

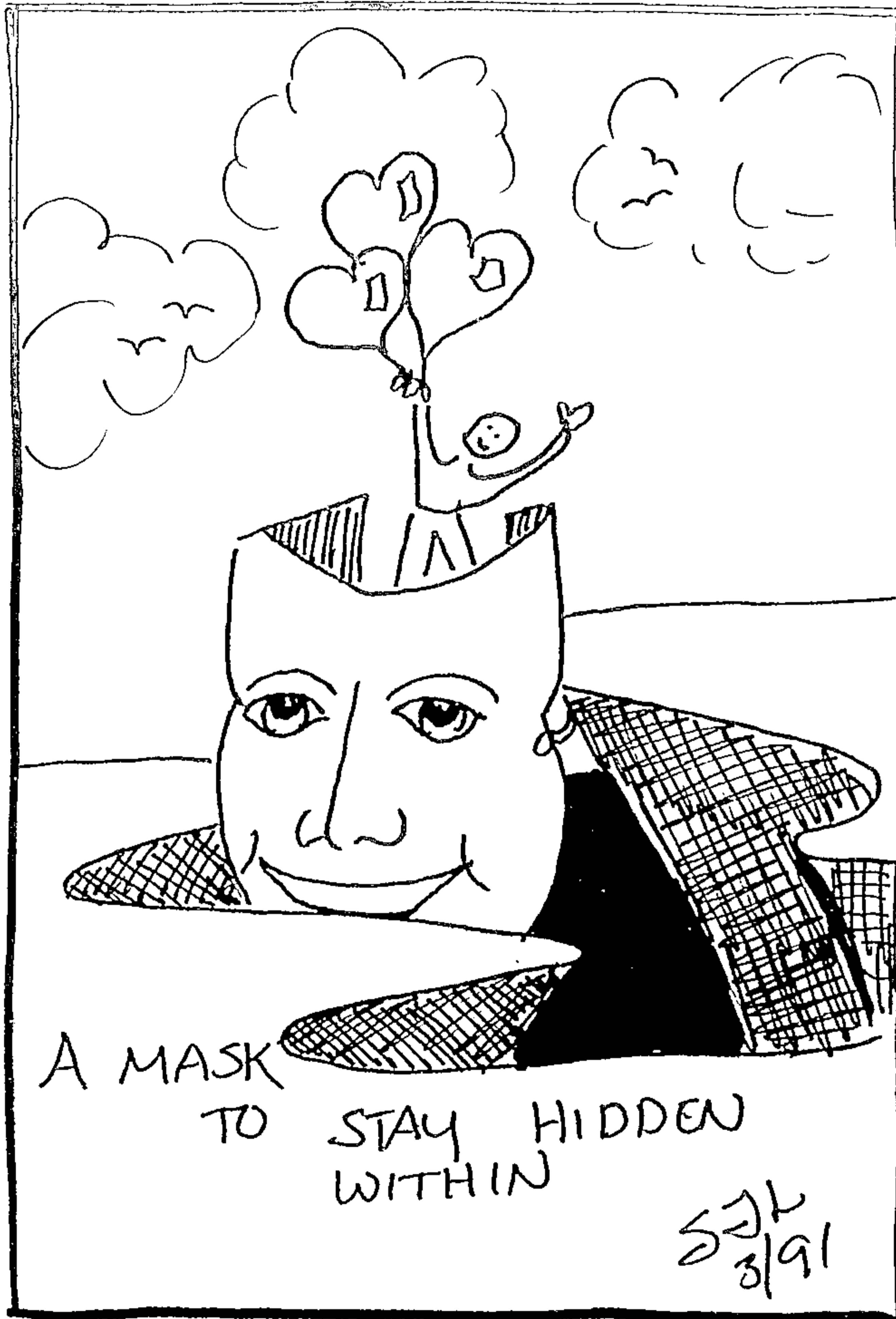
MANY VOICES

WORDS OF HOPE FOR PEOPLE WITH MPD OR A DISSOCIATIVE DISORDER

Vol. IV, No. 5

October 1992

ISSN1042-2277



WORK

That's our theme this month, and I think we have an extra-helpful issue. It's all due to YOU who contributed so much of your selves and your experience. Many, many thanks!

In fact, we had so much excellent material on work-related subjects, and becoming or staying work-functional is vital to so many subscribers, that I've decided to devote a minimum of one page in all future issues to this topic.

Therefore, if you don't see your contribution to "Work" in this edition, look for it in the future! I'm keeping it safe and do plan to use it ASAP.

(If you need your piece back on this or any other topic, write and I'll return it. Often I hold good work for a long time, trying to find the right place for it, but I realize you may have other wishes. Just let me know.)

Another first: we feature two Therapist Pages this time. This won't happen often, but we had planned for one—and got an unexpected call about another. Both were superior and did not duplicate material—and they related to this topic.

So thank you, Peter M. Barach, Ph.D., and Wendy Branton, Ph.D., for giving me and our readers an opportunity we couldn't refuse!

Sincerely—Lynn W.

Working Techniques for Multiples

By Miranda & Tara for Pam & Co.

As a system composed of over 70 people, our adventures in working full time have presented a significant number of challenges. Imagine if you will, waltzing into a meeting and having everyone ask why you called the meeting and not having the foggiest idea who called it or why. Or being at your desk typing on your personal computer and suddenly one of your "kids" arrives, amazed, and not having the slightest idea how to type or what the words on the screen meant, but being fascinated by what happens when you push the buttons down.

One of the main things we've been working on in therapy is getting a committee of adults whose job it is to oversee interactions with the outside world. They are co-conscious most of the time and are currently working through their traumas. I am not part of the committee, while Miranda is, but I am the one who knows the work best so I still go to work a lot. Since I am not always co-conscious with the committee members we have had to develop other ways to try and keep consistency to the outside world.

We have established ground rules for people who work:

1. We keep multiple calendars. There is a big desk pad calendar on our desk that everyone is supposed to write all appointments

and meetings on, as well as a calendar we carry in our purse. Every morning the first thing we do is to make sure these two calendars are in synch with each other.

2. We strive for regularity so we can keep things straight. Meetings at the same time the same day each week, where we can control it.

3. We have a notebook where all our phone calls are recorded so anyone can go back and see what has happened. We also have a notebook for significant meetings, one for commitments, one for each of our major projects.

4. We keep trying to get a detailed planner established. Because this is not an established part of the routine, some days it gets done and some days it gets ignored.

5. No matter what we have to give people we are trying to always type it. Some people in our system prefer to handwrite things, but there are very different styles and a few times when we have slipped, if the handwriting changes we have to find a way to explain it. Typing prevents this problem.

6. Whenever we write anything we always wait at least a day before we send it out. Some people have trouble saying things in a way that is understandable and the more chances various people have to review it, the better we can ensure consistency.

7. We have made a rule that we will not tell anyone at work about our MPD. We have places to hide when things get bad, like the bathroom or the breakroom. We do have two people who, after much testing and debate, do know. They are safety valves. If we need help getting grounded or need a place to hide where we are not alone we can call them and they will stay with us until we are safe again. One person is the EAP counsellor at work. He has proven to be a great asset because if we need to go home he can take care of things, while not revealing anything. He holds significant power and a call from him is not questioned. He is bound by law to keep confidential everything we tell him. He can say nothing to anyone without our permission. He was even responsible for finding our therapist, who has been a Godsend.

8. Above all, take care of yourself. If at all possible, stay out of high-stress jobs. There is enough stress in therapy and dealing with your past and your issues to maintain your job. Significant amounts of stress will cause you to be dissociating at work. We were offered a different position at work a few months ago, but it would have been high stress with lots of meetings. We declined.

MV

Resources

Survivors of female incest may be interested in a newsletter called **S.O.F.I.E.** Those abused as children by the significant women in their lives may subscribe by sending \$30 (6 issues) to PO Box 2794, Renton, WA 98056-2794. Women in this category may also be interested in participating in a study of adult females sexually abused by female(s) in childhood. Write to Dr. Juliann Mitchell, 37 McMurray Road, Suite 106, Pittsburgh PA 15241. You may choose to remain anonymous.

New literature from SIA (Survivors of Incest Anonymous Inc) is available on Ritual abuse, Satanic Abuse, Incest and Sexuality, etc. Translations into several languages are in progress. **SIA** is a 12-step self-help recovery program, modeled after Alcoholics Anonymous. Send a self-addressed stamped envelope to **SIA**, PO Box 21817, Baltimore MD 21222 6817 or call 410/433-2365 for information.

Body Memories: Radical Perspectives on Childhood Sexual

Abuse is a most unusual newsletter. It features outspoken criticism of the social/political scene that has fostered and/or ignored violence and sexual assault for decades. Defiantly unrefined, this quarterly publication describes itself as "an anti profit non-corporation at PO Box 14941, Berkeley, CA 94701." Various rates for 4 issues (sliding scale). They need writers and artists. I like it, & am sending my money. — LW

Teaching Home Economics and Learning About "US"

By Martha's We

When students cook a meal together and can't agree on their jobs
We remember how hard it is for us to discuss our inner disagreements

When a student cries over the loss of a boyfriend
We grieve the loss of a "normal" life

When students don't do their homework
We remember our procrastination and work on cooperation

When students have a fight in the hall
We protect our little ones and get help

When students discuss sex and ask questions
We feel inadequate and let the older teacher-parts answer

When students misbehave and need to be disciplined
We learn to set boundaries and stand up for ourselves

When a student is absent from school
We appreciate sick days for those of us who need it

When peers remind me that I was Teacher of the Year
We chuckle and wonder what they would think if they knew about us

When the principal asks why the quality of work is less than it used to be

We want to shout and tell him about MPD and SRA; instead we tell our doctor of our rage at being judged by men, and develop a plan to improve our work habits

When a student drops out of school
We want to quit too, but we remember that we need insurance and cookies and milk, so we help others instead of dwelling on US.

When seniors graduate
We fear integration and losing our buddies

When the graduate returns and tells of hard times and a great life
We know peace will come as we finish therapy and get a new life

When a student asks why we forgot his name
We joke and tell him that at heart I'm just a forgetful little kid, and we remember that one gift of MPD is forgetting—otherwise we would not be alive today.

This issue is made possible in part by a contribution from:

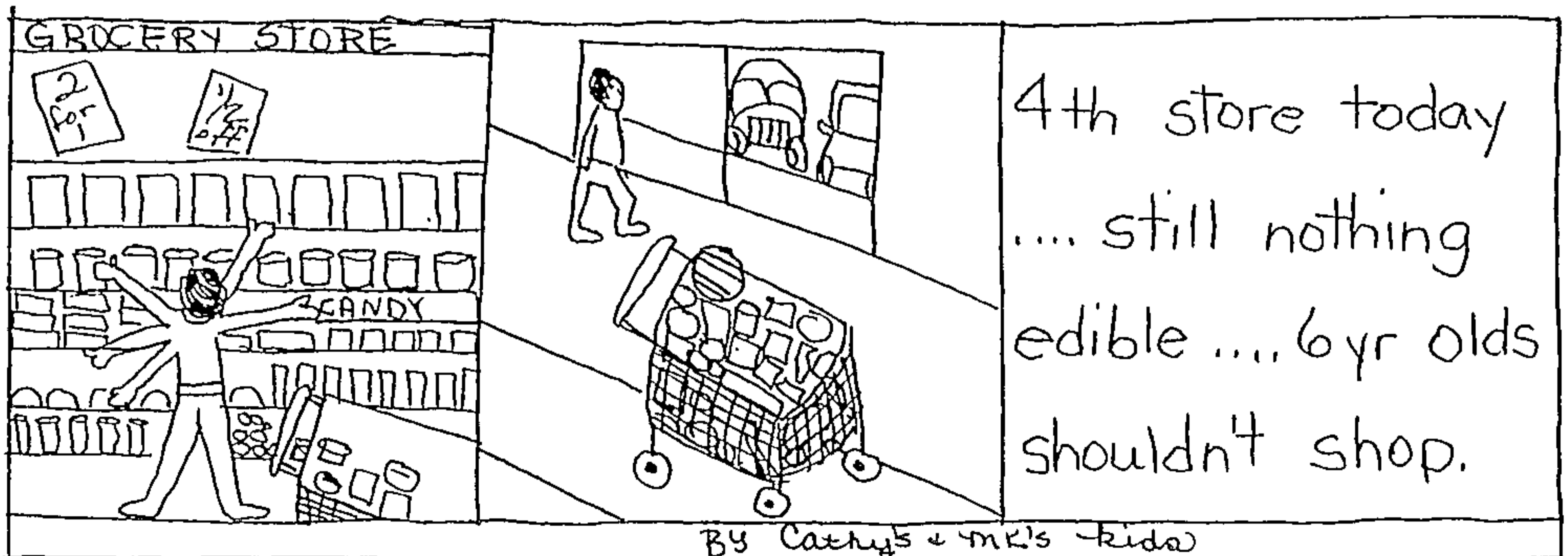
The National Center for the Treatment of Dissociative Disorders
1290 S. Potomac
Aurora, CO 80012
(303) 751-8373 or
1-800-441-6921
Walter C. Young, M.D.;
Clinical Director

The National Center is not affiliated with nor does it have input to or control over the contents of this publication

Creation

my
inner soul
fell apart
bits-n-pieces
of my
broken child
she
left when
life got
too wild
we are
bits-n-pieces
pulled apart
we
simply left
to start
another life
again-alone
when life
for me
was too
big to
own

By Jami Daun
January 12, 1992



Therapists' Page

By Peter M. M. Barach, Ph.D.

Dr. Barach is a clinical psychologist at Horizons Counseling Services, Inc. in Parma Heights, Ohio. He is a frequent presenter at major MPD/DD conferences and is a member of ISSMP&D. In crediting this piece he states: "Christine Comstock and I jointly developed many of the ideas in this article, hence, my use of 'we' throughout. She also reviewed the manuscript and offered helpful suggestions on its content."

Most people with dissociative disorders don't go into therapy with the aim of dredging up childhood pain and spending years reliving what they wanted to forget. People go into therapy because they are having pain now. They are depressed, having panic attacks, hurting their children (or fear they will), having flashbacks, wanting to die, losing time, and so on.

As if present day life weren't painful enough already, abuse survivors in therapy are now faced with having to relive, *with feeling*, what they worked so hard to forget. On top of the memories, there's transference. Whatever you wanted to forget about how badly you were treated in childhood, you end up feeling (or expecting) that your therapist will do (or is doing) the same things. And eventually, there's mourning to be done. You'll never get now what you didn't get during childhood; you can't make up for the loss, and your therapist can't compensate for early deprivation and abuse no matter how much s/he wants or tries to.

Well, it's obvious that your whole life can get taken over by flashbacks, teddy bears, and wet Kleenex. This isn't desirable or useful if it goes on for too long. Maybe you worked for years to crawl up from childhood to a serviceable way of living. Is it fair that trying to heal old wounds can get you too upset to hold a job, have relationships, or be a parent? We don't think it's fair — or even necessary.

We think you can have therapy and a life at the same time. We've learned this partly by trial and error in our own ways of doing therapy, partly by seeing what patients can do that makes them feel better, and what they do that makes their life worse. We want to pass along what we've learned so far.

1. People come to therapy to relieve present pain, and this, not memory retrieval, ought to be the overall goal.

'Getting out memories' is not in itself curative. Just as bulimic purging doesn't make someone feel thinner for long, posttraumatic purging doesn't make anyone feel safer for long.

We used to think that recovering childhood memories was the central part of therapy for dissociative disorders. This belief came out of the few case studies of MPD that were available, such as *Sybil* or *The Three Faces of Eve*. In this way of doing therapy, alters emerged and told their stories in an almost chronological way. Patients tended to abreact traumatic memories in session after session. While this was going on, they often lacked energy for other parts of their lives.

We now see how childhood memories emerge in response to present day situations, and therapist and patient should always be trying to figure out what is the immediate trigger for the emergence of a memory. When present and past are seen as connected, you gain a sense of control and tend not to feel so victimized or overwhelmed by flashbacks.

2. In daily life, the 'inner child ought to remain inner.' Adult life should be lived with adult goals in mind. In other words, don't take a teddy bear for a stroll in the park when you need to be looking at the Help Wanted ads.

The same principle prevails in therapy, too. Both the therapist and patient should conduct therapy with the goals of the adult patient in mind. We're not saying that child alters have to fold their hands and ever so politely say, 'May I trouble you for a Kleenex?' We're also not saying there's anything wrong with playing a game or reading a children's book in therapy now and then. However, these activities ought to address the therapeutic issues of the adult, such as learning that it's OK to feel close with someone without expecting to be assaulted.

3. Therapists need to spell out clear boundaries for the conduct of therapy early on, and you ought to seek another therapist if you don't want to operate within those declared boundaries. If your therapist hasn't done so already, we'd suggest you ask him or her to spell out policies concerning payment, session length, confidentiality, emergency availability,

therapist self-disclosure, use/nonuse of touch by the therapist, out-of-session relationships with the therapist, use of hospitalization or medication, and therapeutic involvement with the patient's nuclear family. We no longer offer to be available for phone calls whenever a patient wants to talk (although emergency availability is essential). Offering boundless availability made patients think they were being offered what a parent should have provided during childhood; it did not help patients to develop inner sources of support. Therapists have also learned that providing emergency sessions for every crisis, running overtime on a regular basis, and seeing patients for no fee or barter-of-service arrangements are not helpful in the long run. Everyone is spared much grief, rage, and resentment if such issues are clarified from the start.

4. Externalizing and blaming do not lead to recovery. Patients who persist over many sessions in castigating their therapist for not caring enough or for comforting them imperfectly tend not to get better. These patients (like everyone) needed symbiotic empathy from their parents. Rather than mourn what they didn't get, they latch on to parental surrogates for target practice. *[If you really, really feel your therapist is hurting you or not helping you, change therapists! Ed. note.]*

5. Therapist and patient ought to share a joint goal of integrated functioning. When integration is not the goal, patients' lives become as fragmented as their inner realities. It is contrary to the goal of integration to see some alters as more special than others, or to consider some alters as "evil" and in need of exorcism. Because all alters and ego states of a person represent feelings, beliefs, and wishes of a whole person, integration is a gradual process of self-acceptance, not an event brought about by hypnosis (as we used to think).

6. Patients and therapists should not rely too heavily on hypnosis. Too much hypnosis takes the focus away

(cont'd on page 5)

(Therapist's Page cont'd)

from the therapeutic relationship and the present situation, slowing treatment. Many in the dissociative disorders field are coming to believe that hypnosis rarely has to play a major role in treatment, although it can be useful for crisis management.

Dissociative patients already spend a lot of time in trance, so it is sometimes more helpful to know how to get out of trance than it is to learn how to use more trance. For example, Christine Comstock has asked patients to put a package of frozen peas on the back of the neck to get out of a flashback; (I prefer frozen broccoli.)

7. Patients need to make a no-harm contract with themselves. That is, they must promise themselves that they will seek help before harming themselves or someone else. When a patient persists in claiming s/he can't stop self-mutilating or other forms of acting out, we usually find that some alters are refusing to give up the hope of finding a rescuing parent. If the patient can't reach a state of internal agreement to end dangerous acting

out, we have learned that we cannot treat the patient on an outpatient basis and will refer him/her to a hospital.

8. Quick fixes for emotional relief don't help in the long run, and feelings can't be purged any more than memories can. We don't think that people store up feelings from the past the way animals store up food for winter. Instead, we see feelings as *developing*, not *emerging*, in response to what is on the person's mind at the moment. We rarely find that hitting pillows or yelling at an imagined abuser gets anger "out" for long; it just develops again and again until the person finds a different perspective to look at their experience. Patients and therapists ought to be looking at the relationships between what they think and what they feel, rather than treating feelings as poisons to be vomited out of the body.

9. Don't make a horror show of your life by spending all of your time studying abuse. Many patients and

therapists tend to immerse themselves in fiction and autobiography concerning sexual abuse, ritual abuse, rape, etc. For patients, the result is engulfment in painful feelings and memories, a repetition of the childhood environment, and too many flashbacks.

10. Support groups can be destructive or helpful, and a patient ought to "audition" such a group carefully before joining. Abuse survivors sometimes create groups in the image of the families who abused them, perpetrating against some group members and abandoning others. On the other hand, groups can be supportive and understanding in ways that a therapist cannot, helping members feel less alone and "different".

In summary, to have a life and have therapy at the same time, *get a life!* If there's nothing to live for in the present, it becomes too easy to get mired in misery and hopelessness, waiting for a rescuer who will never appear.

MV

Video Resources

The Hope of Recovery is a video for therapists and MPD clients who have had some treatment. Sponsored by the Colorado Society for the Study of Multiple Personality and Dissociation, it presents three panelists in various stages of integration and treatment. Write or call **Varied Directions International**, 69 Elm St. Camden ME 04843 — 1-800-888-5236. This company also offers videos on compulsive overeating, childhood sexual abuse, and male survivors of sexual abuse.

Child Abuse education is the purpose of the non-profit organization **ASK, Inc.** (Abused Survivors Know). Its first project is an educational video, "No More Secrets", on the effects of sexual abuse and recovery. Membership is open to all over age 18: \$10 to PO Box 1085, Fairfax, VA 22030, phone (703) 281-7468.

If She is Raped, a 43-minute video by Dr. Alan McEvoy speaks to husbands, fathers, and male friends. It's available from **Learning Publications Inc.** which offers other books and resources on rape, battering, treatment of non-offending mothers of abused children, etc. Call 1-800-222-1525.



We kids stay hidden under the cloak when Susan, the adult works. She uses the mask when she's upset so no one knows.
Lessa for Susan and the kids

Work and Mental Health

By Jacqueline Rotteveel, Consumer Advocate

Books could be written on employment and MPD. Instead, we'll try to write briefly on some of the more critical issues we have seen, both by being a mental health professional and of living and working with MPD ourselves.

We were diagnosed as having MPD in December, 1990, after spending many years in the mental health system, being diagnosed and treated as anything from schizophrenic, to atypical personality disorder, to just plain treatment-resistant. In 1988, two years before our MPD diagnosis, we got our first "real" job as a Job Coach, working in a day program for persons with chronic mental illness (mostly schizophrenia). We were very much "in the closet" about our own illness at the time (we understand that whether MPD is a mental illness or not is a bit controversial, but for the purpose of this article, we will consider it a mental illness.) We weren't accepting or dealing with the symptoms and problems we were having at all. We just worked harder and harder and tried to ignore any problems.

A year after starting work, we shared about our past psychiatric hospitalizations with a co-worker/friend. It was the beginning of a whole new life. He was very supportive and understanding. Slowly we began to disclose to others we trusted until eventually, most of our co-workers and our supervisor knew we were a consumer of mental health services. Working in a program with people who were dealing with mental illness, our openness became a real asset. We became a role model, a paradigm of hope for most of the consumers we worked with. If we could get "well" and make it, then maybe they could too. We never spoke about the details of our particular illness, however.

Slowly, we became an advocate for consumers throughout the state, educating mental health professionals about how to

better treat their 'patients' and encouraging consumers to continue their struggle for health. Requests for our presentations became national, then international. Awards rolled in and our professional life grew in leaps and bounds. Speaking was one way for us to heal — it was a way to prove wrong all those doctors who misdiagnosed us and said we'd never be able to do anything with our life. It was a way for the stronger insiders we had to speak out, to protect and make sure there was help for the weaker insiders, as well as the weaker outsiders we saw left behind in state hospitals. Speaking was a way to tell parts of our story, break the silence and secrecy and begin to feel strong.

The work we do, besides speaking and being a consumer advocate, is as a job coach and supervisor of a Supported Employment project. There are 21 such projects here in New Jersey, and numerous projects throughout the country. It's a specialized project to individually support people in competitive employment in their communities. We work one-on-one with people to help them choose, get and keep the job of their choice. We provide on-site job coaching, help contact employers and find jobs; we help people deal with Social Security, help advocate for reasonable accommodations as needed, and anything that the person needs help with in order to return to work. So far, in the past 4 years in New Jersey, Supported Employment projects have placed over 400 people with mental illness into their own jobs.

Being a job coach has been the perfect job for us. We get to travel a lot from one job site to the next, helping people on their jobs. This means that we can spend a few hours in a factory, helping someone with their job loading trucks; make a quick clothing change in the ladies room and head out to an office, helping someone else with a clerical job;

and again a quick change, then dash to a nursing home to help another worker. So the "jobs" we do vary from day to day, and provide us lots of opportunity to take advantage of "switching" in a way that really helps us with our work.

It's ironic that it was our supervisor/friend at our first job who suspected we had MPD. Months later, after diagnosis, we spent many hours talking about how the new diagnosis would affect the job and how this "new we" would manage at work.

This brings us to some basic issues of working and living with MPD or any other mental illness: The American with Disabilities Act (ADA) passed July 1990, is the single most important piece of legislation for persons with disabilities, ever. It's been called the civil rights act for persons with disabilities. It spells out the rights that we are entitled to and the things that need to be set into place so that persons with disabilities can have access to their entitlements.

One important piece of the ADA in terms of employment is something called "reasonable accommodation." For people with physical disabilities, that can mean things like curb cuts or changes in office furniture. . . concrete things that will enable them to work and do the job they were hired for.

For persons with psychiatric disabilities, the accommodations are less clear. They are called "soft" accommodations. This might include flexible work schedules, access to a telephone for support phone calls, having an identified person at the job to provide support and encouragement as needed. Almost anything, within reason, that will enable a person to do the job they are capable of doing.

The accommodations we have asked for and gotten over the years have been flex time, use of extended vacation time for a planned hospitalization, being able to use my supervisor for emotional

support as needed, and use of the telephone for support calls. These are "reasonable adjustments" due to one important fact: we're a damned fine worker, and on good days we put out as much or more work than anyone else on staff. On good days we can work 10-12 hours, take work home with us as necessary and handle it. On the bad days however, we can barely get into the office and put in a couple hours before we have to leave. Asking to leave early, using our supports, etc., are all the reasonable accommodations that enable us to continue doing the fine work we do.

Another accommodation we have found helpful has been gathering together a "support team". We have identified a number of people who we consider supportive and have asked them whether they would be willing to be available to us as needed. The more people, the better, since not everyone is available when we need them. Also, if we spread out the neediness, we don't worry so much about burning people out. We use our support team for anything from strictly professional situations to personal problems, all the way to insiders who call them directly for help (sometimes when we're at work, sometimes after hours). We've tried to be clear with each person ahead of time about what we would like and expect, and they have been clear with us about what they can and can't offer. It changes a lot, as people move in and out of our lives, but we do have a solid core of support that is invaluable.

Another very important piece to my being able to maintain my employment has been my continued therapy, and that we have had to make work a priority. We have a therapist who supports our working, (even though sometimes he questions how hard we push ourselves) and continues to have confidence and faith that we can do the job. It's been very important for us to have our therapist hold onto our confidence and hope sometimes, especially when things get very overwhelming.

We have done a lot of work internally to encourage cooperation. We agree that only certain insiders are allowed to go to work. It is when we have less control and when some of the more harmful, inappropriate or dangerous alters are close and threatening to come out that we have to use our accommodations and perhaps even take a sick day.

Some of the children are allowed to go to work and have been a real help. A sense of humor is essential to our

job at times and the kids provide us with lots of harmless comic relief. We have one insider whose specific function is to give presentations, and a whole inner committee who help prepare them. We count on these insiders to help us work successfully.

But we don't mean to make it all sound like peaches and cream. Being out and open changes the way people react and treat us sometimes. And lord knows we're not allowed to have to a bad day without someone wondering if we're getting "sick" again, or if we need to see our doctor. Some co-workers have taken liberties with our insiders, and knowing the names of some of them, have taken to trying to call some of us out, or "guess" who was out at any given time. Our co-workers know that everything we have to do must be written down so we don't forget, and sometimes people take advantage of that, telling us they told us something when we're really sure they didn't. But since we're the one with the memory problem, we get the blame.

In New Jersey we have "trained" psychiatric emergency screeners, people who work in emergency rooms and decide whether a patient should be committed for observation. Our symptoms are always such that we remain committable at any given time (mostly because of suicidal and self-mutilating alters.) Unfortunately some of these screeners have also been co workers at the places we have worked. And from time to time, we have been threatened — had some screeners point to us and say we should be committed, and that they'd commit us in a minute if we walked into their emergency room for help.

We handle all such problems on an individual basis. With the help of our support team, we have been able to work through any problems we've had at the job.

Sometimes it's even harder to deal with well-meaning people, real friends, who want to help and struggle with how to do that. These friends and co-workers don't fully understand MPD stuff, but like us and want to support us. Sometimes it's hard to help them help us. But just knowing that there are people who believe in our work and who like who we are, has really helped us so much.

For us, the ups and downs have been central to our healing. Over the years we have learned that we are more than victims, or fragmented, tormented souls. We have felt better about taking what we needed from people and the system, because we are giving back. We have money, and

are no longer living a poverty-level existence. We can afford good and decent therapy, and have expanded the circle of our lives to include some people who are very powerful and who use that power in a good, helpful way.

We have come to realize that sometimes other people see us as one of those "powerful" people, in spite of all the continued struggle of trying to live and work with MPD. We were recently invited to testify, as part of a panel, before a Congressional sub-committee, advocating for changes in federal legislation that would make it easier for mental health consumers to return to work. Just a few weeks ago we were sent a copy of the new regulations. Some of the changes we testified for had, in fact, been made.

As we stated to the congressmen on the committee, "I may have an illness, but I am not my illness. I am more than that." Living with MPD is a struggle that perhaps only those of us who have it can fully appreciate. But working successfully has helped us be more than a patient, more than a disorder. We're competent and capable, and now one of the things we're learning is how to use our power and creativity for good.

For Further Information

Reasonable Accommodations for Workers with Psychiatric Disabilities, by Laura Mancuso. *Psychosocial Rehabilitation Journal* volume 14, number 2, pages 3-19.

A regular newsletter is sent out by Boston University Centre for Psychiatric Rehabilitation called *Community Support Network News*. The Nov. 1991 issue is focused on coping and recovery, including articles about consumers returning to work in the mental health field.

The Americans With Disabilities Act: Implications for Workers With Psychiatric Disabilities, a presentation given by Laura Mancuso. National Assoc. of State Mental Health Program Directors, 1101 King St. Suite 160, Alexandria VA 22314.

The National Supported Employment Initiative; a Three-Year Longitudinal Analysis of 50 States Written by Michael Shafer, W. Grant Revell, and Fred Isbister. To request a copy, contact Michael Shafer, University of Arizona, Division of Special Education and Rehabilitation, Tuscon, AZ 85721.

Work Challenges

My name is Louise and I am twenty-five years old. I am part of Karin M. who is forty-one years old, has a B.S. degree in special education, is presently unemployed, has been in therapy for the past six years and was diagnosed with MPD one year ago. My purpose is to obtain employment, appear "real" and "confident" to the outer world. My existence began when Karin was twenty years old and since then I/we've been hired for more than one hundred and forty jobs in various professions. She was fired only once (due to illness and unexpected surgery) and the other one-hundred-and-thirty-nine-plus jobs were lost due to numerous alters quitting or not bothering to show up for work for extended periods of time, due to excuses which are real to them according to their history and realities. The other alters' fears and behaviors are only sabotaging my/ Karin's ability to earn a living — and our ability to take care of ourselves is questionable.

I am the alter who is confident and very capable of interviewing and making a good impression. Unfortunately, to date, I have little control over the other alters who insist upon sabotaging all of my hard and earnest efforts.

I am aware of some of the alters who continue to undo my function. They include: a sixteen-year-old who thinks she is pregnant and is ill with morning sickness — all day; many young ones who just want to sleep or hide or play all day and cannot use the phone to call in to an employer (which is a plus, I guess); a teenage boy who refuses to work with women and refuses to wear a dress or skirt; and another female alter who fears women and will not work in close proximity to other women; also some females who hate working with men and leave work early fearing men for various reasons (from the past) which make sense only to them.

As Louise, I fear that I have no energy left to keep going. I just

don't know if I can go through the motions one more time. I see Karin and her terrible pain and isolation and am eagerly awaiting resolution of the other alters' fears and gaining some control in the workplace and the process of "keeping" a job once we are hired. This has become our focus in therapy. Our therapist Jim calls it *self-preservation*.

I am curious to learn if other MP's are experiencing this same problem and how they are approaching this in recovery.

By Louise (part of Karin M.)



(Caution! Please don't try the following statements, etc. at your job unless you have a work environment like R's! Some folks get fired for less. — LW)

I was talking with my boss's boss and made the comment, "You know, I am a survivor of satanic ritual abuse and am MPD, and I am still healthier than my boss! It stinks."

I am fully aware that on the whole, my situation is not the norm — but it is entertaining, educational, and demands that I wrestle with my issues so that I can maintain a healthy perspective in my work setting. It is fairly normal for me to be working away at my desk, and suddenly my boss comes in with some sort of irrational demand. Inside the comments start flying, from *You old fart — why don't you just go away and die!* to a child's pleading call for love and affection, willing to do anything to make the aforementioned boss happy.

It doesn't hurt, either, that I have friends in my work environment who support me — they know who I am and what I am and they don't care. What is important is that the work get done — and it does, so the other stuff doesn't matter.

Don't think I maintain the perfect exterior, either. There have been several times when I have

blown up at my boss (I called her a slave driver recently), and have had to apologize for it. I am trying to learn that if I listen to the girls' thoughts on what is going on regarding my relationship with my boss, and let them wrestle with issues, then they are less likely to push me to extremes.

I've also learned not to feel guilty about taking a little time off here and there to get my head screwed back on straight. I am one who has an over-active sense of responsibility, and learning to set my boundaries has been an important step toward health. We have to take care of ourselves — know the limits and respect them.

I am lucky and I know that. I've been provided with an atmosphere where *my stuff* doesn't matter. I am taken at face value and respected. I am a person of value, with something important to contribute, and let me tell you... knowing that in my heart of hearts has gone a long way in my healing process.

By R.



I have my M.S. and some advanced Ph.D. courses in Animal Science, and had worked for six years in social work. I hadn't realized that I had any dissociative symptoms but was diagnosed as possibly MPD in the hospital last summer. While I was in the hospital, I was "written up" by my boss for an earlier action of specifically failing to follow instructions, which I don't remember doing. I think that was the first time I had dissociation problems at work.

I have been off work on disability since last spring. I am hoping to go to a specialized dissociative treatment program later this year. Once I have some control I'd like to try to work again, part-time to start, or continue training for a different career. Finances are tight right

now, but I am making it thanks to Social Security and disability insurance on my mobile home loan.

I have been taking courses at a local junior college to keep busy but I had to get my textbooks recorded because I couldn't understand what I was reading. I think there may be a part of me who was learning to read on college-level texts. My concentration span is improving but it is still not very long. I am currently very afraid of people, which makes my previous employment as a social worker impossible. Even when I'm home alone I need to take frequent "teddy bear breaks" to help me feel safe.

By Barb



We have been employed in the same human service field for the past 18 years. Our positions and job responsibilities have changed, however. It has been extremely difficult to cope at times, especially since we were diagnosed with MPD a few years ago. Working on memories with our therapist and returning to work the next morning requires a lot of suppression of feelings that we are finally being allowed to express. Therapy sessions on Friday night or on the weekend are an alternative, but even when we can schedule it this way, there is still a spillover into the workday. The strategies we use, not always successfully, are: limiting sweets because the kids feel more free to come out when we eat too many; promising rewards to some alters (painting, buying a book, watching a video). We have also told some co-workers/friends about our diagnosis and have two very supportive bosses, who know that we work very hard and have to, at times, get more help through hospitalization. Finally, because we do dissociate a great deal on bad days, we have told the people that we supervise that we have a bad memory and they should remind us of the important items not only day-to-day but hourly! When things

get too confusing, we do spend more time in the ladies room until we get more focused. It certainly helps to have a sense of humor.

By Denise for Kitty & all the others



I'm currently pre-employment. I graduated college, BSW in May and now I'm applying to grad school. I'm running into the "So, where do you work?" question, and "How do you pay for school?"

My story is, I worked in the family business. (Not a total lie — ha ha!)

I can't work unless I want to lose my subsidized housing, my medicaid, medicare, and repay all my student loans with a \$4.35 checking account balance. My others aren't quite ready for the "real world". But I need to have work experience. I need to practice/learn human and social skills. So I do volunteer work.

The first time took a year or so to work up to. When I/we went, we loved it! It was so hard to leave! We found something we were good at.

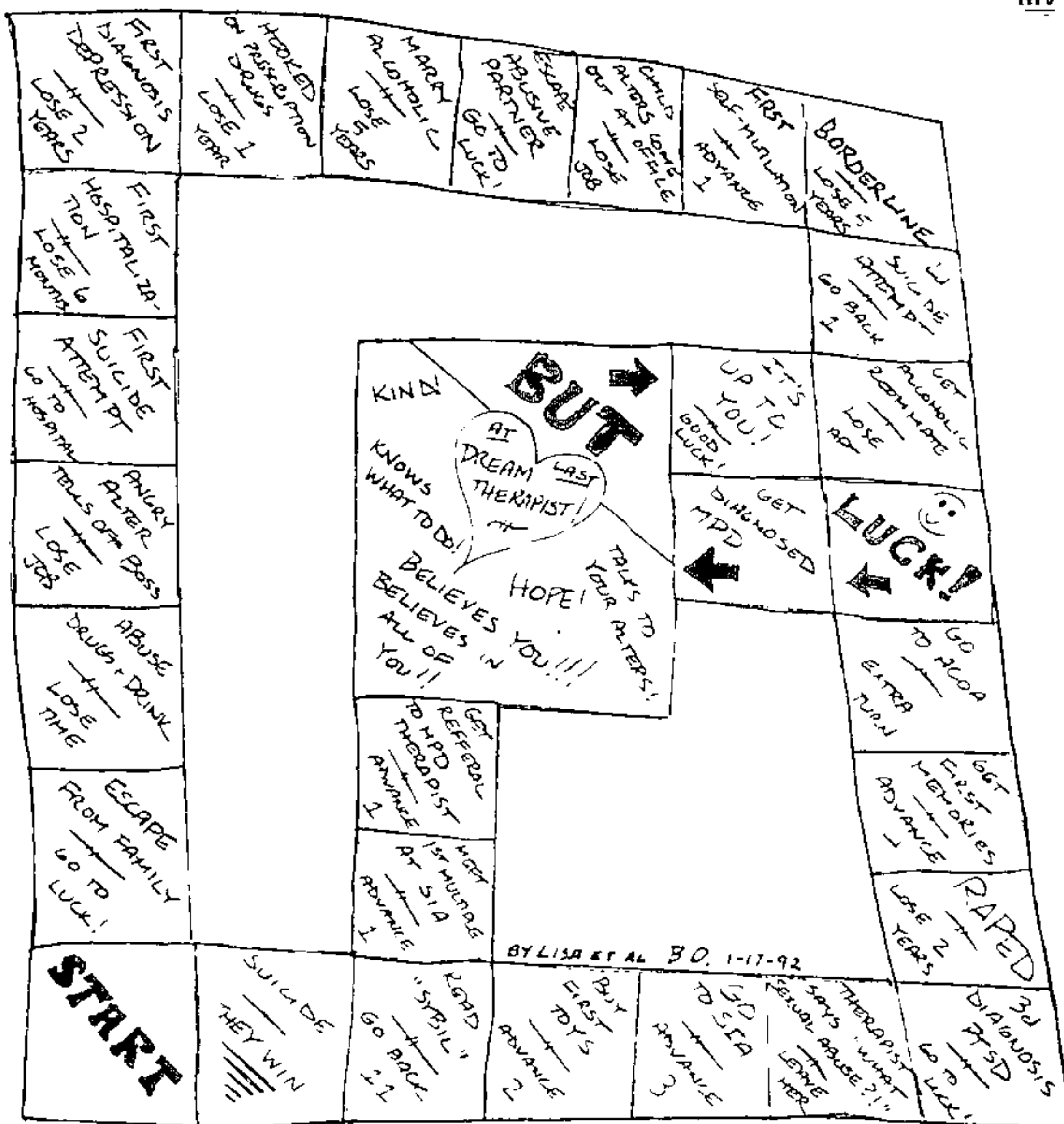
Our school internship sucked: emotionally disturbed kids. We knew why they were there and it broke our hearts!

So we know something we're good at, and something we know we aren't cut-out for. Both things are important to learn.

My favorite volunteer work is a baby-holder for hospitalized infants who have been abandoned by their parents. We seem to have a kinship, and I'm glad I can help them out.

To make a long story short, if you can't work because you're too ill, or like me you can't afford to lose your benefits but need to get experience for a job, try volunteer work. It's flexible, part-time, not as demanding as a full-time job. It sounds trite, but it helps me to get outside myself, help other people, and indirectly help myself by giving.

By Barb et al
MV



Therapists' Page

By Wendy Branton, Ph.D.

Wendy Branton, Ph.D. is a Licensed Psychologist specializing in MPD and depression who practices in Wayne, Pennsylvania, 14 miles west of Philadelphia. She also teaches the counseling course *Lifestyle and Career Development* in the graduate school of Villanova University.

- "I can't continue therapy. I don't make enough money."
- "I don't have good insurance. I'll come every two weeks."
- "I found a new job. I can only come for sessions at night."
- "I decided to change careers, so now I have an HMO, but I don't see your name on the list."
- "Everyone in my system hates the work she does, so we're quitting."
- "I'm moving home with the family even though Dad's still there. We can't work and there's no other way to get by financially."
- "We discovered that we're not suited for what we do. I don't think we can go back to work."

Are career concerns just one more form of resistance or do they represent a serious threat to the continuity of therapy from the context of work?

- "I don't suppose you can help me find a new job; I really can't cope with the abusive personalities at work. Besides, the seductive little one is sleeping with the building maintenance man."
- "This job is so stressful, I'm switching all day long. I know they're beginning to notice."
- "Little Pinky keeps coming out at work. She answers the phone and plays with the fax machine. People think I'm just kidding around but I'm going to be fired!"

offers great insurance coverage for the cost of your treatment? Perhaps you can accommodate work that allows you to see your therapist regularly? These questions, answered positively and creatively, promote the long-term success of your treatment as well as your career development and maturity.

Identifying an alter who can work successfully requires self-discipline and support across the system. Although this postpones the career satisfactions of others, it is one of the earliest contracts with all of the self to explore the possibility of getting better by becoming independent and self-reliant. In choosing one job over another, you may experience conflicts. Explore these questions of delayed gratification with your therapist. If you are able to pay your bills and live free of the company of abusers, then you truly have the opportunity to pursue your treatment goals.

Finding a career that offers some financial security will not be your only problem. Rules about switching at work, fugues, inappropriate behavior, feeling overwhelmed, and interference from physically unhealthy alters all should be anticipated. These are forms of sabotage and/or the efforts of alters to get their needs met. You and your therapist can work out healthy ways to express your needs and behaviors outside of work.

In addition, your therapist can help you continue to work on the problem of getting enough sleep to be effective at work, a common problem for many patients.

Another issue is to assess whether your work environment is "abuser-free". If you do discover that you have been involved in an abusive relationship at work, don't panic. This might represent an opportunity for you to assume control of the situation and defend yourself appropriately. No one knows better than you that the potential for abuse is always out there. As an adult in the outside world your best immediate defense is learning about work policies and laws against sexual harassment. These policies exist to empower you to report inappropriate or unlawful behavior. Many did not exist effectively before Anita Hill, but Americans on the job now have the full attention of their

(cont'd on page 11)

My first encounters with counseling clients with MPD pre-dates my becoming a therapist. I was working my way through graduate school as a career counselor in college placement. There I would occasionally encounter a student who was struggling with very strong but conflicting sets of talents and abilities as well as distinct and often opposing value systems and goals. Now I recognize, based on those students whose personal histories I knew at the time, that they were more likely to have been the extremely gifted survivors of protracted trauma simply trying to reconcile the career choice agendas of their various alters. There is often so much conflict around career decision-making, that someone who is very unaware of dissociation in other aspects of their daily functioning will struggle greatly over the issue of work. For some, this struggle is the very first event that alerts the individual that he or she may have more serious psychological issues.

In my therapy practice today, reconciling career goals is still sometimes the presenting problem of new patients and at other times is one of the very real metaphors for integration.

Work is one of the primary ways we publicly express our identities.

Americans often take shortcuts in their attempts to categorize new acquaintances by asking "What kind of work do you do?" Information about values, goals, socio-economic status, intelligence, education and initiative might be quickly learned from the answer. An artistic creative alter would certainly not be content to be labeled and understood as an accountant.

The very first task of therapist and patient in addressing career issues is likely to be: which alter is going to work? In the early stages of treatment this may be the only option. Other personalities might allow the alter, who chooses to do this for everyone, substantial if not complete autonomy. However, everyone in the system benefits by being supportive of the one who goes to work. An example of cooperation would be for child alters to agree *never* to come to work. They might look out, but they would never talk, play with the markers in the desk, or push buttons on the computer.

One cannot possibly hope to meet the needs of child alters, hostile alters, or a depleted host in a conventional work setting. Ask yourself: What kind of work have you been able to tolerate that pays the most without creating unbearable stressors? Is there an area in which you can manage to work that

(Therapist's Page cont'd)

employers on this issue. It helps to pay attention to the interactions of friends and co-workers at work. Begin to learn what the range of normal is and develop your own standards. This allows you to draw the line, instead of feeling triggered, when you have to decide if a behavior or joke is harassment or humor

Achieving a stable alter who can go to work without interference is a significant landmark in your therapy. Along the way you may also have achieved better co-consciousness, greater control over switching, more acceptance and understanding of your diagnosis and treatment, as well as better communication and cooperation among alters.

Once you have achieved an alter who can work full-time without sabotage or interference, you can begin the interesting task of modifying your work to fit the continuously-emerging you. You might seek promotions, modifications of your work to make it more compatible with your interests, a transfer to another division or begin planning a long term career change. It is helpful to remember that the most significant career change will probably come after integration and may involve a complete change of fields. It is important to preserve your record as a stable worker. Therefore, too many early job changes are not advisable.

Using a career counselor to help you explore your interests and abilities is helpful during this planning stage. Interest inventories like the *Strong* test can be informative. *The Self-Directed Search* by John Holland is another assessment tool that can assist you in planning your new career. When taking these tests be sure to instruct yourself to use all parts of your mind. For some, it is not useful to take personality-type tests such as the *Myers-Briggs* until the later stages of therapy. The *Myers-Briggs* addresses career choice using a personality-type scheme. This can be a source of conflict. Your therapist may be able to recommend someone who is expert in career planning, or you may decide to explore some of these things as part of your therapy.

On-line computer career counseling systems are often available to the public in local libraries, school guidance offices, and community colleges. SIGI, DISCOVER, and GIS are some of the acronyms that identify these systems. They are fun and excellent sources of information. Books such as the *Occupational Outlook Handbook*, *What Color is Your Parachute?* and major city *Job Bank* books are just a few of the well known resources available in public libraries and bookstores. You can also expect to find guides on interviewing and resume writing.

Job shadowing is another useful

technique to acquaint yourself with entirely new options for which you might like to prepare. Through networking, the efforts of your career counselor, or contact with an employer, you will be given the opportunity to spend all or part of a day with a person who already does this kind of work. *Information interviewing* is another source of up-to-date career information. Again, you contact someone who is working in that career and ask them how they feel about their work. Books and videos are somewhat less helpful, because information about careers changes rapidly. However, they are often a good resource before you begin networking.

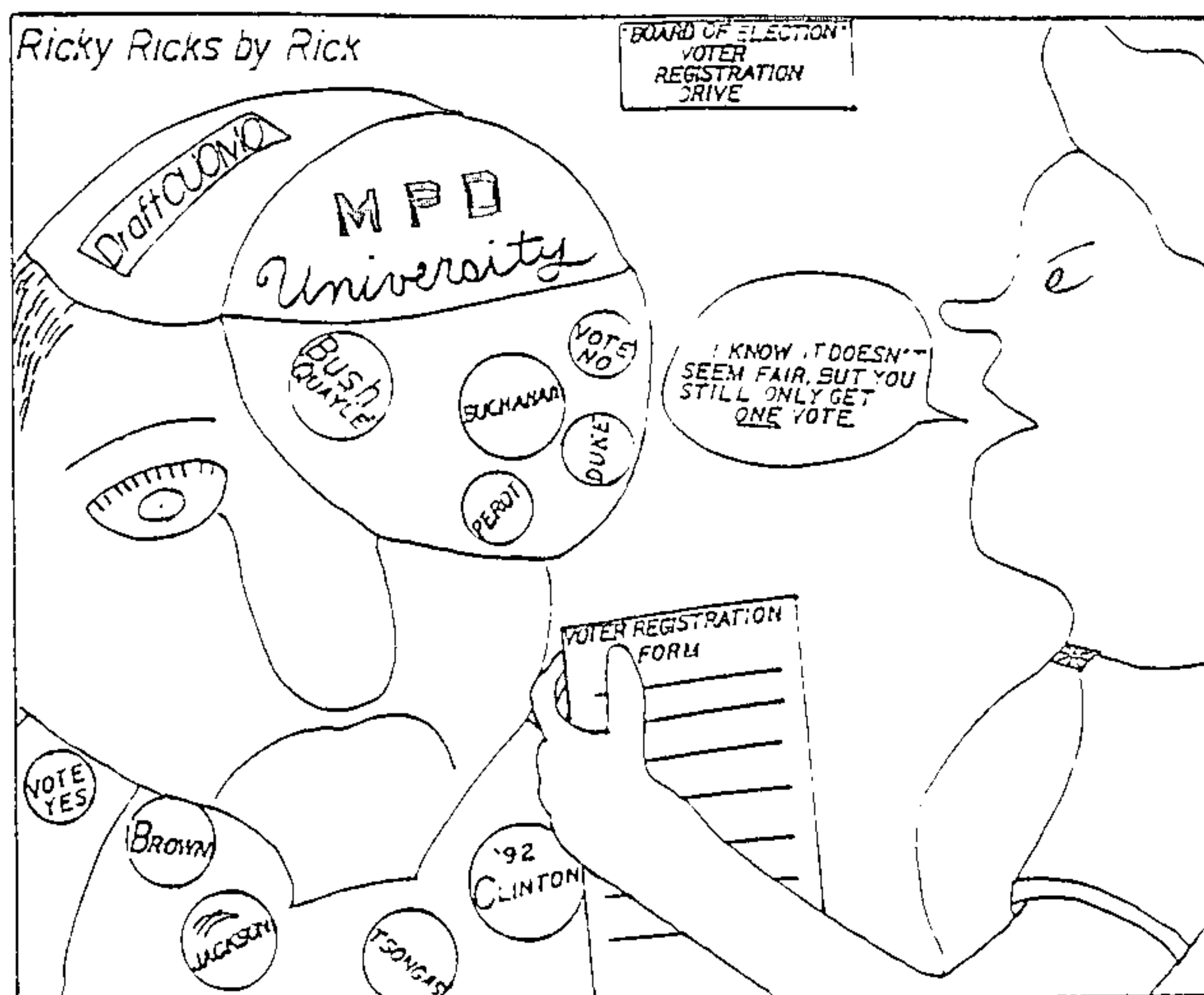
Finally, learning about the many different fields of work and the aptitudes, interests, and abilities they require does not need to be an overwhelming experience. Career building is a lifelong process that can be resumed anytime. It is often better to begin anyplace, than to be paralyzed looking for the perfect place to start. Every job experience is an opportunity to build confidence, competencies, and perspective. Begin with something manageable and available. It is from that vantage point that you become grounded. Then you can truly begin the process of developing an independent integrated career identity.

MV

Upcoming Conferences:

Especially for survivors, there's the 1992 Southeastern Regional VOICES Conference, October 22-25 at the Hilton Inn in Greenville, NC. V.O.I.C.E.S. (Victims of Incest Can Emerge Survivors) in Action Inc. is the sponsor of this large (500) gathering, featuring nationally-recognized speakers and special events. Call 1-800-7-VOICE-8.

The 9th International Conference on Multiple Personality/Dissociative States will be held Nov. 11-15, 1992 at the Drake Hotel in Chicago. This major scientific conference is a must for professionals. Call 708/933-6685 for information.



Work, Work, Work!

Working at a secular job can sometimes be/become a microcosm of the important things in life. Before being diagnosed MPD, I began working weekends at, of all places, a psychiatric hospital (a little humor is a good thing). I soon discovered that I identified with the patients a great deal more than the employees: those patients truly committed to healing gave me courage, those patients deeply wounded and bleeding inspired my compassion. One woman in particular I wish I could find to thank. Her brave, courageous struggle against overwhelming illness motivated me to look at my own memories. Now, after having been a patient many times myself, I realize the impact we can have even without being aware of it.

To be able to remember my daily tasks, an elaborate system of note-taking and checklists became vital. I divided the work-day into prioritized sections, each with instructions on a separate sheet of paper. Each completed task was checked off the page, a completed page was thrown in the trash, and another section/sheet taken out. All were carried in a very large notebook back and forth with me, never left behind for curious eyes. At first the brunt of many jokes, later I was often used as a reference by non-multiples who could not remember. (A little revenge is a good thing.)

One of my work-mates was an extremely abusive person, she constantly insulted, berated and humiliated me in front of employees and patients: lying about "laziness and stealing". For two years I put up with it, hoping things would get better. After all, I was experienced at surviving abuse: besides, since I did not remember half the day, maybe she was correct. Then one day I realized I was her peer: I was an adult, knew as much and was as conscientious as she. She was not my mother. So I told my boss that I would no longer work with this woman. My decision was respected. The woman did not

change, but I was never again a punching bag (a little liberation is a good thing).

Finally correctly diagnosed as MPD, I tried to hide the diagnosis from my employer. Even when hospitalized I got out on pass to go to work. My ability to concentrate diminished with the intensity of therapy. I learned to "play stupid" and "play smart" and I made sure I did da— good work when I was functioning. As the hospitalizations became more frequent and on locked wards without passes, I decided to inform my employer. Not only was I not fired, but I was accommodated on many occasions (a little respect is a good thing).

Eventually the struggle with the dragon in my mind became so debilitating that I resigned. Now on social security disability and in college full time, I can devote all my energy to school and therapy. I'm not ashamed to be on disability. I worked many years to earn it. But more importantly, whatever is required, **WHATEVER**, be it work or non-work, a multiple's real "work" toward wholeness is paramount.

Integration is not a little thing.

By Libbie K.



Working can be a challenge! For the most part, working has been very good for us. It keeps us grounded and focused and helps keep our mind off of things for awhile.

Sometimes it is very hard to go to work because the children want to be out. We made a deal with the children that they can be out before and after work, and in our therapist's office. They also get extra time out on the weekend. When things are real bad, we bring one of our stuffed animals to work and the children can hold it for five minutes, but then they have to go back inside.

Once, one of the teenagers came out and yelled at our boss

and got us in trouble. After that, we made a contract with everyone that they are only allowed out at appropriate times. So far, everyone has stuck to it. If someone really needs to come out, we lock our office door and set a time limit and let them write in our journal, but they know they need to go back when the time is up.

Another difficulty is that work offers access to lots of things we can hurt ourselves with. Before we had a contract, some of us would take medicine and scalpels home to hurt the body; but now we have a contract with our therapist and each other that no one is allowed to do anything that would hurt the body. Gretchen (she's 8½) was appointed to call our therapist if anyone starts to break the contract. This has worked very well because Gretchen loves to call and tell.

We also picked a person at work that we felt safe with who knows about "all of us" in case a child comes out unexpectedly and needs help. This has never happened, but we feel safer with an emergency plan.

Working when going through ritual memories can be very difficult, but we take a lot of care to keep our schedule light during those times. We also spend time before leaving therapy, making certain everyone is in a safe place and the memory is temporarily put into a special locked vault. Occasionally, Mandy comes out at work during these times. She is only 14, but she can do paperwork and clean the office, and she is always happy. We are lucky to have a job with a flexible schedule and our own office.

We have a team of adults who share the responsibilities of work while Amanda takes care of the children internally. We try to work together and have everyone's needs met as best we can. We thank our therapist for teaching us about team work, and we thank each other for working together and trying to keep some balance in our life.

By Teresa, Amanda, Elizabeth and all who share Amy's body

Our Big Person is a special education teacher. We are proud of her because she helps lots of kids who hurt inside and act ways that make most grown-ups uncomfortable and mad. Our Big Person has been a teacher more than twenty years. She has only known about us for three years. When we first told her about us, things got pretty confusing at work, but now we know lots of ways to make it easier. We have a wonderful therapist who helps our Big Person learn how to listen to us and talk with us and how to figure out ways to get along.

Going to work everyday is real hard for us. Getting up is easier when our Big Person lets us tell our different reasons why we don't want to go to work. She listens to us and lets us show how we feel, even if we need to cry or to be mad. Then she explains why it's important to go to work and asks us if we will just try. When we get ready to go to work on time she lets us stop and get a Super Big Gulp diet coke on the way. (We eat a healthy breakfast too — not just pop.) When we get to work, while we are still in the car, she writes in our journal and thanks us for making it to work and asks us to just do our best. She says we don't have to be perfect. She finishes by saying things like "We are wonderful and incredible and a great teacher!" At the end of work she thanks us in our journal for pulling together and says we did a good job. Sometimes we have bad days and "blow it", but she doesn't yell at us. She still thanks us for doing the best we could.

Once in awhile work is too much and we panic. The Big Person tells the principal "I don't feel well", then we go home and call our therapist or our doctor. Because we have permission to not go to work or not stay all day, it makes it easier for us to try. So most of the time we go and stay and do a "good enough for that day" job.

At work we have one big rule — the Big Person is the teacher and she is always in charge. When we are home our different people can come out. We can talk in our own voices and say anything we want — even cuss words. Lots of time

on work nights we just watch TV or videos while our Big Person dissociates! On weekends we visit friends.

Here is a list of other things our Big Person does that make it easier for us to go to work:

- 1) Lets us pick out fun clothes and fun earrings to wear, as long as we still look OK to be a teacher.
- 2) Lets us wear our Mickey Mouse watch everyday.
- 3) Lets us always wear our gold teddy bear charm on our gold chain, so we always have a teddy bear near our heart.
- 4) Lets us carry special treasures in our pocket, to grab hold of.
- 5) Listens to our ideas about what the students need and want. She says we are really good at figuring out why they withdraw or act out and what they need to feel safer.
- 6) Says that all of us inside are a team and she needs us all. That makes us feel important and want to cooperate more.



There's lots more stuff we've worked out these past three years. Some ideas work and others flop. Some days we do great — some days we do lousy. Most days are in between. We just keep trying every day, as much as we can, so we can have more recovery and feel happier and healthier.

We remember when we almost lost our job because our Big Person was so overwhelmed and suicidal all the time. That was before she knew about us and the power of multi-team effort!

Last June we all felt proud when we showed our therapist, our doctor and our friends the evaluation the principal wrote about our Big Person. He said she is a really good teacher and she is great in helping students who have lots of behavioral and communication problems to feel better about themselves. The students' parents said they were really happy about how much she helped their kids. They don't know it was a multi-team effort, and very

very difficult — but *we* know!

By DeBee, Team Cheerleader

Our job has been a really important part of our recovery, although very few people we work with know that there are many people who share this one body. We work in the children's section of a bookstore, so going to work is fun because *everyone* who wants to can participate. Last spring we were told that we were one of the best children's people they had ever had, and people ask us all the time how we know so many of the books, and how we keep them straight. What they don't know is that almost all of us who are old enough like to read, and the very little ones like to be read to, so we each know a section of the children's division very, very well. Whomever knows the section in question suggests the books sometimes by coming out, but usually by "feeding" the information to me. We sell lots of books because the little kids are so enthusiastic that the customers can't refuse, and who better would know what a kid would like than another kid? It's like they have 9 or 10 people working the section instead of only one!

Of course, selves control is very important because it is a job, and we do need to get our work done and keep the section well-stocked and organized. Usually we cooperate automatically, but occasionally we falter, which leads to some funny stories in the end. For instance, there is a playfort in the section, and one day I came back to find the body inside it with my boss peering down at me from outside, asking me what I was doing in there. I answered that I was just seeing what it was like for the kids, which was, of course, true in a way that he will never know! He was satisfied and the episode was forgotten. Another time one of the four-year-old alters started arguing with the customer because the customer didn't agree that the pop-up book would be enjoyed. I heard my voice say, "Yes he will. He will *too* like it. I *know* he will! Look, it moves and everything!" I was mortified, but

(cont'd on page 14)

(Work cont'd)

the customer was so impressed with "my" enthusiasm that she not only bought the book and came back to tell me how much her son enjoyed it, but also told my boss how knowledgeable she thought I was. All thanks to L.

There are other people like us that work in the same place, and they figured out that we might have parts, but no one else has. Working is very important to us because one of the greatest fears when our diagnosis was made two years ago was that we would have to be in the hospital forever or at least in and out of hospitals, and we would never be able to be functional. So far, though, that hasn't been the case. We work, we go to college, we do therapy and we make time to have fun too. Sometimes we aren't as together as we would like to be, but I guess that's true for anyone — multiple or not! And in the big picture we are without a doubt getting better, although sometimes we feel worse. Now more than ever, we know recovery *is* possible.

By Hope with help



Recovering

By Rita

Q: My therapist suddenly changed the way she treats me. I don't like it, so I'm thinking about changing therapists. How do I know if I'm right?

A: Sometimes, when boundaries have gotten blurred in therapy, regardless of how it occurred, getting things back on track can be difficult, if not impossible. It requires that each party, the patient/client *and* the therapist, look honestly and unflinchingly at what part they played in causing the therapy to derail.

Therapists are human too, and we do make mistakes. One of the hardest positions to be in as a therapist is to look at our own counter-transference (ie, our reaction to a client that is really our own unresolved family-of-origin junk getting stirred up.) It's a humbling, and possibly a humiliating experience. For example, assume that a therapist had the type of background where he/she could *never* be wrong, or would experience more abuse than is already occurring. Such a therapist would not be able to see his/her own behavior clearly without supervision or individual therapy to work out the dynamics of this behavior, if the therapist could see it at all.

Then, there is the client's part. Let's face it, people with MPD are not an easy population to work with. We're demanding, testing, angry, mistrustful, etc. We often put therapists into incredibly difficult positions . . . "care for me/ take care of me—STAY AWAY!!!" Even the healthiest human being is not immune from the powerful dynamics that get played out in the therapeutic process with MPD clients. Therapists new to MPD typically get more enmeshed with clients than more experienced practitioners. Probably, what you need to do is ask yourself honestly, "What is it that I'm *really*

wanting from my therapist?"

Often, the answer is "I want to be taken care of . . ." either with the therapist making it "all better" magically, or somehow "reparenting" the client such that the client gets now what she never got back then. Neither of these wants will really help you.

The therapist cannot make it all better. The therapist is a guide who cannot do the work for you. You must do it yourself. However, the therapist is charged with safely guiding you through the maze of healing. If a therapist is getting triggered by personal issues, has become enmeshed, overwhelmed, angry, depleted, etc., this task will be very difficult. Often therapists experiencing this will set rigid boundaries with clients, seeming to abandon their clients emotionally . . . doing the opposite of what they had done before, which was to share too much inappropriately. Sharing too much is a boundary violation by the therapist, which sets up an unrealistic expectation in the client that s/he will now be the all-loving, completely supportive, all-nurturing parent the client never had and longs for. It just isn't so. Then the therapist gets depleted by the ever-increasing demands of the client, pulls back, and bam! The therapy is a mess. Both client and therapist are angry, hurt, and disillusioned.

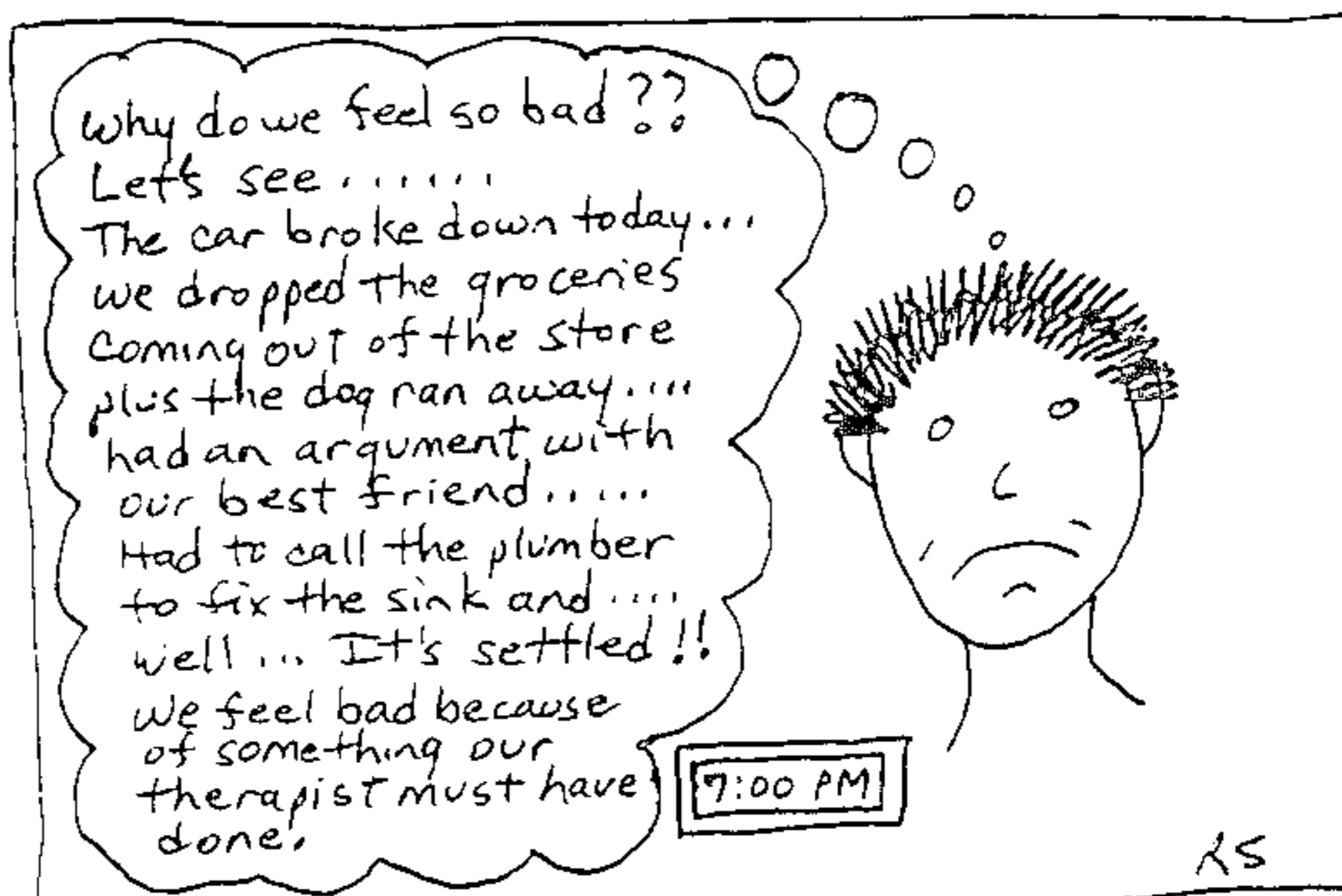
It's still possible to work this out, but both parties must sit down and talk about it. You must own your part (what you wanted that wasn't reasonable, how you violated her boundaries) and she must own hers, (giving too much, then pulling back.) If she can look at her part, and you yours, (plus if she can get some good supervision and/or therapy about her own issues), the therapy has a reasonable chance of getting back on track.

Rita M. is a Licensed Independent Social Worker and Certified Alcoholism Counselor (LISW/CAC), and is also a recovering MPD client. She functions at a very high level (after much therapy) and is 'integrated'. MANY VOICES is pleased to have her help us provide the special viewpoint of a recovering, knowledgeable, MPD client/therapist. Readers may send questions to Rita, C/O MANY VOICES. We'll use as many as possible —LW

Unmistakably God

Higher Power answers
From some deep part
of me... softly...
Unmistakably God.
A breath of golden
Goodness
Melts
The black ice that has
For so long surrounded
A pool of
Molten pain.
I must be chosen. So
I choose not to
Give up.

By Sherry



Books

Living With Your Selves

A Survival Manual for People with Multiple Personality
By Sandra J. Hocking & Company © 1992

Published by Launch Press, PO Box 5629 Rockville MD 20855
(800-321-9167) 89 pages \$5.95
Paperback (Catalog also avail.)

All three books this month are written by health-care professionals with extra expertise: they lived the experiences they write about.

Living With Your Selves is especially good reading for people recently diagnosed, or wondering if they have a dissociative disorder. It offers simple, clear explanations of what it's like to have MPD/DD and what to expect in treatment.

Written in a smooth, seemingly-effortless style that is likely to be readable even by "young parts", chapters discuss practical ways to meet your Selves, develop internal cooperation, how to decide who/how to tell etc. Hocking conveys her hopeful message with grace. This is not only a good book for MPD/DD therapists to give new clients... it's also affordable!

Reach for the Rainbow

Advanced Healing for Survivors of Sexual Abuse

By Lynne D. Finney, JD, MSW © 1990, 1992

Published by Perigee Books, a division of the Putnam Publishing Group, New York, NY. \$12.95 US (\$16.95 CAN) 347 pages. Paperback.

This is a much more complex book than Hocking's. After a brief

description of Finney's own story as a recovering survivor of incest, the book is divided into three primary sections: Survivor's Questions, Finding a Therapist, and Self-Help Techniques. Explanations are detailed and useful. There is lots of information, notably descriptions of self-help techniques I haven't seen elsewhere, but the organization could use some refinement. Be prepared to hopscotch through many different subjects as you read... or read just a few chapters at a time... to get the most out of this valuable book.

Women's Sexuality After Childhood Incest

By Elaine Westerlund Ed.D. © 1992
Published by W.W. Norton & Co. Inc., New York, NY.
\$27.95 US (\$34.99 CAN) 241 pages. Hardback.

Based largely on Westerlund's doctoral dissertation, this is a book for therapists and serious scholars of incest/sexuality issues. Westerlund is an incest survivor and co-founder of *Incest Resources*, a non-profit self-help organization based in Cambridge, MA. Her intent, as stated in the introduction, is to "provide a single, comprehensive volume of knowledge accumulated over time on female sexuality after incest." It includes a review of literature available prior to her study, and discussion of myths and stereotypes of women with incest

histories. The study is described in detail, and Westerlund clearly states its limitations. Being drawn from a small (43 completed questionnaires), nonrepresentative, self-selected population, the author points out its "limited generalizability".

My problem with the book as written is surely due to my layperson's viewpoint... I have trouble understanding the value of in-depth statistical analysis of such a small, skewed sample. Those for whom the work is intended may find no such difficulty.

What I can recognize as a benefit is Westerlund's extraordinary effort to highlight the lack of solid scholarship that explores the true effect of incestual experience on women in general—not narrow groups such as prostitutes or people in the criminal justice system. Her book defines current knowledge and raises important questions to be tested on a wider scale. Now let's see if the academic community accepts this challenge.

SPECIAL NOTE: There's a new edition of the all-time favorite *THE COURAGE TO HEAL* by Ellen Bass & Laura Davis. It features an extensive resource guide with much new info that will prove invaluable to survivors, counselors, lawyers and other professionals. Ask for it at your bookstore!

—Lynn W.

Thank you, MV readers, for your wonderful ideas for themes in the coming year. We save everything that isn't used, so if you don't see your idea this time, you may see it in the future! — LW



December 1992

How to build a safe support system, with peers or "normals" or both. Info list of support groups/resources. ART: Draw your connections with society, as they are or will become with healing DEADLINE for submissions. October 1, 1992

February 1993

Overcoming fears: of rejection, making mistakes, telling, feeling, fear of change. ART: Draw you (or your system) challenging a fear. DEADLINE: December 1, 1992.

April 1993

Physical health: caring for your body; correcting body image; avoiding self-destructive tendencies. ART: draw your healthy self(ves). DEADLINE: February 1, 1993.

June 1993

Diagnostic labels: PTSD, MPD, DD-NOS, "Ego States", etc. How you relate to the diagnosis, what it means to you in treatment, etc. ART: Draw something positive you learned about yourself or system in therapy. DEADLINE: April 1, 1993.

August 1993

Having fun, staying grounded. What works? ART: Draw yourself involved in the activity you'd most like to try. DEADLINE: June 1, 1993.

October 1993

Working with love and sexuality. Limiting sexual acting-out. Enjoying appropriate sex. What you want from your partner and what you can give. ART: Draw a gift for someone you love (inside or out). DEADLINE: August 1, 1993.

December 1993

Discovering healthy spirituality. How do you express it? ART: Draw your concept of spirit or, (if you have none) what's most meaningful to you. DEADLINE: October 1, 1993.

Share with us!

Prose, poetry, and art are accepted on upcoming issue themes, (and even on NON-themes, if it's really great.) DO send humor, cartoons, good ideas, and whatever is useful to you. Please limit prose to about 4 typed double-spaced pages. Line drawings (black on white) are best. We can't possibly print everything. Some pieces will be condensed, but we'll print as much as we can. Please enclose a self-addressed, stamped envelope for return of your originals and a note giving us permission to publish and/or edit or excerpt your work.

Subscriptions for a year (six issues) of *MANY VOICES* are \$30 in the U.S., \$36 elsewhere. Please enclose the form below (or a copy) with your check, and mail to *MANY VOICES*, P.O. Box 2639, Cincinnati, OH 45201-2639.

MANY VOICES

Name _____

Address _____

City/State/ZIP _____

Please check one:

I am a client Professional/therapist Relative/friend

Subscription type: New Renewal Gift

Please start subscription with Feb '89 _____ Feb '90 _____ Feb '91 _____ Feb. '92 _____ Feb. '93 _____

Other _____

1 year: \$30 in U.S.; Elsewhere, \$36 in U.S. currency drawn on a U.S. bank.
 Make check payable and send with this form to *MANY VOICES*
 P.O. Box 2639, Cincinnati, OH 45201-2639.