Hi, my name is Ally. I am from The Jule’s Center for Trauma and Dissociation. I see a psychiatrist twice weekly – and this has lasted for a couple of decades. Our presentation today is on self-harm and self-hate. This was a question asked by one of our members. They asked, "So any of you deal with self-hatred, and self-harming?" Collectively, this is how forty-two of us each as externals responded, though speaking as one "Ally," of many.

Ally volunteered firmly, “I have a constant struggle to not self-harm, and I have residual self-hate. Sometimes we self-harm without sensing hate, and other times we hate, but do not act out in self-harm.

The reason for self-harming, is that it is deeply rooted in trauma, and life is full of injustice. I carry an illogical conception of being a bad person, and then when things get bad enough I will again, self-harm or attempt to act out. We work diligently with a therapist, but It seems to always be an option. Just as wondering if my loved ones would be better off without me.

When I self-harm, I feel the pain of self-hate. I feel self-hate all the time. Self-harm makes me feel like a guilty, shameful wretch. I know, you heard that - I feel like a twenty-first century wretch. Emotionally, I am sometimes empty and exhausted. I am angry.

When people inside get upset to the degree of wanting to self-destruct, these are emotional signals of self-hate and self-harm that indicate to us that we must lessen the internal pain and other strong distresses within and “out and about” the system. We must ask; did I do something wrong? And, then if not doing wrong, you must be strongly “fit” enough in your own mind, to take on the direct pain from someone else shooting a canon over the bow. They probably didn’t do anything wrong either. At times - life just sucks.

Sometimes, we evade by excusing ourselves to just work productively, be in communion with others, and then rest peacefully for all at the end of the day. Things simmer. We each carry our own roles. It makes me feel though I should take on a bigger role. Stop, no guilt, just stop. Ask instead, how I can make things better. We aren’t strong as a system if we too feel like self-destructing. I must keep up my strength to assist. We want others to trust us, and we want to be a part of our bigger internal team that can take positive actions. This would be better.

Internally, one seems to unconsciously understand that if you are sound enough, that help can be asked and given – it will help the whole system to take the pressure down. But things need to be balanced all around. Communication is essential.

Self-harm helps with internal pain, in that if the ones directly in danger can project it, and we are responsible and can visualize it, some one of us should be able to help act out in a constructive manner. We are internally carrying tiny, and not so tiny beings who are known to be critically overwhelmed. Most often we do a lot of rocking, hoping they go back to sleep, stay calm.

I’m embarrassed to say … growl … Ok, I’m concerned (but not embarrassed) in saying, that I don’t want to feel the others’ emotions, in addition to my own feelings. I know they have feelings of fear, anger, pain, and terror. The message of “self-harm” is a demonstration that someone of us feels extreme distress, though sometimes, we can only at best, intellectually deal with it. Emotionally, I already feel overwhelmed.

Part of the self-blame and hatred we feel, is in not being able to help all our selves better. The safest we can be one day at a time, is trying to progress the durability of the system, and hope for help whether us or another, and that it can be directed expediently in the right direction. Sometimes we say, just like when the dog who barks to go outside, “Wait a minute, just a minute …” It’s unfair, but sometimes this is what happens. My own priorities are burning in my mind.

In addition, we have physical medical problems. They disable the sense of our being able. We think of ourselves as having a lot of "invisible health" – We are a diabetic with crippling arthritis, and have heart, lung, liver, and kidney diseases. Mostly, we feel, it does not need to show, but sometimes gets in the way.

"Everything makes me hate myself even more,"" cried one in need. Some of the internal parts group together wanting to self-harm too. The more parts, the easier the decision, and faster the attempt - even though all their reasons can be different.

Self-harm sometimes drowns out the other bad feelings (sometimes even before or after our assistive therapy sessions). Self-harm helps me in one manner, oversee punishment that is absent in the current professional relationship. I am trying to cover for our probable mental mistakes. Strangely, feeling bad is a normalized sense of being. It’s how we feel after being cursed, and we have learned to own this feeling, much better than the real honesty and truth we are hearing during the sessions. Good feelings shake us abruptly. We have lost touch with reality before.

We have not self-harmed in a while - I think, but I will admit that we must have thought about it again. I had not realized our medicine (Diazepam/Valium, Prednisone, or Paxil) - you know whichever works – had been stopped again. Someone inside stopped taking the prescription, because internally thought it overly relaxed their muscles.

Another says, "I have a strong need to die – and no - no I’m not telling you why." And another part becomes triggered by the out loud thought to self-harm. They perceive the message that the time is now. It is time to act out.

With all this energy, we find ourselves exhausted by putting-up barriers to prevent threats. I feel like crap. It gives me trouble walking because I am dizzy - change of medications. Cognitively, I wonder, "Is the medicine not working. Shoot! Are we on the right stuff, or what? Fuck Yes, I hate ourselves for self-harming,” But I whisper more gratefully a quiet message down the line, "congratulations for your strength today! I am extremely glad you’re here with me!"

Unfortunately, for us and our psychological balance - disobeying doctors' prescription orders that we had agreed to earlier as a group - was still another form of self-harming.

When we think about self-harm, we try to give ourselves space between it and the other issues various parts may have. For example, one of our teenage parts first surfaced while in a stage of learning to hate their looks, especially being overweight and the lousy feelings that came with that. This issue had to be put aside although their sense of appearance, and negative feelings made the hating worse.

They last settled their own score with us by over-drinking when out front, instead of the other more obvious forms of self-harm that we had been guarding against.

Fortunately, that made them tired and needing a nap, along with those they took with them – mostly younger. That is what happened next. They took a nap, and this turned out to be an easier switching situation for the system, and afterward the teen responsible felt shame that we didn’t want our internals to go through.

After we dealt directly with the self-harm, we needed to deal secondarily with the stress and disappointment being felt through our own separate viewpoints concerning self-harm and the danger we were in. Plus, how the hell did we make our doctor feel. If an of us could actually do real life caring. Did they question their competency? Does the act control another abusively as well … are we evil.

Ok, let us, “take it down a notch.”

The problem with self-harming, we again remind ourselves, is that if I do it, we will all go to the hospital psych ward if we can’t protect the entire system; we need to control our behavior. WE as a Multiple system travel together. We have made treaties to talk about our situation, but not to act it out. Severity levels warble.

I have gone often enough to the hospital because of our suicidal behaviors. We have meltdowns that lead to quicker and more dangerous acts of self-harming. And, if we cannot manage our acting out behaviors, “someone else is going to need taking control of us.” It is our mantra to be “on our own, but alive.” It is highly threatening to lose your freedom. And it is hard to know how loss of freedom feels, until you are actively not able to be free.

You should always want to be in a position of taking care of your own will, rather than by necessity, handing choices over to someone else. “Here, let me bolt that door for you.” The burly psych nurse stated. But staying in the hospital and safe from yourselves, is the most critical factor during those times of needing active help.

Afterward, none of us (internally or outfacing), can remember the worst of what happened when we self-destructed and encamped at the hospital. We feel a sense of the tight hospital bed restraints, and just quiver and that makes us stop the thoughts from becoming scarier, which might be the direction to go if you wanted to relieve more of the emotional stress. Just it takes a bigger person than me.

We self-harm, "quasi-positively," in that, we sometimes feel "better," you know, soothed when we self-harm. Our emotions feel more regulated. And we feel a false sense of control. Again, one of the reasons is that self-harming externalizes the rougher internal feelings (pain). We can put them out in the world somewhere or to someone else more able. If we are irresponsible – the risks are huge.

A major safety is when our therapist steps in. They also set us up with emergency knowledge, in that they have directed us to call the emergency psychiatrist on call at the hospital, when they are not available. Our doctor is extremely good at interpreting my needs, and the needs of a distant “out-of-sort” us. In this light, they are like a brilliant seeing eye dog helping the person who is not only blind, but also in the most need.

There are many of us who feel like self-harming is due to misplaced anger, or issues of abandonment and abuse. I rant now, but the true wish is that we could have better heaped the anger onto irresponsible parents instead of punishing ourselves, as they had. It is what “love” had meant to us. We did not do anything wrong other than trying to survive childhood. We survived – damn it! Any kind of abuse to push away from the goal of being alive is undeserved.

As the system grew-up each of us as individuals trained to believe that certain adult responsibilities, were ours. Like in calming down, distracting from the many crises the parents were having including intimacies, finances, power struggles, and so forth. We thought we were the only ones who could handle the damage the parents construed with their nasty moods and "striking" behaviors.

This was only part of the abuse by far, but it gave us feelings as if life were out of control and unfixable, while giving us an awkward sense of value. We were being deemed to the low-esteem position of being a visible target for their anger, and that of siblings, and what the hell is love anyway.

Things fell apart "our parent's way," but there was no way for us to fix what the others were doing. And, in the meantime, we still carry parts of us feeling the need to control and make things "better." Couldn’t we, at minimum, take the victim role away from our little sister?

And when we could not, sometimes things become distraught and we pushed the harm-button as if to say, "Sorry, but I have to bale." Death would stop the abuse – sexual, physical, emotional, or more. It would turn attention away, and that gave me feelings of being a hero. The trauma of Multiples usually is sexual and occurs prior to the age of five.

Our first memory of a suicide attempt was eleven years old. Ok, there was a problem at two-and-a- half -years of age, where we would sit in the middle of the street and dare passing cars to run us over. Could that have been conscious?

We wonder in awe at the therapist's ability to communicate to any ... again, any one of us, who catches a session with the good doctor. Although, it may be indirect with them communicating inwardly, and then outwardly when given permission to share knowledge with us as gauged by our doctor and them as if everyone is secure and ready to be listened to.

We, know that most parts have gathered a great level of trust. We have beliefs that our therapist will know how to help us communicate better with each other, and then assist us with coping when we can’t - to the ability levels that all of us can manage. Like by being here at this meeting.

What we have figured out is that some of our parts have more difficulty with self-harm than other parts. Our difficulties are different. When the Self-harm thoughts become more intrusive, we usually try NOT to carry things out - due to the fact we want to help and CAN help each other, or minimally find safety from ourselves. Such as, we can be verbal or put things in writing until it is a better time to communicate.

After learning about our dissociativeness, we really started working through our self-harm thoughts, feelings, and behaviors. Although, we are still having trouble with self-hate daily, We want to remember "how many years," since we actively conducted actual long-lasting harm.

At one point, we exchanged self-help with ourselves, by tattooing that space on our arm that used to have cuts. Another part helped with charts brought out when we needed better coping skills, or when we needed grounding, or aid with boundaries.

Positively, and in conclusion, we are now working hard on doing things to not self-harm. We are trying to figure out healthier alternatives. We want to save ourselves and our other parts, like the host and the littles, AND the teenagers, and even me. We shake our head and softly sigh. We are going to need years of therapy. We know this even when we fight it - we are rarely though late for a therapy session.

Stopping self-harm is worth it because we are worth it. Catching the self-harming before it happens is an exemplary act! And, although we might need medicine for some of the periphery effects of intense abuse and trauma, like PTSD, anxiety, depression, and some of the other personality disorders that are also common with our group, it will be the long-term psychological work as a therapy team, that will help the most.

I am so proud of those who have not been harming regardless of these triggers. It is way out there! We can proudly say, WE have not acted-out in over a month. I am thankful and willing to jump in and validate the member of our group who opened this conversation on self-harm and self-hate. It is a difficult subject, but an effective use of community support and giving.

We hope to encourage others because we have self-harmed, self-hated for a long time. We do not want you and others to suffer the same.

I encouragingly applaud determination - both internal groups and external groups. Stopping self-harm is a process, and things will come up, but we as a system can work it through, especially with good help. Crap, we’ve got the experience of a lot of successes. We are still here.

Learning to find yourselves and finding trustworthy others comes with time. Be safe. It is all real. And truth-giving work. You could be grateful that you are the one becoming the ideal version of a human being. EVEN with, and especially with the difficulties.

We recommend that you:

1. Recognize feelings

2. Think it through

3. Ask wisely, how I can help, or who can help us

4. Behave safely

Thank you for listening. Good night.

[The moderator, then came out to speak of safety, especially after such a hot topic, like being with people, talking to their therapists, or/even calling telephone support staff. The National Suicide Prevention Lifeline is available 24 hours. The number is 1-800-273-8255. And it is a promising idea to ask others for their help with finding mental health teams. Thanks, It was a good session.]

Annemarie Ludford Garvey

3-20-22