therapist, whom she affectionately refers to as Buddy Bob. Grey daylight streams through a large office window overlooking a parking lot. Lori, Buddy Bob and I have a long talk about the most intentional, thoughtful, respectful way to proceed with this project. I want more structure in place. I need guidelines. To be honest, I trust Lori, but I don't know the alters yet. How do I keep them safe? How do I keep myself safe? I hate to admit it, but I worry because Lori has attempted suicide in the past. We've talked about these feelings even before our first interview session. Still, I am nervous that we will finish an emotionally demanding interview and she will tell me everything is fine, but once I walk out the door she will reach for the bottle of Ambien again. Damn. I remind myself to check her cabinets the next time I am over.

Lori knows me well, and there is trust there, but she doesn't seem to buy that I will be totally comfortable hearing the graphic details of her sexual abuse. I remind her, and also reassure myself, I worked in the heartbreaking field of social work for ten years. It isn't the level of disclosure I am worried about, or even my own comfort I am concerned with. I have now met an alter. I am more prepared. I know what to expect, or at least I know what transitioning looks like. I want to know how to interact with Lori and her alters with the utmost care and respect. And now more than ever, after meeting Sarah, I want to help – but how do you help someone who does not exist in this time/space?

Lori escapes to the lobby and Buddy Bob and I meet privately about what had happened in the first interview. The disclosure Sarah shared in the last interview was abuse that Lori and

Buddy Bob have already worked through; it isn't a new report to them. But for Sarah it cannot be resolved. She is suspended in time.

I ask Buddy Bob what to do if I think I am speaking with an alter. His answer is surprisingly simple, "Just ask 'who am I speaking to?'"

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*"What happens when a story begins in absence?" (Pollack, 2009, p. 27).*

Lori's story echoes with the empty. The nothing. Her arms ache for a father who cares for her, loves her, protects her, swoops her up in his strong arms and carries her through the grocery store. Her memories of life before age 8 are simply not there, it is as if they belong to someone else. Her mouth longs to form words around a mother that loved her, but her mother knew about the abuse and did not protect her. Her childhood spans years in lived experiences, but lacks safety, comfort, and the simplicity of being a child. Her happy childhood memories of her best friends she would catch crawdads with at the creek were not real. As an adult, she was heartbroken to learn these playmates were actually her child aged alters, and even they have all integrated except for Sarah. In fact, Lori and Buddy Bob suspect there were originally at least 17 alters, and now there are 5.

Lori explains that integration happens in a dream; the alters "swirl together and disappear." Lori's eyes fill tears with when she explains, "I didn't know they weren't real until most of them were gone. It was like mourning. It was like all of my childhood friends had died." Only Sarah remains.

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*October 2009-* I was working as an advocate at a child abuse investigation facility, and Lori became a volunteer. We seemed to have an instant connection that grew stronger upon

learning we both held a deep passion for child sexual abuse prevention. In our first meeting, in a very matter of fact demeanor, she explained details of her childhood. She said she trusted me right away, and she knew that in my job I heard terrible things. She disclosed that as a child, she had endured horrific, repeated, violent sexual abuse by multiple perpetrators, including her own father, for many years. I sat in horror and awe as she disclosed her painful past so calmly. The way she spoke, so unfazed, was incredible yet confusing. She spoke as if these terrible things had happened to someone else, as if she were merely telling a story.

I assumed she had been working through this for years. “And in the last couple years, as if that weren’t enough to make someone crazy, my therapist and I discovered that I have alters. I have DID, from the abuse.” I vaguely knew what that meant, but I had never met anyone with DID before. I wasn’t concerned, as she told me her alters did not appear unless she was extremely comfortable or stressed, and then she leaned over and murmured, “or a couple of glasses of wine in.” We laughed. She was brave, humble, and also hilarious. I could listen to her for hours and not notice the time pass. I remember talking to her one evening and being so taken with her experiences that I almost forgot I had to pick up my children by six. The woman could tell a story. The worst part was that her stories were true. Her experiences pushed her to want to help prevent child sexual abuse from happening to other children. This was her reason for volunteering at the advocacy center.

My passion for child sexual abuse prevention took shape in a much different way. I fell into social work by accident after college, and in 2008, I started work at the advocacy center. As an advocate, I would sit with the non-offending caregiver; usually the parent or parents, non-offending just meant that they were not accused of the abuse in question. We would wait together during the child’s interview, either by our trained forensic interviewer or by a police

officer trained to talk to children, and conduct my own interview. I was to be caring, supportive, sensitive, and listening for indications that the non-offending caregiver would believe the child, support the child, and protect the child as we waited for the interview to conclude. After the interview, the investigator would return to tell the caregiver whether or not the child had disclosed abuse. I watched over and over again as caregivers crumbled, self-blamed, their nightmares came true; they were wonderful people, incredible parents, and somehow someone had still abused their child.

In 2013, my agency saw over 1,000 children, most of whom were involved in a sexual abuse investigation. My agency only served the southeast corner of the state during my employment. If there were 1,000 children being seen, then statistics said there were 6,000 children who had been abused who would never say a word to anyone, would go undetected.

In 99% of these cases, the perpetrator was (and still is) someone the child or family knew and trusted. My heart broke every time a parent heard the confirmation of their worst fears, that their child had been sexually abused by a trusted adult. I was desperate to fight it from the other side. I became a prevention education facilitator through the Darkness 2 Light organization in the hopes of teaching others and hoped that the agency I was in would be able to propagate this information in our community. I went to area high schools and gave presentations to the teenage parents as often as my schedule would allow. I taught some simple prevention tips to give a tiny bit of power back to parents, to give at least some proactive steps.

It did not work out. My employer was not able to take on prevention education because resources were already maxed out on investigations. I concurrently became ill in my third pregnancy and ultimately left my position at the agency to heal. But the fire never went out. If anything, the passion to educate others grew as I thought about returning to work, which meant

sending my children back to daycare. It was early 2013, and it was during that time that I reconnected with Lori.

*January 2013*-Lori wasn't volunteering at the agency anymore; she wanted to do something more than fundraisers. She felt led by God to tell the world about her DID and the horrific sexual abuse and incest she had endured in order to help other survivors speak up, and to educate people about child sexual abuse. I had been keeping a blog about my experiences as a mother, so she knew how much I loved writing. She asked me to tell her story. I was ecstatic, but also terrified. My mind turned over and over the idea. It seemed like a pipe dream. I love people's stories and had always wanted to write them down and share them with the world, but I had no idea how to write a book, let alone get it out into the world and do justice for my friend. Working at the center, I had often wished I could find a context in which to collect all the survivors' stories of heartbreak and triumph, to create a priceless compilation of truth. The community needed the truth. There should be rioting in the streets over the crimes happening on our watch. The families coming to the center needed the truth; they aren't alone. The value in these stories was education, connection, healing. And now here was an opportunity, but I had no idea how to go about it. Lori and I daydreamed about possibilities and even tried to do an interview in my living room. It was difficult to get together. My husband was deployed a second time. The project fell to the backburner.

Then one day, fueled by dreams and this ridiculous belief that I can do anything (thanks, Mom), I decided I was going to grad school. I wanted to find a way to make child sexual abuse prevention education louder, more accessible. I wanted to get my graduate degree in communication, with increasing prevention education work as my goal. I sincerely believed the structure of school and the education I would receive would help me tell Lori's story. I just

didn't know how or when or if she wanted me to write her story still. What if I wasn't qualified? What if she wanted someone else to write her story? Privately, I was crushed by the idea of someone else writing her story. I wanted to help my friend, and we had both felt God's hand in every bit of it, but then I was sent off down this other path. I didn't know what it meant.

*August 2013*-I packed up my three children, rented our house out, and headed to Kansas. Lori and I spoke often over Facebook, and when I would visit my husband's family, I made sure to see her and even squeezed in a few haircuts. She seemed to be doing well. She told me later she thought maybe her chance of sharing her story went to Kansas when I did.

*January 2014*-I enrolled in an ethnographic methods class and completely fell in love with the method of writing and studying culture. We were assigned mini-ethnography, and I immediately thought of Lori. After receiving approval from my professor, I excitedly called Lori. I explained that even though this wasn't a book, I could start telling her story. She said that the news couldn't have come at a better time. She had recently survived a suicide attempt.

The wind was knocked out of me.

My first emotion was guilt, the heavy kind of guilt that makes it hard to breath.

I felt like such a terrible friend, such a fool that I had never seen it coming.

The more I thought about it, I was angry, no, I was furious! *You don't get to check out! You are my friend; how could you not reach out to me? How could you?* And then the waves of gratitude crashed over me, she could have died, but she didn't. She survived.

I made arrangements to drive up to meet her at her new salon. As always, she was self-deprecating and cracking jokes, always smiling, but she was also frightfully tiny. Her previous salon had abandoned her because of the suicide attempt. I was afraid for her health. She assured me she was doing better. A few weeks later, she told me she had left her husband.

Visiting her again, I asked her if she wanted to postpone the project. She told me she needed the project. I agreed. I was afraid she might disappear if we didn't write her down.

*February 2014*-We got to work. I thought it would be simple. We would meet several times and just talk with a recorder on. I would ask questions when I needed to, but I wanted to just allow Lori to speak her truth, reveal her life, tell what she wanted told. And then I met Sarah and everything changed. Lori wasn't the only one with something to say.

*March 2014*-In ethnographic methods class, we read Karen McCarthy Brown's 2010 work, *Mama Lola: A Vodou Princess in Brooklyn*. The subject, Alourdes, a Vodou priestess is allowed to unfold on paper with the intricacies and complexities of her spirit voices. McCarthy Brown does not try to minimize the strength and guidance Alourdes drew from these guides and does not make mockery of these spirits, instead remarking that they "serve admirably to give order and definition to the different levels on which the drama of her life has unfolded" (McCarthy Brown, 2010, p. 15). Inspired by McCarthy Brown in *Mama Lola*, I resolved to give voice to Lori and the alters: deep, rich, full individuals who survived in a culture of their own with unique structures, hierarchies, rules, and where each member contributed. In addition to Sarah, I soon had the honor of meeting: Kari, Jane, Sam, and Rosebud.

Transcribing sessions, I realized how rich and dynamic Lori and her alters were. They didn't need me doing deep analysis or translation, they just needed a platform. I didn't want to add or take anything away from them because they didn't need me to. The transcriptions told a story. To add to them with my ideas and interpretations of Lori seemed wrong.

I had to dig into the literature to become the interviewer Lori and I needed me to be. In ethnographic methods class, we read Geertz (1973), who in agreement with social scientist Weber, remarked that man is an "animal suspended in webs of significance he himself has spun"

(p. 5). Such a view makes interpretation both the subject and the end product. The ethnographer studies the ways people create meaning or significance in their lives; how they interpret objects and events. A corollary of this position is that the people who are being studied should be allowed to speak for themselves whenever possible – they are the only true experts on themselves. But then isn't the researcher's interpretation also part of the research? To stay true to my beliefs, I would have to add my own voice.

Internal struggles ensued. Sure, my interpretation was different from Lori's, but where does researcher interpretation fit? What exactly is the value? Where is the line between a creative interpretation and a scientific interpretation of data? Ellis and Bochner (2000) argue

All truths (are) contingent on the describing activities of human beings...no theories or findings could ever be completely free of human values. The investigator would always be implicated in the product. So why not observe the observer, focus on turning our observations back on ourselves? And why not write more directly, from the source of your own experience? (p. 747)

This resonated with me deeply, and autoethnography, or the telling of the researcher's side of the story felt like a necessary part of this work. Telling the whole story prevents the erasure of human experience, and ultimately, of people. A researcher's role is more than merely collecting information. A researcher's role is the creation of a study and the act of selecting the collection out of the swirl of everything and explaining why it warrants a closer look.

Further inspired by Crapanzano (2004), I decided to use the words of the individual to allow for the most truth, the least amount of unnecessary interpreting as if from one language to another. My intention was to capture Lori and her alters as naturally as possible.

Empowered by the layered accounts and messy texts of Ellis (2007), Holmann-Jones (2005), Jago (2002), Rambo Ronai (1992) and many other brave autoethnographers, and with a shout out to my favorite forensic event, Program of Oral Interpretation (where speakers splice together work from different literary genres to make a singular argument), I felt encouraged that this was the right direction.

*May 2014-* I stood in my ethnography professor's small, narrow office, and lamented over how much I would miss ethnography after the project was over. The spring day was already warm, and the limestone building was becoming balmy. She sat at her desk, surrounded by exotic treasures from her years as an anthropologist, traveling and sharing and learning and capturing culture. "I wish I could just write stories and plays for my thesis." I asked her if she would plan my future for me. She laughed, and then paused, and then told me about ethnodrama: ethnography in play form. This was perhaps the greatest news I had ever heard! My bachelor's degree reads "Speech Communications/Theatre." I have always struggled to pick between my two true loves. Why should my thesis be any different? *Is this the crossroads of communications and theatre I have been looking for my whole life?* The wheels started turning. She suggested that Lori's project could maybe move forward into a thesis, turning our interviews into a play. Of course, I would have to have all the proper approvals from my department and the IRB. I excitedly proposed the idea to my advisor, and she carefully considered it. It was definitely something different, in many ways. She proposed the addition of an autoethnography to show the writing experience. A few months and a lot of paperwork later, we were a go. I was excited, and Lori was ecstatic. The project was moving forward, and Lori's story would be told!

*August 2014-* The next step for me was to take a playwriting course. Shifting communication gears to theatre presented a whole new set of challenges. Theatre has an agenda:

entertainment (Saldana, 2005). McCarthy Brown (2010) wrote that Haitian culture embraces this entertainment quality in passing along history. Whereas we may be “anxious that our history not be false, their anxiety centers on the possibility that their history might become lifeless or forgotten, what matters most is relevance and liveliness” (McCarthy Brown, p. 20). I had already resolved to do my best to avoid an agenda, other than sharing Lori’s story using her exact words, but theatre is theatre. Ugh. Here we go again with the internal struggle.

There is danger of violence toward participants in the hierarchical position of researcher. This is one of my greatest fears. I don’t want to erase anybody. What do we have as proof that we existed? McCarthy Brown (2010) points out, “In Great Atlantic culture, we expect history to be written with as much accuracy as possible. Yet, as current feminist criticism shows, the canons of historiography have not prevented the omission or misrepresentation of women in most accounts written about virtually any period of Western civilization” (p. 20). Even in what is considered traditional historically accurate scientific writing, oops! An entire gender of accomplishments was erased. Oops! We forgot the women! Not to say that an attempt at accuracy isn’t important, but consideration should be given to whose accuracy is being accessed, which details are important? What about emotional accuracy? What is being pushed back? What is being pushed forward? If Lori wants the world to know that she’s strong and successful and not to be feared or isolated, then that is her truth and I have taken it on as my responsibility to push her truth through because I believe that an individual’s truth deserves voice.

As a playwright, I was certainly interested in a good story, interesting characters, authentic motivation, dramatic action, crushing crisis, and the release of tidy resolution. The moment of truth arrived when I sat down to actually put all the transcriptions in order and see if there was a play as I had anticipated. A crushing realization started to set in – there was no way I

could present this exactly as is. It was crying for format, begging for stage direction. My duty as a playwright demanded that interpretive, artistic choices be made. How had I not thought of this? The play obviously had to start. The play certainly had to end. Someone had to choose a font. Someone had to decide where the characters would sit, stand, and interact. I was stuck. The play could not go on for hours, it needed movement. I would have to make cuts; I would have to make decisions.

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This is where maybe I should tell you that I struggle, and suddenly through this autoethnography, it is my job to figure out why. I am supposed to be in the driver's seat, and I am using up my time and space explaining why I shouldn't do that. Why am I erasing myself out of this work? Well, this should be uncomfortable.

To be honest, I feel like a giant impostor, someone who slid under the radar. *This program must have accepted everyone who applied if I am here.* I feel like I set out looking for an excuse to write a story instead of a thesis. Well, might as well go with it.

Maybe I should tell you first how I became a collector of underdogs, causes, broken things, rocks, and stories. I have always been fascinated with people's conversations. For years, I have collected sentences. I don't intend to eavesdrop; I just want to borrow a teaspoonful of someone else's life. Only sampling one or two sentences, and I just tuck them away on a scribbled note. That collecting of memories was an obsession for me, always souvenirs, every kindergarten paper, other kids' school pictures if they wrote my name on the back, something sprayed with my mother's perfume (Lulu), movie stubs, wrappers (I was going to make something really cool out of all of those starburst wrappers, though). I was so afraid of

disappearing. I was terrified of everything. The impermanence of everything had a solution. I was constantly collecting evidence to keep the anxiety monster at bay.

You see, as far back as I can remember, anxiety ruled my life. The most important things always seemed to change. Other than the recurring dreams of tornadoes, the other constant was the salient fear that something would happen to my mom. My dad left us when I was 3. My mom spent her life filling the void. She gave me safety in her presence, comfort in Friday nights on the couch with Pizza Hut and TGIF marathons. My mom in a Z, me behind her knees, my little brother leaning against her belly, and our old grumpy grey poodle wherever she could wedge in. My mother was the warmth in her embrace after she finally was off work and could pick us up from the babysitter, and coolness in the fabric of her dress that was always familiar, always smelled like coffee and perfume and the bright green Doublemint gum she kept in her purse. I came home from visits with my dad, stepmom, and stepbrother every other weekend and cried and cried, and then I ate until I threw up. I still don't know why. I guess I always felt like I took up too much space around everyone but my mom, so during those times I would try to shrink, to not offend or annoy.

My anxiety would peak while on visits to my dad's house. I would miss my mom and call her often. If she didn't answer the phone, I would try to be brave, but my brain often betrayed me. The anxiety monster would peak my imagination and loop terrifying running film over and over, where my mom couldn't answer the phone because she had been murdered. Her body was in her bedroom and she was reaching for the phone, but she would never answer it. We lived near Kansas City, and this was nightly news, people were murdered all the time. I would try so hard to tell myself it wasn't true, but if it happened to other people, it could happen to my mom... I started to obsessively redial the phone over and over and over only become more

hysterical as the possibility of something happening to her became more and more real to me. It wouldn't stop. At first, someone would find me, take the phone from my hand, and comfort me and reassure me that it wasn't true - she was just at the grocery store or at a friend's house. But when that stopped working, and the hysteria repeated itself every time this happened, the comforting stopped, and in its place came mocking by an adult family member who would grow tired of this repeated scene and answer my tears with a loud, sarcastic "Boo hoo hoo! My mom won't answer the phone!"

If this were to have happened to anyone else, I would be furious. It happened to me though, and somehow I can't access (justify) the anger. I can justify their actions and forgive them because I understand the stress of parenting, I know that tensions in a blended family can run high, and I know that adults, although grown, aren't perfect. I learned as a child that my feelings were a bother to everyone else. They were too much. Too big. Just like me. I try to make sense of this as an adult. Isn't it amazing how the simple act of even trying to understand someone's motivation behind his or her actions creates a space for forgiveness through empathy? I can rationalize my way through this, but I still have learned not to trust myself, especially my emotions. I learned it in the exasperated looks on others' faces. I have always been too sensitive, too empathetic, too nice, too eager, too positive, too everything.

I was in 3<sup>rd</sup> grade, a strange year where my weight shot up to over 100 lbs., when the urge to become smaller really surfaced. I slumped into myself, trying to disappear. It's certainly not easy to disappear when you are overweight kid. You are always aware of how much room was in a desk, a restaurant booth, how much room you would take if you had to share a seat on the bus. I was always taking up too much room, too much space, one way or another. Apologizing became a way of life. My body was too big, my mouth was too big, my brain was too big, it took

me too long to tell a story, and even my bushy/curly hair was too big. I was reminded daily of these facts, even by my family at times... except my mother.

My mom was my respite, my oasis, my best friend, my cheerleader, and refuge. I was never taking up too much of her space. And so it began that there was no higher position of glory or sainthood in my writing than that of a mother, and the high priestess of mothers was the blessed single mother. There was no honor higher in my heart or my stories, which often have mother/child connection. This is where a great deal of my sense of loss comes from in Lori's story. I understand betrayal from everyone in life, except mothers. I mourn this loss for her.

For those of us with ADHD, writing is a respite from the overwhelming appeal of *everything*. There is a common misperception that ADHD is a lack of attention; when it's actually an abundance of attention. That delicious constant hum of sights and sounds and smells is intoxicating, and it all floods our senses at the same level of importance. It all connects, and it all seems relevant. It's why I can't tell short stories. How can you possibly understand without all the details and context? My stories take up space, but writing allows me to condense, sharpen, edit. I don't stutter in these mediums. My mind doesn't explode like a firework. I don't topic-switch in the middle of sentences. I already know what I am going to say. I have no fear. If I know what I am going to say ahead of time, I don't have to worry about being too big, too much, taking up someone else's space. No one has to be patient with me while I stutter through my story and my mind yanks my story back and forth down one path and then another.

So now I understand. Writing is permanent, writing is patient, writing is safe, writing will not embarrass or betray. What I have to offer to the community of humanity is stories. I offer my stories to you as a gift, I am trying to make you laugh or feel and I will show you the stumbles and trips in my own journey so you won't feel alone, you won't be embarrassed, so you can have

peace that you are a human and so am I, and so is everyone. If I am writing for any reason now, it is to show how communication research reaches everywhere and has impact in every part of our lives, if we are truly trying to understand each other. Ultimately, I want you to see how connected we all are.

So this anxiety, this wish to collect and retain translates to the collection and adoption of everyone's sentences, details, and stories. And when you adopt, you become a caregiver. You don't take, you give. And for me, to give means to make myself smaller, give my space and my voice for someone else. I like to think it is out of selflessness, but deep down, the anxiety monster is still alive, and I have to admit the truth, *my emotions and opinions will do nothing but take up room.*

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When it comes to adding my voice to someone else's story, there is danger in the hierarchical position of researcher. This is one of my greatest fears. I don't want to erase anybody. What do we have as proof that we existed? We have writing. We have recordings. These lessons will most likely benefit our future generations. I struggled terribly with adding anything: stage directions, intention directions, and emotional interpretations all felt wrong. Extra consideration was necessary for the alters, which about killed me. Every single consideration meant more mental wrestling over what message was being communicated. *I have them onstage the whole time, what does that represent as far as Lori's reality? Do I have them wandering in the darkness of the background behind the school window?* Lori explained to me that when the alters aren't in the "stable," they are on the "playground" at the elementary school in Missouri and described the wall of windows to me. I pictured the stage setting as Lori's apartment, but behind us, always, would be the wall of windows with the alters on the other side.

In class, we read “rhetorical discourse is an interpretive act” (Biesecker, 1989, p. 113). Vatz (1973) furthered, “the very choice of what facts or events are relevant is a matter of pure arbitration” (on the part of the speaker) and how the communication of ‘situations’ is the “translation of the chosen information into meaning” (p. 157). I didn’t want to use my hierarchical power as a writer and an ethnographer to do violence to Lori’s story, but I had to. My interpretation would be added to Lori no matter what.

The best thing to do, as far as I could tell, was to be as thoughtful as possible and take those choices back to Lori and make sure the authenticity and intention remained. *Maybe someone else will find a way to be righteously strict and intentional enough to tell the participant to start from the beginning when the researcher hits the record button, but that person will not be me.*

As my playwriting professor and I discussed the set, we wondered about things like the alters motivation to come and go. *Does Sam control that? (Yes.) Why the schoolhouse? Does Lori know? (No.)* I asked Lori if physical manifestations of the different type of protection each alter provides would be appropriate. For instance, after a really tough question from me, what if Sam came out and put her hands on Lori’s shoulders in a calming, protective way? I imagined this to be very synchronized and choreographed. Each alter would have a reaction, to protect Lori, to avoid the question, to change the subject, to fight? Lori said that this would be appropriate and also really cool to watch.

I was comforted, but I still struggled. Biesecker (1989), borrowing from Foucault, echoed this idea when she wrote, “although individuals cannot freely choose the discourses that constitute them... a space for agency lies in the ability to traverse, intersect, and hold in tension competing discourses and attendant ways of being” (Biesecker, p. 113). With this in mind, I

wondered *does agency ever truly originate within the individual, even when we try really hard, or is it in vain? Is everything truly only subjective and in the eye of the receiver?*

Over and over in both my ethnography and communications methods classes, we had read that identities, positions in society and our negotiations of power all happened in a state of discourse (Foucault, 1972; Walkerdine, 2006). Our idea of what we were communicating only went as far as the space between others and ourselves, where it was met by the interpretation and experience of others (Derrida, 1968). If all communication and experience happened in the spaces between others and ourselves, between audience and exigency (Derrida), we could never separate experience from interpretation (Walkerdine). Beyond the construction of the “everything of everything” that happened in the spaces between us, that space was also the origin of the function of rhetoric. I had read, “rhetoric is pragmatic...it functions ultimately to produce action or change in the world. Rhetoric is a mode of altering reality...by the creation of discourse which changes reality through the mediation of thought and action” (Bitzer, 1968, pp. 3-4).

Per these aforementioned theories, dichotomy was essential for any real meaning to exist. Lori’s story showed these theories at play. Lori understood her DID as strength because her experiences pushed her to see how the alters prevented her from pain and saved her. Someone else encounters her space and their experiences or perceptions of DID would be different than Lori’s (more than likely that would always be the case, not just for Lori or for even DID individuals, but all of us). If Lori wanted others to understand that her alters are not a disorder for her, they are something positive: she would have to expose others to the idea. As more are exposed to the idea, and accept it, the more safe and supportive Lori’s world would become.

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Working with Lori reinforces the idea that there are parts of everything that cannot be explained in logical terms. Perhaps, as James (1892) points out, it is because we explain everything we see and neglect the space between.

Traditional psychology talks like one who should say a river consists of nothing but pailsful, spoonsful, quartpotsfull, barrelsful, and other moulded (sic) forms of water...were the pails and the pots all actually standing in the stream, still between them the free water would flow. It is just the free water of consciousness that psychologists resolutely overlook. (James, 1892, pp.164-165)

It's difficult, maybe impossible to explain those things that seem to live in only our minds. Try explaining a dream, and you will most likely find you don't have enough time or enough words to explain everything. Our constructions of the beyond are always slippery. We experience it, we recall it, but our telling it leaves us with a sense of betrayal, even if our telling gives us relief from the anxiety that surrounds it.

### ***The Reading***

*December 2014*-The play is taking shape, and my playwriting instructor invites me to hear the play out loud at a live reading to make edits as necessary. Lori asks if she can attend. I remind her that this play forever belongs to her and she is always welcome at every stage. Just to be safe, I ask Lori to clear it with her therapist. We talk about what it might mean to hear her story out loud. My playwriting instructor reassures me that Lori is welcome, as she has offered some of her students to read the parts. I invite my committee to attend.

*February 6, 2015*- The second we got to campus, I was a ball of anxiety. *Would Lori like Manhattan? Would she feel welcome? Would she love my committee as much as I do?* We met with Dr. Sarah first to grab some lunch. Lori couldn't eat. It was then that I realized that she was

more anxious than I was. I had not anticipated this reaction. I hadn't expected her to be nervous at all. I asked her why, and she couldn't really put her finger on it other than not wanting people to think she was "a freak." I was once again failing as a friend. *Of course she was worried about what people would think! They all know her story.* She was nervous to meet the professors. She was nervous to meet the actors. I focused on her, trying to be more aware, and tried to keep everything very slow and casual. Lori and Dr. Sarah talked as casually as possible about having kids and life in general to endure the wait.

Returning to Nichols Hall for the reading, we ran into the drama therapy student who was reading Lori that day. As Lori introduced herself, she laughed and then cried. The actor embraced and comforted Lori, quietly reassuring her that it would be all right and we could stop if needed at any time. I was so proud of my school.

We started for the stairwell, and Lori apologized over and over for her emotional reaction. I tried to reassure her, but inside I felt terrible that I hadn't been more prepared for her to experience this. I wished I had at least thought to bring Kleenex. We grabbed a box from Dr. Sarah's office.

Entering a freshly painted beige room with a large, expensive-looking dark wood table, a small group of smiling faces greeted us as we walked in. Lori clung tightly to my advisor's hand. I was deeply grateful for my advisor's kind heart. I wanted desperately for Lori to feel safe and cared for, because she is. As few more people settled in, one of my committee members distributed release forms for everyone to sign.

Lori and I had already agreed that we would explain a bit about DID at the reading. Before the reading began, I explained that we would possibly need to take breaks. Lori briefly spoke about DID. We disclosed that we didn't know how Lori would react to the reading. She

may experience transition, but that I am her friend and I knew what to look for. I wanted everyone to know everything is safe and under control. Most of all, I wanted Lori to have the experience she had hoped for, which was for everyone to see how “normal” she is and that you can’t identify DID individuals by appearance. The reception was positive. Lori thanked everyone for being a part of her story and we began the reading.

It was an incredible experience to hear the words out loud, alive, breathing. I scribbled notes in a spiral notebook as we went along. Suddenly I became aware of Lori fidgeting a bit next to me. I looked up, my eyes meeting hers, to make sure she was ok, and I realized I wasn’t looking at Lori.

I was looking at Kari.

A tiny panic ran through me at that moment. In a moment I am ashamed of, I worried what others would think. I didn’t want Lori to become a spectacle. She deserves more than that. More accurately, I worried that I had put Lori into a situation where she may be judged which would be a great failure. I quietly asked her if she wanted to take a break, to which Kari clapped her hands down loudly on the table and roughly pushed her chair back, announcing to the room, “I think it’s time for a cigarette!” I assured everyone (mostly for my own anxiety) that we would be right back. I made it into the hall just in time to see Kari slip outside.

I hurried down the hall and followed Kari out into the cool February sunlight. Kari started digging through Lori’s purse. “Who am I speaking to?” I asked. She said, “It’s Kari, girl!” I watched as she pulled a cigarette out of the pack and put it to her lips. “Are you doing ok?” Kari inhaled sharply as she fixed her eyes on mine. “It’s probably better. It’s probably better this way. Lori can hear about it from me this way. I can decide how much to tell her.” I was floored. Lori and I had talked several times about this play; she had read our interviews. She had permission

from her therapist. We had talked about the process and that there would be a class reading it, and that everyone was excited for the play and supportive of her and enthusiastic about her wishes to share her story for awareness.

But she transitioned. She left. I felt guilty and unprepared, as if I had caused the transition. I didn't know why she wasn't sticking around for the reading. "Are you going to be ok? Should we stop?" Kari became very stern, "No. Absolutely not. This is really important to her, it's really important to all of us. Please don't cancel it." I thought for a moment, watching cars drive past the University. Kari took a long drag of her cigarette. "Maybe I just need a few minutes alone? Some alone time would be good." I resigned, and asked, "Do you know your way back in?"

"I'm good, just need a minute." She started digging through Lori's purse again. I walked back into the building and headed down the hall. I was so disappointed in myself for not having every detail of the day under control. I was also anticipating re-entry into a room of questioning faces. Lori doesn't usually transition unless she feels extremely comfortable. I knew that wasn't the case. I felt terrible. I felt responsible. I wondered if people thought I was in over my head. Had I put her in a bad situation? We had been talking about this for weeks. I had to snap myself out of this.

I had to remember my own words to reassure Lori that she wouldn't be judged, "It's a group of masters level drama therapy students and my dear advisors who believe in this project. It's like reading the play in a supportive box of Kleenex that also gives hugs." This group, these people were the most amazing group I could ask for in terms of support and understanding. As I walked in, I said, "It will be a few minutes." That is all I needed to say. I wanted to say more. I wanted to explain. I wanted to apologize. I wanted to make sure no one was judging Lori or even

questioning my decision to have her at the reading. The funny thing is, no one said a word. Everyone chatted excitedly about classes and their own projects. Once again, I couldn't have been more proud to be a part of this school, this department, and a friend of Lori's. So, so proud.

Lori returned and said a small apology that was shushed away, and we immediately got back to work. The reading was kind and thoughtful. I was able to hear places I needed to cut back Lori's monologues, as the uninterrupted length of some of them in their natural state might actually kill an actor. There was laughter and tears. There was movement, natural movement that comes from a relationship built on trust and respect, and without blocking, it just was. As we approached Sarah's opening lines, I looked over at Lori to make sure she was ok. It wasn't Lori. This time it was Sarah. She smiled at me, and I pushed the panic away. I smiled back. She whispered to me, "Can I suck my thumb?" I told her, "You can if you want, or you can hold my hand?" She nodded and took my hand. The next time I looked over, I was looking at Lori. She looked back at me with tears in her eyes. "Thank you for this," she whispered. She patted my hand and folded her hands in her lap.

Gosh, Lori. No. Thank *you*. I tried to absorb it. The room seemed full of love and support. Occasional giggles, belly laughs, and tears. A few times, I thought we may need to take another break, but Lori wanted to push through. The play ended, the clapping ceased, and people started to act the way people do when it is time to go. Lori asked me if we could take a picture of everyone. Cameras and phones came out. We lined up as a group and Lori asked if Rosebud could come and stand by her. Of course, she meant the actress that had been reading Rosebud, but the actress understood. After the pictures, I went to pack up my things. As I stood up, I noticed there was a small crowd around Lori and "Rosebud." Lori was clinging to the actress, sobbing. I could hear a muffled "thank you" over and over coming from inside the hug. Some of

the other readers were there for support, hands on back, finding Kleenex. It was then that I realized, this was more than a reading to Lori. This was her life, being read out loud. This was her meeting her alters for the first time. This was her being able to look them in the face, hear their words, and most importantly of all, to tell them thank you. This was much bigger than me. It was much bigger than us. It was much bigger than theatre or degrees. This was Lori's heart healing a little bit.

There was a greater understanding and a connecting emotional experience that happened. There is no value that can be placed on such an experience, or words to encompass it.

Afterwards, Lori and I went back to my apartment to get her packed up to head back home. She said she felt wonderful and exhausted, but couldn't really put it into words. Later, I got a Facebook message from her, "Have been overwhelmed all day in a good way." She mentioned that Buddy Bob had been very emotional when she told him about the reading, "Was very happy that it was finally coming to pass but was moved by when I met Rosebud...he knows how much that meant to me." I asked how she was feeling. "Still just cannot seem to find the words to express yet? I know totally not like me to be speechless is it?"

*April 2015-* But then, I was thrown a curve ball. I was in the never-ending last stages of edits on my thesis. I had thrown in a quick sentence about the reading experience being emotional for everyone that had been there, and my advisor had asked me if I had heard any reactions straight from the drama therapy students. I must have projected the reactions I had received from my committee and Lori onto everyone there. I had experienced the reading as well, but my feelings about it aren't...what? Not important? Too subjective? I will wrestle with those demons later. My committee was excited about the implications and possible contributions to communication and drama therapy. I hadn't actually heard from any of the readers.

So I hurriedly sent out a quick email with very vague questions like, “What were your feelings about the play prior to the live reading?” and “What were your impressions meeting Lori?” to the members of the class that read the play for me. I waited for responses to come in. I assumed it would be easy for them to just shoot me a few comments about how it was powerful, hard to hear, etc.

A few days later, I got my first response. I glanced at the message preview, and my hands shook a bit as I scrolled down to receive the entire message.

“The thing I took from this experience was to never have a first read through in front of someone who the play is about.”

“I hadn’t read the play prior to the reading, so I was unprepared for the content.”

“It was irresponsible for the Communications Department to approve this project.”

Every person that responded felt that they were put in an uncomfortable position, that Lori’s therapist should have been there, and that they had been presented as therapists when they were there as actors. Several of the responses mentioned “de-roling,”<sup>3</sup> something that happens after a play (I am guessing at this point) and something that should have happened after this play. The readers that responded were also uncomfortable with Lori’s presence because the content of the play was traumatic. There was mention of “triggering” for the actors themselves. One person was concerned with the “duality of friendship” between Lori and I. One person was concerned that a therapist had not written the play.

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<sup>3</sup> De-roling is a drama therapy term, which involves “taking off the role” that you have taken on in a scene or play or improvisation. It makes sure that the actor/client has gone back to his/her reality and left the emotions and attitudes of the character behind. (Personal Correspondence with Sally Bailey, May 5, 2015).

I was completely caught off-guard. I felt embarrassed; after all, some of these people are my colleagues. I have seen them in passing in the months after the reading and had no idea. What must they have been thinking of me? I imagined the whole class sitting together and talking about how terrible the reading was, as several of the responses were similar. The anxiety monster crept in slowly and reminded me how *unprepared, unorganized, and unqualified I was to attempt something as unconventional as this. My qualifications are one “published” play and a mommy blog. There was a reason people color in the lines. Who was I trying to fool? Did I really think I was capable of writing a thesis, let alone trying something like this?*

I was so blown away. I had been very naïve. I went to talk to my advisor, and she reminded me that there is a reason this is so important. People, even drama therapy majors, don't want to hear these things. Lori's story is hard to hear because the things that happened are so ugly, and so true. There is no resolution. I have faith that the readers are very open-minded people, supportive and kind. They were uncomfortable because the format of the reading was not conducive to a therapeutic situation. But they didn't understand because they didn't know Lori's truth. And you know what, anxiety monster? I do.

The spiral of silence had reached us all. It gripped the drama therapy students and prevented them from sharing their feelings about the reading with me. They didn't want to offend me, they didn't want to offend Lori, and they didn't feel it was the proper place or time to speak out in front of my committee. So they endured a reading they didn't agree with. The spiral of silence had gripped Lori for years, how could she possibly share her story with a world that wouldn't understand? Silence seemed safer for Lori. The spiral of silence had even silenced me in *my own writing* of all places. As each list of edits came back for this thesis, asking for more of my emotions, more of my experiences, and more of me, the more uncomfortable I became. I

fought it. I tried to write my way around it, telling more of the linear story and trying to avoid the depths. My first was fear of adding hierarchical observations to Lori, but I had offered her several chances to use my work as a platform for her truth. I had not really changed much of the play, so my worries were mostly unwarranted. The next issue I had with adding myself back in was that it didn't really matter because it isn't my story, but it is. I am here, I am a part of this project, and therefore, it is my story. So I finally had to come face to face with the anxiety monster. What did it want from me? To shrink, to disappear. But why? Because I had learned my entire life that I was too big. Too much. Everyone was always happier when I was smaller, more faces smiled back when I was quiet and complacent. The truth is, I didn't think my emotions and opinions had value, and all I had to fight with was the truth. In my mind, the only "truth" was what someone else said was true. This is a painful realization. Why aren't my emotions and opinions truth? They are truth of my state of being, just like Lori's truth is that her alters are strengths. I had believed my whole life that my emotions don't matter, and it took this process for me to realize why that is a problem. I have children to raise and stories to collect. It's time for the spiral of silence to end.

I contacted the class to address their concerns. The ethnodrama reading had been an emotional experience, but it had been healing for Lori and that is the most wonderful ending I could ask for. Now there was one piece of this project that still needed an ending, so I resolved to write one.

### ***Sarah***

Sarah – participant description, March 2014

She sits in the corner of the playground. Her dark hair, once long and flowing is now choppy and short. She is always sitting here. Always in the same spot, always a bit in the

shadow. She is young, maybe six years old? Her tiny body is forever curled up, forever curled into herself. Her knees take up the space beneath her chin, a space without much to offer in the way of room. Her green dress is pulled tight against her skin and bones. She is small. She has to be small. She wants to be smaller. She wants to be invisible.

Lori has told me that this little girl has light eyes. She has endless tears. She has a blank stare. She doesn't speak. She never speaks. She sits in the same spot, always a bit in the shadow. I strain my eyes to see her. I want to see her. I need to see her, but she doesn't want to be seen. She hides her face in her knees. She hugs her short pale legs tighter. She pulls her dress, cotton, green, faded, hand-me-down, a bit too big, and it complies with the give that aged fabric will.

The grass in the schoolyard is a perpetual green, a deep emerald that never fades. This tiny, silent fixture and the jade lawn exist in an eternal, perpetual spring. No one grows older here. No one dies here. No one really lives here, either.

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“I like your hair. It's so long and pretty. I wish I had hair like you.” I almost dropped my pen. Here, Lori and I were talking about my last haircut, and suddenly, Lori was gone. In her place, in her chair, in her eyes, was Sarah.

Sarah smiled shyly at me, slumped a bit in her chair. She fidgeted with her short hair, twirling it as best she could around her fingers. “I used to have long hair too, but my mom cut it. I used to flip it over my shoulders like this...and like this...and like this...” Sarah brushed imaginary locks over each shoulder and tossed her head, very much looking the part of any little girl who wanted to be a princess. Very much looking like my own little girl who wants to be a princess.

Sarah stopped and smiled at me. She pretended to play with a long ponytail that was no longer there. Squirming in her seat, she prepared to ask me something, but didn't seem sure how to make the words. Finally, she offered, "You won't tell anyone where I am, will you?" Her eyes pleaded with mine. Her hands shook a bit, and she went back to her missing ponytail. "If we are really still, and really quiet, he won't find us here. I won't let him hurt you, though. You're so pretty."

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Lori knew a lot about Sarah from therapy, the other alters would talk to Buddy Bob about Sarah. But Sarah didn't talk to Buddy Bob. Sarah never really spoke to anyone, but she was speaking to me. Lori often said she wasn't sure why Sarah was still around. She felt that the adult alters that were still around had jobs: Kari was the multi-tasking cleaner/organizer/getting stuff done alter, Sam was the calm controller of all the alters, Jane was the "slut", and Rosebud was the angry, fiercely loyal protector. Sarah didn't really have a job that Lori knew of. Her guess was that Sarah was still around because she still had something to say, and since she didn't speak often yet was speaking to me, I felt a huge sense of responsibility and honor. I don't know how else to explain it, but I instantly loved Sarah. I found myself writing her into form based on descriptions Lori would give me. I was becoming deeply attached to an alter personality.

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The day Sarah disclosed sexual abuse by her teacher to me was one of the hardest things I had ever been through, but it wasn't news to Lori. She already had worked through that disclosure with her therapist. So Lori had dealt with it. But I struggled. Meeting Sarah and not being able to help her was paralyzing, and is echoed by Rothschild (2009), who when working with DID individuals, also became attached to some of the alters:

I would hear the details and feel either terribly sad or overwhelmed with a mix of emotions, or, sometimes strangely devoid of feeling, finding myself wondering, “Is it true?” I knew she couldn’t make this stuff up, but it was so extreme as to seem unbelievable... afterward I would find myself compelled to repeat the stories over and over to whatever supervisor or close colleague would listen. I had to process the secondary trauma of witnessing such incredible abuse. (Rothschild, 2009, p. 178)

Personally, I worked for years in child sexual abuse investigations and prevention. And here was a child, disclosing abuse to me in real time, as if it had happened hours before instead of years, and *I couldn’t help her*. I couldn’t tell her we would make sure she was safe. It would be lying. I couldn’t report to anyone. Because she isn’t accessible in this experiential plane... she’s like a ghost, a memory... the abuse will never stop for Sarah, not as long as she exists as a little girl, a third grader who lives in the schoolyard, in the corner.

This heartbreak had no foreseeable relief for any of us, especially Sarah. I had to do something, but what could I do? I fell back on the only thing I had to offer. I couldn’t save her, but I could write her a new ending.

I started to imagine what it would be like if I could help her. The new ending would have to fix every broken piece of her life. I wanted to give her a mother that wasn’t a horrible failure, so I would have to replace the one she had. I would have to be able to report the abuse to authorities. Justice would have to be swift. All of the worthless pieces of shit would have to be arrested because they would all confess; she would not set foot in a courtroom. She would receive the therapy that she needed to heal, and she would have to have nothing but wonderful experiences for the rest of her life. No one would ever touch her again. Not her father. Not her uncle. Not her neighbor, her cousins, or even her teachers. No one.

She needs to have a new ending. I need her to have a new ending..

### *An Ethnographic Fiction*

On September 23, 1975, I did not have to sign in to enter Thomas Edison Elementary, though I had no child attending. I tentatively made my way through the hallways, a stranger in a strange land. Through the murmur of learning, possibility and hope, I heard a warm voice that was so welcoming; I hoped I was in the right place.

Mrs. Nicholas' first grade classroom buzzed with activity, as boys and girls chattered happily while building boxcars out of empty oatmeal containers and macaroni and cheese boxes. The beautiful, bespectacled woman, grey and black swirls of hair, dark skin, purple patterned dress and sensible shoes spotted me. Her face broke into a smile and her eyes lit up as she announced to the class, "Children, please put on your best smiles and welcome our guest today, Mrs. Norval. Mrs. Norval is an anthropologist. She collects stories, is that right, Mrs. Norval?" Her kind smile was infectious, and 18 pairs of anxious, shining eyes turned expectantly toward me.

"Hello, friends! I am so happy to be here today! Yes, my name is Mrs. Norval or you may even call me Ms. Sara if that suits you best. Who wants to hear a story?" 18 hands in all beautiful shades of human shot into the air.

Mrs. Nicholas asked if I would read them a chapter out of *The Boxcar Children* because they were learning that story in class. I settled into the teacher's chair and opened the much-loved tale, taking care of the worn, dog-eared pages. I had not even finished the first sentence when I noticed her. Small, pale, choppy hair that fell in chunks over her eyes and ears. Broken.

She was wearing a green dress that was at least two sizes too big. I watched her climb into what seemed to be a familiar, safe place on the teacher's lap. She relaxed back into Mrs. Nicholas' soft self and began to suck her thumb. She didn't look at me. She didn't look at anyone. She reached up for a piece of the teacher's hair and twirled it around her tiny fingers as Mrs. Nicholas started to rock the girl and hum softly to her, "baby, baby, baby...it's ok baby, baby, baby." I tried to focus on the story I was reading, but was constantly aware of the child on her teacher's lap. As I finished the chapter, Mrs. Nicholas invited me to join them for recess.

Standing next to a small group of teachers, I noticed Sarah sitting by herself on the playground, in the grassy part of the yard next to the brick school building. Her knees were tucked up in her green dress. Sarah looked up at me under her choppy dark hair and gave me a half smile. Mrs. Nicholas leaned in and murmured, "I can tell she likes you, she was really happy when you were reading. She was smiling, usually she just..." Mrs. Nicholas' eyes met mine as volumes of stories tried to make meaning in our silence. Her eyes broke and fell on Sarah playing with a patch of grass near her feet. I didn't know what that little girl was going through, but in that moment I knew I had to save Sarah.

Following Mrs. Nicholas' silent plea, I walked over to Sarah. She looked up at me for a second and smiled. I squatted down next to her, tucking my legs up in my dress to mirror her. Not knowing what else to do, I started to also pick little blades of grass. Just as the silence ran out of welcome, I met Sarah's eyes. She was playing with a non-existent ponytail and wistfully looking at my hair. "I like your hair. It's pretty. You're pretty." I was so taken aback, words failed me, but she wasn't finished. She looked around nervously then became serious, barely whispering, "If we are really quiet, he won't find us here." I tried to match her whisper, "Who? Who won't find us here?" She stared at the grass. Eons passed. Centuries closed. Mrs. Nicholas

held her breath from afar. The silence broke. “The teacher who puts his fingers in my mouth.” I watched in shock as she coughed, no, gagged. Her face grew pale and she covered a dry heave with her tiny hand. She steadied herself, then slowly looked up at me with red-rimmed watery eyes from under her bangs. Then she tried to smile.

Time stood still. I desperately searched for Mrs. Nicholas, but she was gathering up children to go inside. Fear shot through my body. I had no idea what I was supposed to do, whom to tell, but I had to do something. I carefully brushed some of the bangs out of her eyes and quietly feigned confidence. “I am so glad you were brave and told me about your teacher. I have some friends that will help us, is that ok?” Sarah nodded and her tiny hand grasped mine. Somewhere near yet somehow a million miles away, a bell rang.

I led Sarah to a bench in the hallway near the office and the secretary paged Mrs. Nicholas. The secretary knew. I could sense how much she knew. “I think we need to report...something.” I was at a loss for what to say...but I watched her fingers dial 911. The secretary winked at me before gesturing toward the nurse’s office. “It’s empty,” she said, and then covered the receiver of the phone and her mouth and spun in her chair out of earshot. Mrs. Nicholas brushed in and ushered Sarah and I toward the empty nurse’s office. As the principal made afternoon announcements over the loudspeaker, I saw through the frosted window of the nurse’s office two uniformed police officers, removing their hats. I flagged them down, just in time for the principal to round the corner. After a very short briefing, the officers asked to meet Sarah. The principal reluctantly obliged. I opened the nurses office door and only saw Mrs. Nicholas at first, softly humming a repetitive tune. Then I saw Sarah.

Sarah was curled in a ball on the nurse’s cot. I bent down next to her and whispered, “I am here and I won’t leave.” Her elbows surrounded her tiny body and hid her face. I asked her if

she would be able to talk to my friends. From under her arms, she shook her head no. I glanced up at the officers. I knew this was her chance to be free, and I wished with everything I could do it for her. Desperate, frustrated, not sure what to do, I silently plead with God, “Jesus please help me, I will take the pain from her, give me her pain, just let her out of this.” I slumped in the chair next to her and wanted to touch her hair, but I was afraid to break her. The officers began to leave the room as the principal chattered nervously trying to usher them down the hall. I could hear him apologizing, explaining that this family was always causing problems, “The girl doesn’t even speak...”

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Here. It is here that I have been. I have been in this room with the little girl, expected to talk about the most terrifying, shameful, private pieces of her life in front of total strangers. I have been in this room with the little boy who has been threatened to never speak a word or his beloved dog will die. I have been in this room with the parents who never saw it coming, the ones who knew and did nothing, and the ones who knew and did everything right. This is why I came back to school. We have to be able to stop this. We have to. I couldn’t sit across the table from one more parent and talk about how to keep your children safe AFTER THEY WERE ALREADY UNSAFE. This is broken. We cannot accept this.

I have to be honest, I have fear. I am motivated to make changes for children because I am terrified of what children have to face. I am terrified that *my* children will become a statistic. I wonder sometimes if I am obsessed to be honest. I feel it every time someone invites my children anywhere. Even people I trust. Every time they want to go to a friend’s house, I fear. Every time they want to play outside, I fear- but it’s not kidnapping I fear. It’s someone befriending them, pulling them behind a building, taking their innocence and instilling shame. I

hate the thought of my children ever feeling the smallest burn or scratch of shame's gnarled tentacles. I fear failure as a parent, and maybe working so long in the field, to have one of my children abused by someone we know. It would feel like a failure. Someday they would look me in the face and wonder why I didn't know, why I didn't protect them; I fear not knowing better. Every time they go to school, I fear. I fear the staff member who has passed background checks and works in elementary schools to gain access to children. I fear janitorial closets. I fear restrooms. I fear volunteers. I am suspicious of helpful people. I am suspicious of charming people. Where is the health in this? Which is better? Is it to allow your children have a childhood or to keep them absolutely safe by isolating them? And if I am this much of a freak, because I have seen it firsthand over and over and over, what about all the people that don't know how often this happens? What about the people who don't believe it really happens? How will we reach them? The first step is for everyone to know how real and rampant sexual abuse is. Then we have to fight like Hell. Empower parents with knowledge to protect children, and then empower children with a safe place to grow up, or if we can't do that, at least give them a way to speak out.

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I glanced over at the cot and was shocked to see Sarah had scooted next to me. Mrs. Nicholas came back into the room, and Sarah immediately rose to sit in her lap. As if this were a ritual, Sarah buried her head in the purple fabric of Mrs. Nicholas' dress as Mrs. Nicholas softly sang to her, "baby, baby, baby...baby, baby, baby..." Sarah closed her eyes and sucked her thumb.

Just one officer returned to the room. He was young, darker skinned than Mrs. Nicholas, and he knelt down at her face level as he spoke to Sarah. "My name is Officer Larson, and I am

here to help you.” He paused for a reaction from Sarah. We all watched in awe as she turned her face to meet his. He smiled at her. She smiled shyly back. “Can you help me answer some questions?”

The world stopped. We all held our breath.

Sarah slowly leaned forward and gently took his hand.

She stood, steadied her feet, and still holding his hand followed him into a conference room. We left as the assisting officers settled in with recording equipment. At the end of the day, four arrests were made: Sarah’s father, Sarah’s uncle, Sarah’s neighbor, and a teacher at the school.

Sarah’s mom arrived after extensive questioning by the police about her knowledge of what was happening to Sarah. As their eyes met, Sarah’s mother gently pulled Sarah toward her. The silence was heavy, and then she softly spoke, “Baby, I am so sorry. I am so sorry about your Daddy. I am so sorry about your hair. I will fix it all. He will never hurt you again. No one will ever hurt you again.” She glanced nervously behind her, and then smoothed Sarah’s hair, “Memaw is going to come live with you for a while. Would you like that?” The child protection worker standing outside the door gave me a nod and smile as he went to speak to one of the officers. As if on cue, Memaw, Sarah’s grandmother, came swooping in, a giant mother bear. She gave a stern look to Sarah’s mother, who wilted, blew a small kiss to Sarah, and then left the room. Memaw wrapped her arms around Sarah as she was swallowed up in Memaw’s giant fur coat. Memaw lifted Sarah’s chin. “It’s about time for a new dress, wouldn’t you say?” Sarah smiled. Memaw dug in her fancy red alligator skin purse and produced a handful of shiny gold chocolate coins. Sarah took one and carefully opened the wrapper as she went back to her hiding

spot in Memaw's coat. I glanced outside just in time to see Sarah's mother, handcuffed, getting into the back of a police vehicle.

The aftermath was swift. All four men confessed and were arrested. When the police found out Sarah's mother knew about the abuse, she was charged with a felony. From prison, Sarah's mother filed for divorce. The perpetrators were all sentenced to life in prison and would never hurt another child. The neighbor woman never remarried, but began a community non-profit child advocacy center, where children can tell their story one time and the police, child protection workers, and district attorneys can all get the information they need. The school principal arranged for a counselor and sexual abuse prevention training for all parents.

And as for Sarah, she left Missouri with her Memaw and they went far, far away from that small town. Memaw went to court and got the legal rights for Sarah, and she never had to see her parents again. In fact, Memaw took Sarah to live in a fancy New York City penthouse apartment with a butler and maid and private tutor and dance lessons. Sarah grew her hair long and wore lots of ponytails. Memaw and Sarah ate fancy dinners every night and laughed every day. They had a wonderful, happy life, and Sarah never wore a green dress again for as long as she lived.

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Lori had already processed through the abuse that Sarah had experienced in therapy sessions, but I had not. I wrote the alternate ending to create an outlet to heal myself because it is a horrible, helpless feeling not being able to save Sarah. I didn't write a fictional ending into the play because it would not be ethical to change a person's history, no matter how terrible it is or how sad it makes anyone feel. I can't make this change in the ethnodrama and be true to Lori's

story. But my desire to change the ending to this story speaks to my desire to change the ending for many child abuse survivors. While I cannot change the past, I can hope that this work can change the future.

## **Chapter 5 - Implications and Discussion**

This study explored one woman's story: a child sexual abuse survivor diagnosed with DID, through the research methods of ethnodrama and autoethnography by considering (1) how ethnodrama and autoethnography co-create space for changing perceptions of sexual abuse survival and DID, and (2) how ethnodrama and autoethnography further child sexual abuse prevention awareness for a larger audience beyond academic publication. This chapter presents findings and implications of the study, explains limitations, and offers recommendations for future research.

### **Findings and Implications**

#### ***Ethnodrama***

As will be detailed, the use of ethnographic research to create an ethnodrama in this study provided a platform, opening space and furthering the voice of a child sexual abuse survivor with DID. Further, narrative served as an effective tool to challenge stigma. Finally, the performance element proved powerful in communicating voice from a minority or oppressed populace perspective.

First, through ethnodrama, Lori was able to utilize a space to present her perspective of her sexual abuse and experience as a DID individual; she wasn't silenced. In contrast to clinical theories that use numbers and symptoms to represent people (Ross, 2006), this study used postmodern and feminist theory to place research value on emotion, empowering Lori to speak her truth. By asking, "What do you think I need to know?" a DID individual and child sexual abuse survivor was placed front and center in the discourse without hierarchical interpretations of her culture.

Our narratives, our stories, are universal through emotional connection and the familiar crisis and resolution patterns we have been taught all our lives in English classes (Fisher, 1984). Humans find reason and comfort in stories, strengthening the advancement of narrative and ethnodrama as a tool for understanding.

The pain and hope woven throughout Lori's story impacted people in positive ways, but also caused some concerns that warrant discussion. While stories are helpful for teaching a concept, connecting emotions, and entertaining an audience or reader, they can also be perceived as too subjective, creating doubt or concern for readers or audiences. The overwhelming emotion of a story as violent and sad as Lori's can also create a problematic audience environment for people who aren't sure what to do with the emotion they feel. Although Lori experienced healing during the reading, some participants experienced feelings of triggering and concerns about Lori's emotional safety. The live reading experience encourages us to consider the ethical implications of sharing a powerful story with an audience that is not prepared to hear it. Preparations such as trigger warnings and background information about the ethnodrama either in a performance program or on the first page of a script prepare readers, actors, and audience members to emotionally brace themselves for painful material are necessary.

*Alters: an ethnodrama* exhibited the power of performance to authenticate a minority voice. Lori had control of how she was presented, her ideas were pushed to the front, she was not erased by others who did not share her view, she was not silenced by judgmental feedback. Performance allowed the alters to exist as they exist for Lori: as separate entities that have function and emotions and goals and stories. Using different people to play each alter gave honor to the alters as independent beings, the way Lori understands them. Ethnodrama possesses emancipatory potential for motivating social change within participants and audiences, especially

when a non-minority audience can experience the perspective of a minority voice (Mienczakowski, 1995; Mienczakowski & Morgan, 2001; Saldana, 2005). The drama allowed others to establish a connection through empathy. Denzin (1997) posits that the performance of ethnodrama has become “the single most powerful way for ethnography to recover, yet interrogate the meanings of lived experience” (pp. 94-97).

Through performance, Lori’s story also worked to make a difference for child sexual abuse survivors; it started difficult conversations. Participants and audience present at the live reading were able to experience the telling of Lori’s pain, listen to first-hand abuse disclosures, increase their awareness of child sexual abuse and DID. Through the empathy associated with growing attachment to characters the more they are revealed, the attendees were able to absorb how child sexual abuse may lead to DID, and how DID can affect families and relationships in ways as traumatic as divorce and estrangement from family. With the audience then all sharing the performance experience, conversations could start after curtain call and at home.

The live reading performance of the ethnodrama touched people in different ways than clinical language. The live reading showed Lori that others were listening, absorbing, and understanding her story. Others cared without sensationalizing her, others wanted to hear her story without judgment and without thinking she was “a freak” as she often worries. Others were able to go through these experiences through the perspective that Lori and her alters shared with me. They were able to hear the interviews that we completed, but would have never experienced otherwise.

Finally, the live reading allowed Lori to encounter her alters for the first time. This unexpected outcome was incredibly rewarding. Lori has amnesia-type DID; she only knows of her transitions because of loss of time or headaches. Lori also only knows of her remaining

alters' personalities from testimony of others close to her and her therapist. Lori was able to attend the live reading held on February 6, 2015, and for the first time, hear her alters speaking in their own words. Lori was most moved by meeting the actor that read Rosebud's lines. Lori was able to share with the actor emotions and gratitude she had always wanted to share with Rosebud, but never had the chance. Weeks after the reading, Lori recounted,

She (Rosebud) needed to know that I loved her. I know it really wasn't my alter. It was the closest I ever felt to being able to tell her that she had to know how much she saved me and the others. I felt complete when I saw her and held her. She (actor reading Rosebud) will never know what she did for me that day. She was as much of a gift to me as Rosebud herself. (Lori, personal communication, April 16, 2015)

Lori reached a new level of connectedness with her alters and also a new level of understanding. Those of us on the outside of Lori may have had the opportunity to talk to and hear from her alters, but she had not, and without this experience, she may have never had the chance. Recording and allowing her to watch would allow her to see and hear her alters, but ethnodrama allowed her to meet them, hug them, and thank them.

Lori's anxiety was evidence that individuals who are in the minority view are often silenced, showing the spiral of silence theory at work. Even with her deep desire to share her story for awareness and prevention, Lori was fearful and anxious of possible judgment by others if she shared her truth. She did not freely share her diagnosis with people in her social circle for fear of their reactions. She did not initially disclose her DID at work. When her previous employer found out about the disorder and suicide attempt, she was fired-while she was still fighting for her life. Stigma and consequences are real for DID individuals and child sexual abuse victims, and, as with most prejudice, the stigma stems from fear and a lack of

understanding. Ethnodrama offers an extraordinary opportunity to break through these stigmas and help people understand each other. The potential is infinite: the number of stereotypes, prejudices, misunderstandings, and othered groups that need a platform is impossible to determine, but exciting to think about.

### *Autoethnography*

Just as the use of ethnodrama pushed forward narrative and performance quality to battle stigma, the use of autoethnography first pushed against power structures in academic writing by valuing researcher voice and perspective. Further, researcher voice allows for the reader to understand the struggles and choices in participatory research that honors participant voice. Finally, the autoethnography allows for an increased understanding of the different dynamic in research when researcher and participant are friends, and the ethical challenges such a relationship adds to an already complex project.

In keeping with the postmodern and feminist traditions of removing hierarchy and valuing emotions, it was crucial to reveal my true feelings and unexpected attachment to Sarah. Working in the social work field, I am familiar with secondary trauma, the stress on those that care for others, and I knew that I could not afford to internalize this heavy feeling of not being able to help. I couldn't bear the ending as it was. The uncomfortable feeling that manifested in the participants of the live reading also lives in me. I had to create an outlet for my own health, and yet, it felt selfish to need that when Lori did not have that luxury.

Writing the autoethnography allowed researcher perspective. It gave me a space to explain the struggle of writing Lori into my hypothetical "hierarchy-free paper". Removing hierarchy initially seemed as simple as separating Lori's words without interpretation into a play and then sharing my interpretation and perspective into autoethnography. But it is not that

simple. In order to honor Lori, it was important to use her life story in the ethnodrama for sexual abuse awareness and prevention education; she wanted other child sexual abuse survivors and DID individuals to see themselves in the story and have courage to disclose, to not feel isolated. These outcomes create useful potential for ethnodrama and autoethnography. However, I was challenged as a researcher to capture Lori's meaning and words and instead present them in a manageable form for the reader/audience.

Additionally, there is a careful line to walk when you are doing research within an established relationship. Doing ethnographic research within an "ethic of friendship," means adopting a unique position from "a stance of hope, caring, and justice, even love a level of investment in participants' lives" (Tillman-Healy, 2001, p. 735). This meant that I wanted to be very careful about what I included and did not include in my own autoethnography because I didn't want to cause harm to Lori or her family.

Jago cautions, "as soon as you put that "I" on the page, you can't avoid asking if your revelations might be harmful to you or anyone else" (p. 753). It becomes a question of what to reveal and what to conceal. Even the slightest hint of another person in my writing has implications. I took out the name of one of Lori's perpetrators from the ethnodrama because I didn't know if that person had children. The ethical considerations take on a new fervor when you feel protective of your participant, moreso than just out of moral obligation. As much as I tried to delete and erase myself from the research, I am still there. I am a student. I am a mother. I am a wife. I am a friend who struggles with ADHD, being on time, and creative daydreaming. These are the lenses through which I see the world. I am coming to understand that true to postmodern theory, there is what I perceive, what you perceive, and that Derridean differance, in the middle of us where meaning is pushed and pulled in both directions (1968).

## **Limitations and Future Directions**

### ***Limitations***

First, autoethnography and ethnodrama have both been heavily criticized for lacking credibility, and the ability to generalize to a larger population (Saldana, 2005) The methods used in this study were chosen with intention, as this study focused on the voice of one person, and therefore limitations are sample size and objectivity. These questions have been raised, but I am determined that my voice should carry enough credibility because of my willingness to be honest. Truly, we as humans are inherently skeptical. We may have a ways to go before autoethnography is seen as a credible tool for liberation and healing across academic fields, but I don't believe the road is long. Certainly, if generalization to a larger population is desired or integral to measuring outcomes in other studies, more could be gained by working with a greater number of participants.

Second, the intermingling of researcher and participant interpretation can be tricky, but also beneficial. The choice to use these methods was intentional. Because of the unique relationship that Lori and I have, I was able to access a population that may have been otherwise hard to access. The trust we have as friends allowed this research to happen. Of course, a limitation of this benefit is that it is difficult to remain objective when researcher and participant are friends. I would argue though, that it can add depth and dimension through the additional care and previous knowledge of the other person, especially in work such as this when emotion is being valued over clinical procedures.

Difficult as it may be, self-reflexivity brings to consciousness some of the complex political/ideological agendas hidden in our writing. Even as we try to control our feelings, our

emotions, and our perceived identity, we add to the discourse (Tracy & Tretheway, 2005). Performance makes information accessible, but it also opens the message up for interpretation. What this means is that there is no real control over what others take away from the performance. Therefore, precautions and warnings should work to prepare readers and audiences so that they are prepared to receive the information.

### ***Future Directions***

This study was designed with intention, however, the specific perception of two people limited the amount of information that could be derived or generalized. Future studies may expand on these ideas to discover whether or not ethnodrama can break silence for others on a larger scale or across a population. For example, it would be helpful to measure audience reaction to determine the success of reaching others to change stigma. Future directions may lead into the areas of drama therapy, patient/doctor communication, and child sexual abuse prevention/awareness.

Let me start by saying I am definitely not a clinician, but I witnessed unexpected healing aspects of hearing a life read out loud. As the audience and participants were meeting Lori, Lori was metaphorically meeting her alters for the first time. There are clinical and therapeutic possibilities in ethnodrama, although most certainly a therapist would need to add input and guidance to any therapeutic endeavor. Drama therapy might assist DID survivors in “meeting” their alters and having the opportunity to thank them.

The practical uses in drama therapy and treatment for mental health issues, especially where amnesia is a symptom, should be explored. If nothing else, the basic act of asking a patient to speak freely about their concerns without answering a checklist of symptoms, improves the

healthcare experience, “as human beings hear one another out...listening from the teller’s side, they are able to perceive one another, bestowing and accepting recognition as a result” (Charon, 2009, p. 120). This is echoed in the words of a cancer survivor reading academic writing regarding counseling cancer patients:

What right...have these people to talk about me as some kind of specimen of behavioral disorders? What was so completely lacking in professional psychological writings about cancer- was any sense of what it is like to be a person living with cancer: what it’s like to receive this news; to become progressively isolated from family, friends, and fellow workers who, even if well-intentioned, simply don’t get it; what it’s like to wake up every day with either the immediate prospect of some treatment that will make you feel even worse; or just knowing that more sickness and more treatments are on the horizon; what it’s like to worry about leaving behind loved ones, especially children, far too soon.

(Gray & Sindling, 2002, p. X viii)

There is a whole person in every patient. People are scared to go through treatments for the first time, worried about arranging daycare during doctor’s appointments, carrying heavy burdens and acting in ways that may confuse others. Understanding the entire experience of someone in medical care would benefit everyone, from the nurses working double shifts to the patient’s son afraid of losing his mother, and therefore refusing to leave after visiting hours. Narrative provides that understanding of motivation and intention, as does ethnodrama, as does autoethnography. If we understand each other’s deepest motivations, we work together more efficiently.

Further, ethnographic methods, specifically autoethnography can benefit health communication. Instead of filling out forms over and over again, it would be really helpful for a

patient to be able to write out everything they are worried about. If nothing else, patient and doctor both asking each other the question, “What do you think I should know?” could only improve health care as the doctor gets a more complete picture of symptoms, but also fears, lifestyle patterns, etc. In health communication, narrative has increasingly been identified as a useful tool, because narrative and medicine are both deeply involved with human suffering and expectations gone awry, as are most good stories (Charon, 2009).

Ethnodrama weaves together ethnographic narrative and performance; it allows for agency to perform. If the written element of ethnography is not active enough to express and extract empathy, ethnodrama allows for story to transform into a more active role to create dialogue in health care.

Through theatre, practitioners not only can acquire new insights regarding research in areas of health science, but can have their own professional experiences and best practices reinforced. Further, projects that use interactive theatre provide a unique means of allowing practitioners, informal caregivers and patients alike the opportunity to “rehearse” reality, and to validate research findings (Rossiter et al., 2008, p.145).

Finally, Lori deeply desires to use her story to further child sexual abuse prevention education. She explained,

Girl. I just want sexual abuse to STOP! I DONT NEED GLORY OR KUDOS...I just want the ABUSE to STOP! THAT’S ALL! This is not about me or for me...it is to GLORIFY THE CREATOR OF HEAVEN AND EARTH! ROMANS 8:28 (for all things come together for the glory of God)... I LIVE FOR IT EVERY DAY.

(Personal correspondence with Lori 4/16/2015)

Two current hubs of child sexual abuse prevention and awareness are national child advocacy centers and the Darkness 2 Light agency.

Child advocacy centers are unique agencies that coordinate law enforcement, child protection and safety workers, and county/district attorneys to come together to watch the child's interview regarding sexual abuse. The interview is completed in a child-friendly location by a professional, trained to talk to children in a way that does not put words in their mouth or lead them in any way. This interview is also recorded with the idea that the child will have to talk about the abuse one time, in one place. The number one response for survivors is still silence, even when they are questioned directly, so how can ethnodrama help? Many of these centers have in-house therapy. Drama therapy could move in new ways and provide space for child sexual abuse victims to speak out and heal.

Darkness2Light is an agency that has 5 steps caregivers can use to help protect their children. The suggestions are simple. For instance, caregivers should make sure their children are never left in one-child/one-adult situations when leaving them with someone. Caregivers should make sure their children are never alone with an adult behind a closed door, the children should always be easily observable and the situations should be easily interruptible. These two steps alone, if everyone were able to follow them, would prevent significant amounts of sexual abuse because it would eliminate the opportunity for an adult and child to be alone together. However, these simple steps are not widely known.

Even the experts at Darkness 2 Light have facilitated informational presentations to teach communities the prevention protocol. However, these presentations are usually 2-3 hours long, where a play is 30 minutes to 1 hour. The entertainment value, along with the time requirements could make it easier to reach larger audiences through ethnodrama. It would not be hard to

develop an ethnodrama program with Darkness 2 Light, as their educational video features survivors talking about their abuse and what parents can do to protect their children. A child appropriate version could also easily be developed for children while the parents are in the adult presentation. As long as the children's program adhered to D2L's strict guidelines to keep children safe, this could even be a solution to those who don't have reliable childcare that meets D2L's standards. Theatre embodies a pop culture quality, entertainment value which spreads like wildfire. D2L has an incredible message, one we all desperately need, and perhaps a play like *Alters: an ethnodrama* could help responsible adults understand that child sexual abuse does happen, and that it has serious health risks. The main reason adults don't keep kids safe is not because they aren't trying, it's that they don't know how (D2L.org, 2014). Let's teach them.

## **Conclusion**

Ethnodrama, autoethnography and ethnographic fiction as research methods challenge stigmas by placing individual voice front and center. In this study, these unique methods function for many different audiences. Potentially therapeutic for survivors and DID individuals, these method also work to spread the word out for greater awareness by starting difficult conversations. The originally intended audience for the ethnodrama and autoethnography would be community members that could be educated about child sexual abuse. As the project progressed, it became clear the audience began to include Lori, and even myself. For this project and for other future possible iterations of this play or this method, these unconventional tools shape and challenge discourse and change the outcome for the spiral of silence. One woman's experiences of child sexual abuse and living with DID using ethnodrama is shared to reframe and normalized her symptoms as challenges. This ethnodrama organizes and deals with DID experiences and is designed to empower others to find resolutions to their difficulties (Fox et al.,

2013). Lori is more than her DID. She is more than the abuse she endured. She is a mother. She is a lover. She is a Husker fan. She is a survivor. She doesn't want your pity, she wants to tell you a story- hers.

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## **Appendix A – Code of Ethics and Procedures**

1. All participants involved in this study will sign a release of information. This release of information will be prepared in collaboration with Lori.
2. All direct interviews will occur with a third party of Lori's choosing on call.
3. If an alter discloses abuse, before reporting the disclosure to Lori, the researcher will disclose the information to Bob, Lori's therapist for him to decide the best way of dissemination.
4. No direct interview will last longer than 2-3 hours in any 24-hour period.
5. Per Lori, if Lori asks the researcher to leave in a manner that causes the researcher to be concerned for Lori's safety, the researcher will contact a safe person as designated by Lori to include Dr. Bob, Mike, or Ronnie.
6. The researcher will employ the study with every intent to avoid intentional harm to Lori or any participant in the study.
7. In the same respect, it is the researcher's responsibility to document and produce honest work.
8. As much as possible, the researcher and Lori will maintain transparency and honesty with regard to the interviews and the intent of the study.
9. If at any time, the safety of Lori, the researcher, or any participant in the study is in jeopardy, the interview will stop immediately, and if necessary, proper professionals will be contacted.