

MANY VOICES

WORDS OF HOPE FOR PEOPLE WITH MPD OR A DISSOCIATIVE DISORDER

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Dear God,
Please give us the
Strength to face our
Fears.



Fight Fear

Welcome to 1993, and MV's fifth year of publication. I mention that not to brag (well, maybe a little) but mostly to admit that the broad issue of Fear is one I am still dealing with, daily, after years and years of psychotherapy. For me at least, there has been no magic moment when I snapped my fingers and Fear went away. I am still afraid of authority-figures (sometimes), making mistakes (all too often), intimacy (eek!), writing (my livelihood!) or following up on work projects. (And would you believe, it was 1990 before I got brave enough to pump my own gas at the self-serve pumps!)

I've also found that once overcome, some fears bounce back. I seem to be past my fear of heights, finally — but I used to be able to use my computer modem, and now (for no good earthly reason) I gather the courage to tackle on-line stuff only at rare, rare intervals. In 1993, I hope to push this fear into twilight. (Good resolution #368). Anyhow — all this is meant to assure you (and me) that fears are sneaky, that we have to work on 'em regularly, and that we can live OK even while we are dealing with them.

On another subject — Please send us material (poems, art, prose) for *MENDING OURSELVES*, a book focused on integration and/or cooperative communication and functioning, to be published by MV in Spring '93. . . followed by *POEMS TO OUR THERAPIST* (poems & art) about the experience of therapy. We will return artwork (send SASE), but not written material. And please include a permission slip! Thanks!

I Am Not Afraid

By Dawn L.

“I am not afraid,” I said adamantly, as my therapist introduced the possibility of a diagnosis of MPD. “I am not afraid of being diagnosed with MPD.” I said it to my therapist. I said it to my husband. I said it to a few close friends who had followed my progress through four years of therapy. “There is no reason to be afraid. It is treatable, with an excellent prognosis. It does not mean I’m crazy. It is a very creative survival tool used by bright, highly intelligent children to cope with chronic trauma of an overwhelming nature. I am not afraid.”

But I did not believe. I was not afraid, because I did not believe any of it. I could not possibly have MPD. I function effectively on a day to day basis in a responsible job. I carefully control the visibility of my mood swings. In social situations, I am sometimes gregarious and funny, and sometimes I am quiet, introverted. But that is me. All my friends and acquaintances know that. It is just me. My therapist, obviously, is wrong. No matter that he has been right on the mark with everything else for four years. In this he is inexperienced, and clearly, simply wrong. I will go for a second opinion. I will find someone who is experienced — no, someone who is a recognized expert. Meanwhile, I will learn everything I can about MPD, so I can converse intelligently with the expert, dazzle him/her with my knowledge and preparation, and surely will come away from the consultation with the firm reassurance that I do not have MPD.

The second opinion, as written to my therapist after the consultation: *“In sum, this is a bright, talented woman who has worked hard to disguise from herself and from others.”* I kept running, trying to get away from what that meant, but I was on a treadmill, making no forward progress. I

blamed the second diagnosis on the information provided to the “expert” by my therapist. Obviously, he had swayed the opinion with his own interpretation of my behavior in his office. And if the diagnosis is correct (ah-ha! She is waffling!), is he able, with his lack of experience, to guide me through the maze to wellness? With his very busy practice, will he have time for the attention that people recovering from MPD require? Will he be there if/when I need him? I applied my unique form of logic — I quit therapy. Impulsive, you say? But how do you tell a therapist, with whom you have had a four year relationship, whom you like very much, that you lack confidence in his ability to meet your needs?

What I hadn’t counted on (but should have, since I had been warned by both my therapist and the “expert”) was the intervention of my alters in this decision. Having been stirred up and acknowledged in therapy, at least by my therapist, they were not about to be stifled and ignored. They launched a multi-sensory attack over a period of two days that — try as I may — I could not ignore or deny. I did the only thing I could do; I went back to my therapist.

I still had to do something with my concerns about my therapist meeting my needs, and my instincts told me that trying another therapist was not the solution. It took me too long to develop a working level of trust with this one; now that I had accepted the diagnosis, I was too impatient to invest time in that process again. I had no choice; I had to confront my fear of confronting him with my concerns about his competence and availability. On a rational level, I knew he would be receptive to such a discussion. But I knew from past experience that attempting to initiate it, without prelude, would be impossible for me. Instead, I wrote a letter, which I dropped off

at his office a few days before my appointment. The letter formed the foundation for our discussion, which — once I was into it — was most helpful and reassuring.

Once I was over the hurdle of accepting the diagnosis, I was forced to look squarely at what it was about the diagnosis that really scared me. I had thought that I was afraid of the label of MPD, and the risks of others finding out about it, and the impression held by the unenlightened public and reinforced by the media, that a multiple is a mentally ill person who belongs in an institution. If I am honest with myself, I can acknowledge that this is part of my fear, but a small part. After all, I can control who knows the diagnosis; I can choose to share it only with trusted friends and supportive family members. The real source of my fear was the painful work required to recover and achieve integration. It isn’t that I am afraid of work, or of the realities of my past that I will have to accept; on a purely intellectual level I have already accepted those realities. But recovery requires that I deal with those realities on an emotional level, and that requires that I drop some defenses. I am terrified of being vulnerable. Being vulnerable got me where I am today, because I was surrounded by people who couldn’t be trusted with that vulnerability.

One of my alters told our therapist that I deal with everything on an intellectual level first, reading available literature, taking things apart and analyzing piece by piece until each piece is thoroughly understood, and then assimilating the acquired knowledge on a gut and emotional level. She said that is how I will deal with this process, and she was correct. Part of that analysis has had to be looking at the differences between a vulnerable child, without power or choices, and an independent adult. I also had to look at the track record,

(cont’d on page 3)

(I Am Not Afraid cont'd)

trust-wise, of my therapist and the supportive people presently in my life, and recognize that they will not use my vulnerability against me, as the trusted individuals of my childhood did. And in the unlikely event that one of those supportive people lets me down, as an adult I have choices about what to do about it. I am not helplessly trapped.

I am scared. I fear the memories that have not yet come to me, but must. I am afraid of the impact the revelations of therapy may have on my ability to function at an acceptable level. I am terrified of the full intensity of feeling and reaction to childhood experiences that I have, so far, only sampled. But over the last six months I have overcome one of the greatest obstacles to my progress: I am not afraid to be afraid or vulnerable any more.

Morning Prayer

where will you tuck
the child inside
when you rise
with blank face

where will you tatoo
the fears
that breed thorns
on her fingers
and on her heart

who will you take with you
to spin the webs of deceit
and tell the well-trodden tales
loved by shallow ears

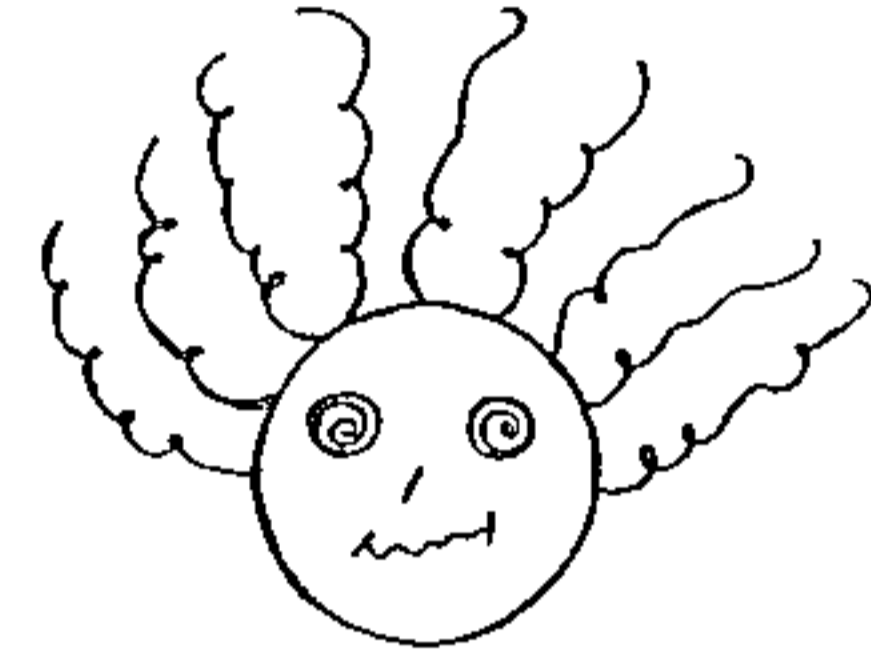
whose tears will not fall today
whose eyes will ignore
the sacred scent of our poems
and embrace
your pale ghosts instead

By Jeannette M.

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*Sometimes taking things
"one day at a time"
is 2 1/2 hours too long!
Jacque*

Conferences

Ridgeview Institute announces the Fourth Annual Southeastern Regional Conference on Dissociative Disorders — Advances in Understanding, Diagnosis and Treatment. March 5-7 1993 at the Marriott Hotel in Atlanta, GA. For more information call Beth Gault, 1-800-329-9775.

Called to Make Justice, a religious-centered conference (all faiths) for those working on sexual and domestic violence issues in their religious communities and/or working in secular agencies from a faith perspective. May 2-5, 1993. Clarion International/O'Hare, Chicago, IL. For info, call Rev. Joe Leonard, 215/688-0629 or write him at 243 Lenoir Ave., Wayne, PA 19087-3908.

National Coalition Against Sexual Assault plans its 15th annual conference August 3-8, 1993 at the Palmer House Hilton in Chicago. For more information call (217) 753-4117 or write the Illinois Coalition Against Sexual Assault, 123 South Seventh St. Suite 500, Springfield, IL 62701.

**BIG
BAD
BERTEN'S**

CORNER:



Overcoming Fears

By Those in Stacy

In 1989 we were under extreme pressure, developing nine personalities within six months, with six people from the past joining them. They became a core group of functioning personalities that helped bring us this far. Some of them will tell how they learned to overcome.

(Nan) I lived in 1985. I knew we were mult, tried to get our therapist to see, but he was blind. This landed us in the hospital in '86. At that time I was terrified of rejection, but the hospital was the first place I felt accepted and learned to make friends. At first I hid — then during the five months I was there I learned to reach out to help others, to feel accepted, and to ask people if there was a problem between us and how we could work it out. Now I know time will build a relationship.

(Casten) I am the leader of the pack. We hate to make mistakes. We get really uptight and angry. Our first instinct is to go in and hide, but that solves nothing. Our Grandmother had a great influence. . . she taught us that everything has a lesson, look for it and learn. So when we make mistakes we still get uptight, but we think it through and see how not to do it again and what we have learned. For me, it's the love of God and solace that helps me cope with mistakes.

(Marta) Overcoming the fear of telling anything is hard. People notice you are different or changeable. The vow of silence about the abuse is strong. We have a group we call the Eleven, that includes some of our strongest people who first get told about the abuse. We work with the abused person, journal the abuse, bring them in as number 12 to be safe and protected. If it's more than one in crisis, we network through partners and existing relationships. We are very careful to show care and support, talking it through, so they can be ready for therapy. We

stay with them during therapy, after therapy, any time they need us. When my partner Martha went into crisis in 1989 we realized we had to back each other up or die of suicide.

We have a very good system. Martha is our bravest. She found many of our personalities by finding the worst moments in their lives — the day they split. Then she said, "I quit. If you want to talk or be found, come to us." And they do, because they trust us and know that our therapist is kind. So we have learned to tell.

(Tina) Short and sweet. There is no way to get better and not feel. We set aside time to work — journal and allow the emotions on a limited basis — as a group. Different emotions have different ways to be dealt with. For 27 years we were unable to cry. Now we can. It hurts — then it's a relief.

The key is to allow room in your life to feel, and if you need to, find space to be alone. Or have a trusted friend to support you and celebrate each time you succeed. Find a reward, for you have climbed a mountain of triumph.

(David) I'm a hot head; I like things to flow easily so change is hard on me, and the rest of us. We have learned to ease into it if we can, and if we can't we tighten up, hold on, and tough it through. Cut back on other things until we get used to the change. That's when the Eleven are in full gear. Sometimes taking things head-on, or sneak attack. It depends on what is in your life when something changes. Take time, a little or a lot.

(Martha) One of our best tools is internal role playing. Have a few dry runs before you actually tackle the problem. Take input from others within, therapists, case managers etc. We ready ourselves as much as possible, to become Overcomers. MV

The Cloak

By B.J.

It is heavy and gray rough material, all of one piece, It covers me completely except for a small breathing-hole at the top.

I wrap it tight around me voluntarily. . . it feels so right. There is a comfort there. It is all I have known, This heavy cloak of loneliness that covers me so completely And holds me captive to that feeling that seems to permeate deep, deep inside into my very core.

Hidden inside my heavy cloak of loneliness I am so very small — A wee, powerless thing of no account, Lonely and small and scared of being nothing.

I am alone in my cloak — No one knows I am there. I cry out and hold up my hands — But they pass by never seeing the hurting child with upraised hands.

But there *is* the breathing hole, My window to the world, My hope of escape. It lets in just enough of that which sustains me, keeps me alive, Until I can find the me that is hiding Waiting to be discovered and nurtured, Waiting to grow in self and discover the power to throw off the heavy cloak Forever.

Riddle

Q. How does a person diagnosed with MPD know when they are completely fused?

A. When that person hears the word multiple and thinks VITAMINS!

By Sandra

Confrontation

By Dorothy P.

My sister called one afternoon to tell me she wanted to wipe the slate clean. She had confronted her husband and gotten a divorce, and now she wanted to confront her father. Would I go with her to Maine as moral support?

I hadn't seen my father in more than seven years and hadn't spoken to him on the phone in five years. Actually, I hadn't expected to ever see him again. But I had promised to support her, so I said, "Ok!"

My sister flew from California and I flew from Ohio. We met in the Portland airport, rented a car, and drove to our parents' house. The first two days were pleasantries and getting reacquainted. I had seen my mother several times but it was the first time my father had seen me or talked to me since I had begun therapy. While he is opposed to therapy, he seemed to enjoy the more relaxed and confident person his daughter had become.

For as long as anyone in this body could remember, my father had completely dominated us. He made all the decisions with total disregard for the wishes of my mother, my sisters, and me. He treated us as though we didn't exist and after awhile we didn't. Even as an adult I never allowed myself to be alone with him. I was afraid because I knew he could make me do things I didn't want to do. The only way to survive was to stay far away. Guess my sister felt that way too, because she lived even farther away than I did.

At the time of this trip I had been in therapy for about five years. I had learned to trust the feeling in my body when something wasn't right. In fact, those old feelings of helplessness were no longer tolerable. I had come quite a way.

On the third day of the visit, while we were eating lunch, it happened. Someone called my mother and asked her to do some sewing. I heard her tell the woman, "No." It was the second

time during our visit that I had heard her turn work away. When she hung up the phone, she turned to us and said that he didn't want her taking in sewing anymore.

Listening to the resigned tone of her voice made those old feelings come back, but they didn't feel OK any more. I am not sure who was responsible but I heard my voice say, "I don't understand why you get to decide who she takes work from." For a second there was silence. My mother and sister froze. I was pretty surprised and scared myself. On one side I could see my father's face harden in anger. On the other side I could see my mother and sister trying to shrink into the table. I knew just what they were feeling. "If I can just concentrate on eating this food, and keep real small and quiet, maybe he won't get me too." I was right in the middle and I was thinking, "No turning back now."

He was furious and shouted at me that it was his home and I had no right coming there and questioning his authority. I said, "I thought it was a joint home, that it was hers too, and that she had enough intelligence to decide how much work to take on and from whom." He said again that I had no right questioning what he did, and he got up from the table and walked outside.

I was shaking with fright so it was a relief when he was gone. My mother and sister were relieved too. They began clearing the table and making small talk, in a forced pretence of gaiety. But the strained look on their faces and the anxiety in their eyes gave them away. We were just like when we were children, pretending nothing was wrong, and waiting for him to come back and tell us whether we could breathe again, whether we could live. I felt the tension in the air and knew if I didn't do something I would go back home the scared kid I had always been.

I followed him outside. He was sitting in his garden. When he saw me coming he began screaming and crying that I should just go

away, that I should forget about him and never come back. I told him we weren't done talking and I wasn't going anywhere until we were. It took everything I learned in therapy to stay in control.

We spent two hours talking and crying. He tried to squirm out of responsibility but I didn't let him off. I told him I had been there. I remembered, and I wouldn't accept any excuses. Finally he stopped denying and he just cried. Then he started talking about events in his life that he had never revealed before. He told me about his mother disappearing when he was three years old. At age 75 he still didn't know whether she died or what. He told me about the State taking his sisters out of his home because his stepmother was beating them. First one sister and then the other. Then he told me about his stepmother taking him into her bed when he was nine years old and teaching him about sex. I told him I was sorry that she had done that to him. He stopped crying and looked at me in amazement.

I will never forget that day. I stood there, looking down at the man I had feared all my life and I saw a little boy crying for his mother. A little boy who had been deserted by his sisters when they were taken away. A little boy who had been sexually abused by his stepmother. A little boy who didn't have a clue of how to be a responsible husband and father.

I also saw a father I knew could never hurt me or control me again. And he saw a daughter he knew he could no longer control or abuse. It may have been the first time we both liked what we saw.

What a trip! My sister had gone to Maine so she could confront her father, but she didn't do it. I saw her crying as she got on the plane to go back to California. I was smiling when I got on the plane for Ohio. I had finally proven to myself that I didn't have to be afraid anymore. I felt glad for the woman I had become.

The *Therapists' Page* does not appear this time so we could bring you a report on the recent 9th International Conference on Multiple Personality and Dissociative States, and relevant news from ISSMP&D. The International Conference was sponsored by the Dept. of Psychiatry, Rush/Presbyterian/St.Lukes Medical Center in Chicago. As chairman, Bennett Braun, M.D. once more directed his incredible energy and organizational skills to this outstanding event, as he has since its beginning **MANY VOICES** and all who benefit from the generous outreach of Dr Braun and his conference staff add our thanks and deep appreciation for this work —LW)

Conference Notes

I am both employed in the mental health field and am diagnosed with MPD. In November, the 9th International Conference on MPD and Dissociative Disorders was held in Chicago. About 800 people attended this year's conference at which leaders in the field of MPD were present and taught about treatment. My reaction to the conference was both to feel encouraged and cautioned, as I looked at the material from both a client and counselor's viewpoint. Those who were not able to attend the conference may be interested in hearing one reaction to what these leaders presented.

A topic of concern mentioned was the recent movement in this country about "false memories" of survivors. Many of the eminent professionals at the conference suggested that it's not as important whether memories are 100% real or not, as how the feelings a survivor has about those memories impair the sense of well-being a survivor has now, in his or her present life. Many said we must abandon the search for 100% proof that a memory is "real", because such "proof" doesn't even exist for people who do not have a dissociative disorder. If a feeling about a memory gets in the way of "now", then the memory needs processed. Memory is a complicated process for every human being. We can literally drive ourselves crazy attempting to "prove beyond a shadow of a doubt" that our memories are accurate in every detail. Doing that can slow our healing dramatically, because some of us would never get on with the process of dealing with the effects those memories have on the way we live today.

A second important emphasis made at the conference concerned treatment. Many professionals present stated that the goal of treatment is to help all of us survivors to be functional human beings. This means that even while in therapy, our goal with our therapist should be to find ways to have a positive self-image, even while doing memory work; to keep those of us who have jobs working, so we can afford to support our families and pay for therapy; and to find new ways to build healthy relationships. *Therapy should not shut us down.* If we are working so hard in therapy that the rest of the world stops for us, then we must look at our goals and reevaluate the speed and support available to us as we heal. Treatment *first* should be to stabilize us when we are in pain, strengthen us to meet life with courage and *then* to find all of the missing pieces of the puzzle of our confused pasts, that made us need to dissociate to survive. If a therapist wants to jump right into the "painful stuff" instead of first helping survivors find good, sturdy coping skills, then our healing process will be difficult and more complicated than it already is.

It was encouraging to hear these professionals — psychiatrists, psychologists, nurses and social workers — who work with survivors every day, offer such a hopeful, positive approach to healing from the overwhelming trauma many of us know all too well. It's gratifying to know that major hospitals and organizations such as ISSMP&D sponsor these informative conferences each year to help the "helpers" help us.

By Abby (for the Crew)

The ISSMP&D announced its 1993 executive council Nov. 14, 1993 at the Chicago MPD conference. Newly elected are: Moshe S. Toem, MD, President; Colin A. Ross, MD, President Elect; Richard J. Loewenstein, MD, First Past President; Catherine G. Fine, PhD, Second Past President; Elizabeth S. Bowman, MD, STM, Treasurer; and Melissa Zupanic, RN, Associate Representative at Large. Returning to the council in their current positions are Onno van der Hart, PhD, Vice President; Nancy L. Hornstein, MD, Secretary; Jean Goodwin, MD, Member Representative at Large; Marlene E. Hunter, MD, International Member Representative at Large; and Lynn Wasnak, Affiliate Representative at Large.

The annual banquet at Chicago opened with a moving tribute to the late Cornelia A. Wilbur, MD. Dr. Wilbur died April 10, 1992 and was a pioneer in the diagnosis and treatment of MPD, best known for her work with "Sybil".

Award winners include Richard Loewenstein, MD (Cornelia B. Wilbur award for outstanding service in diagnosis/treatment of MPD); Eve Berstein Carlson, PhD (Morton Prince Award for Scientific Achievement); Nancy Hornstein, MD (David Caul Memorial Award for first-time researcher in DD field); Richard Kluft, MD (Pierre Janet Writing Award for best paper or book in field of MPD).

Distinguished Achievement Awards were received by Dr. George Fraser, MD FRCPC, Christine Comstock, Roberta G. Sachs, PhD, Catherine Fine, PhD, and Gary Peterson, MD. Fellowship status (for outstanding service to ISSMP&D) was awarded to Suzette Boon, PhD, Eve Berthing Carlson, PhD, Christine Comstock, George Ganaway, MD, and Marlene Steinberg, MD.

For the first time, media awards were presented: The Audiovisual Media Achievement Award went to Oprah Winfrey for her portrayal of MPD patients, and to Tom Verheul for his documentary, *Denial*. The Written Media Achievement Award was presented to Mary Higgins Clark for her book *All Around the Town* which gave an honest description of MPD.

The International Society for the Study of Multiple Personality and Dissociation provides a forum for professionals working in the MPD/DD field. Headquartered in Skokie, IL, the ISSMP&D provides a bimonthly newsletter, educational opportunities, and a chance to network with other interested professionals.

Recovering

By Rita M.

Q: How do MPD clients get away from their abusive families?

A: This is an excellent question. However, it does not have an easy solution. One would think that the decision to terminate contact with the abusive family would come quickly, easily, and be firmly enforced. Ha! Remember, the *best* of who we are also was derived from our families/caretakers. Everything was *not* bad. Therein lies the problem. It's called intermittent reinforcement.

In psychology studies, this type of reinforcement was found to be nearly inextinguishable in animals. For example: a monkey or pigeon presses a bar or pecks at a target to get a food pellet. If every time the animal performs the behavior and receives the reward, and the reward stops altogether, the behavior will stop fairly rapidly (a few more pecks or pushes, the animal figures it out pretty quick.) If the reward (food or whatever) is spaced out at regular intervals, (say every 5 pecks) then it takes a bit longer for the behavior to taper off and cease. But it will. Now let's look at intermittent reinforcement: sometimes the reward is after 5 tries, sometimes after 10, sometimes after 100. . . the animal sees no definitive pattern of reward, but as long as it keeps trying, eventually it gets *something*. Hence, the behavior persists long after no reward is obtained. Why? The hope that the next push or peck will yield the reward.

Does this sound familiar??? Another variation on theme is this: not only should I keep

doing it, but I should do it harder, better, more often, etc. "If I can just . . . (fill in the blank) . . . then they will love me, accept me, stop hurting me . . ."

The key word here is *hope*. This is what keeps people connected up with the abusive family. Hope that maybe this time, it'll be better. Maybe this time, they will love me. It's part of the denial of the abuse, because it minimizes the severity of past abuse, the danger of present and ongoing abuse, and leads the person to believe that they somehow had control then, and could have control now over other people's behavior if they themselves could just *do the right thing*. This need to have a sense of control is a way of counterbalancing the overwhelming sense of helplessness, hopelessness, and abandonment every abused kid feels.

I think that it is important to make a thorough assessment of the dynamics of interaction in every relationship you have. Most likely, there are commonalities between relationships. . . look at what you do, say, feel and the responses that you receive in each relationship. Look at what you get from each relationship, and what it does for you and to you. Doing this with your therapist is a very good idea, as he/she will be able to pick up more about the patterns than you can see on your own.

I recommend you look at *all* relationships because you want to know what you get that feels good, is affirming, supportive, etc. as well as what feels hurtful, abusive, intrusive, etc. I've said

many times that one must take on the job of therapy much like a private investigator or police officer takes on a case. Paying attention to clues, even little ones, helps you learn what you need in order to heal.

People break away from their families slowly, by paying attention to what they are doing, feeling, saying, and gradually learning new, healthier behaviors, like setting boundaries (emotional, physical, mental.) When you change your behavior, it will alter the dynamics of the relationship, even if the other person never changes. Slowly, people let go of the illusion of "good" family, they grieve their loss, find other people now in their lives who affirm, love, and support them. Once you get healthier, being around abusive people becomes very unpleasant (GOOD!), and you make choices and take actions that limit the amount of time you spend with such people. Again, it's a gradual process, one that might take years of assessment, experience, behavioral and cognitive adjustments, practicing, reassessing, etc.

I would suggest beginning by making up a list of the most obvious behaviors or interactions you have with your family, and pick one or two, and develop a specific "battle plan" to alter your behavior, attitude, etc. Start *small*. Pick something you can manage successfully. It'll give you confidence to approach the more difficult items on the list.

Remember, slow and steady. Good luck.

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

Facing Up . . .

A Special Thanks to all who have gathered the courage to share their personal fears and pain with us. Even if we didn't have space to print your work this time, you can be sure we read it and feel closer to you because you are so brave. —LW

What do I fear? It would be better to ask what I don't fear. I fear that my therapist won't believe my stories, or even worse that he will believe, and then I will have to, also. I fear that someone will find out that I am telling the forbidden stories. I fear remembering. This has been a difficult year and my life is full of confusion. I think my greatest fear at the present is of losing control and making a mistake that would require emergency hospitalization at the hospital in our town (a medical hospital with a small general psych unit.)

This fear is present because last summer, after a visit with my family of origin, I returned home and made a very serious suicide attempt. Because of the attempt I was hospitalized first in the intensive care unit, then the psych unit. I was terrified that if I lost control the staff wouldn't know how to help. One time after disappearing, I "came back" to hear staff talking about me in amazement. I felt like a circus animal on display. This was so humiliating, especially since I am a professional in the same hospital. I felt that they were as frightened by my dissociative states as I. Luckily my therapist and I had talked earlier in the year about a specialized unit in another city. I went there and that experience was entirely the opposite of the one in my hometown.

I learned a lot from that (specialized) hospitalization and would like to share some of the things that have helped decrease my fears.

First I have had to learn to recognize my triggers, i.e., my family of origin always triggers me. I can avoid my family or make sure I have a lot of support when I have to deal with them.

Second, I have to pace my

therapeutic work carefully, only bringing up enough that can be worked with safely. At times I used to make collages or write in my journal to the point of excess, which resulted in flashbacks, nightmares and generally a state of crisis. Containment skills are also critical. If I feel myself getting overwhelmed I am learning to close my journal and pick it up at a safer time.

Third, I utilize my support system. I schedule regular appointments with my therapist. Sometimes I call a close friend who is also dissociative and understands me; we lean on each other a lot in hard times.

Fourth, I try to keep a balance in my life. This includes time to play, rest, work, be a parent, go to therapy, and help others. Before this disastrous summer I had let my life get off-balanced with my job taking up 90% of my energy. At the same time I had just filed for a divorce from my husband, my brother attempted suicide, and I had just changed jobs. I need to take care of myself and that means keeping everything in balance.

And last, I have to be very honest with my therapist. I have found that by keeping a journal, all of me can have a voice, including the parts who used to disappear everytime things got too scary. We share the journal with our therapist and it helps him to know all of us better.

I use all of these things so that I can deal with my past and heal from it while remaining functional. Being a good parent is very important to me. So is my work. Staying functional makes me feel a lot better about myself and makes it easier to do the painful work necessary for healing. It helps me remember I am in 1993 and not the 1960's.

By Kathy M.



Overcoming Fears, Step One:

Letting your therapist read your journal. (AKA: Admitting that what you are doing now isn't working very well.) This is an example of what I am learning to share:

"Back and forth. Back and forth. Gotta get rid of the voice that keeps saying You'll never make it. People will see right through you. They'll see that you're defective and they won't give you a chance. You're useless. You're just a drain and a leech and a spoiled brat. Take take take.

You used to be able to give and things were better then. At least people were willing to interact with you when you were giving everything away for free. But then you got angry at doing that and started to resent it. Somebody said it was okay to ask in return, and you made the mistake of believing them and tried it. But it didn't work. You were an idiot for believing and trying. You can't have anything. Sucker.

Back and forth, back and forth. You can do it. Why not just get out there and do things. You might surprise yourself. You're not really incompetent. You're really very good at what you do when you do it. You're smart. You're creative. You're multitalented. People want what you have to offer. They need it. You just have to let them know that you're there. What you need to do is make personal contacts and follow up on them consistently. Make a list of them and start calling.

Back and forth. Back and forth. Gotta get rid of that voice that sends surges of panic to paralyze and undo.

Back and forth back and forth. Want momma. I sorry momma.

• • • To Our Fears

Want momma. Nobody there.

Back and forth back and forth.
Cry.

Back and forth. Idiot.

Back and forth. Call friend, Ben.
No don't call Ben. Want to ask for support. You can't. You're not allowed. Can't drain him dry. Maybe you already did. Afraid of him. Confused. Sometimes he's nice and helps. Sometimes he gets angry at you and yells and won't let you run away and it goes on and on and he knows when you're not there and he pulls you back and it goes on and on. He thinks that he's helping but you feel like he's beating you up and you can't get away and it goes on and on and the air on your head and your body starts pushing and pushing and you have to explode to make it stop. make it go away.

Back step back step away. No feelings. Just think and do. Write feelings onto the pages. Write them and don't feel them. Nice letters so they're not there and they're not yours. Function today. Use the body but don't live in it. No feelings. You don't need. You don't want. You just wrote them down so you wouldn't have to think about them. Just take the body and get the day started already.

Problem is the depression just paralyzes even if you're not feeling it. The way you make it go away is to throw up. even if you are tired of it and don't want to. You get to watch yourself do it anyway. At least the feelings go away while you're doing it. So you go and throw up all day. And then Ben calls and he's being nice and he says what can I do for you and you're crying because you want to say *can't we just do something fun like we used to? Can't we just play backgammon or something?* But you don't dare ask because it's too important so you can't really want it and he'll be busy or tired or have a headache or something. Somehow you get out that sometimes just doing something fun is useful and it doesn't even have to mean going out, and he

suggests *maybe backgammon* and you say *that would be okay*. And all the time you're crying because you're an idiot and should just come straight out and say it but you can't make those words come out so you feel like a manipulative bitch and you don't deserve any of it. So you have to go and throw up some more even though that's a stupid thing to go and do. And now the thoughts of ipecac have started to pop up again. You don't need it to throw up these days. Its purpose would be to ensure you just feel sick and awful the next day, and also to play russian roulette. But you're worried because if the ipecac thoughts don't go away you might find that you need it to get the stuff out so you're forced to go get some. You seem to have done that before. You get to a point where you can see that you're arranging it — you know you are — but you've forgotten how to care about what's going on. Maybe would rather be frightened than depressed. Depressed wants to die. Frightened just wants to escape. But both usually end up wanting to hurt the body.

Distractions. All Distractions.

By A.F.S.



We haven't overcome our fear of making mistakes as well as we'd like, but are trying. The most success came after a former therapist said not to look at things as mistakes but as choices that didn't turn out as well as we would have liked. That's OK. We learned something and that's valuable.

Right now we are being taunted by a very deep layer. We are looking at the possibility of having suffered ritual or cult abuse and find the whole thing so fantastic we want to shut up for fear of what this other group will cause to happen. Every mistake we make in talking is followed by retribution of some kind: cutting, trying to alienate our therapist, risking losing our doctor.

We have also thought that it is a mistake to believe anything we've said about such abuse. What a beautiful, grotesque way to need to remain in therapy!

So we struggle with which is the mistake — telling what's in our head (real or not) and spend more time and money, or to take a stand and reject it.

This covers a lot of fears. mistakes, telling, feeling, making changes.

We keep going. That's the only way we know to overcome any of it. We wish good luck to all who are facing something new. It's so scary and painful.

By Michelle & Jennifer for Kathy & Co.



I live with fear every day. It is a fear of the unknown. It is a trap that keeps me stuck, yet keeps me safe. The trap is made of brick walls with no windows and no doors. Nothing can get in to hurt me and I can't get out to be hurt. My fear, just like my self, has many faces and many levels. I am just beginning to become aware of how these fears limit and endanger my life, my recovery and the integration of my many parts.

Growing up in an abusive family taught me to fear and distrust everything and everyone. I never knew what was going to trigger an attack on my person, my mind, or my emotions. It was a constantly changing phenomena that I tried to keep ahead of, but never quite figured out how. I tried to become very good at sensing other people's needs and reactions. I learned to sit back and gauge what people wanted to hear or wanted me to do. Consequently, by the time I was an adult, this habit was so ingrained I had no clue as to what I wanted or needed. I had no identity.

In order to survive the terror of my childhood and young

(cont'd on page 10)

(Facing Fears cont'd)

adulthood, I split off into many different parts. Each one of us was created in response to some horror the existing personality was not able to handle. Everyone of us has a purpose in our complex system and that purpose will never go away. What we need to do is use the strengths of each part to confront and conquer the fears that we live with every day.

We work with a very caring, nurturing and trustworthy therapist. She has encouraged us to take some chances and risks that we would never have taken on our own. She props us up when we become so afraid we can't go on (sometimes we would rather die than go on.) She walks behind us and urges us on when we show signs of quitting or taking the easy path (avoidance) rather than the path to recovery. She walks next to us when we have the courage to strike out on our own, whispering encouragement along the way. She picks us up when we trip and fall. And, best of all, for every success, no matter how small, she is there waiting for us with great pride and open arms.

My therapist has never told us that working on and recovering from our abusive past would be easy. It is very scary and, a lot of the time, overwhelming. She works with all of us and tries to give each of us equal time, support and encouragement. We don't always make it easy for her and she is not always perfect. But she has never professed to be perfect and we trust her even more because of her fallibilities and honesty.

We still fear making mistakes, being judged and rejected. We still fear change. And we are still afraid of our feelings and being out of control. But with the help of our therapist, we have taken many chances with breaking the silence, trying new things, and feeling our feelings. It has not been easy and we occasionally retreat back into our brick trap, which provides us with some sense of safety and breathing space to regroup so we can venture out again. I am not sure our fears will ever completely go away, but one day they will not control our life.

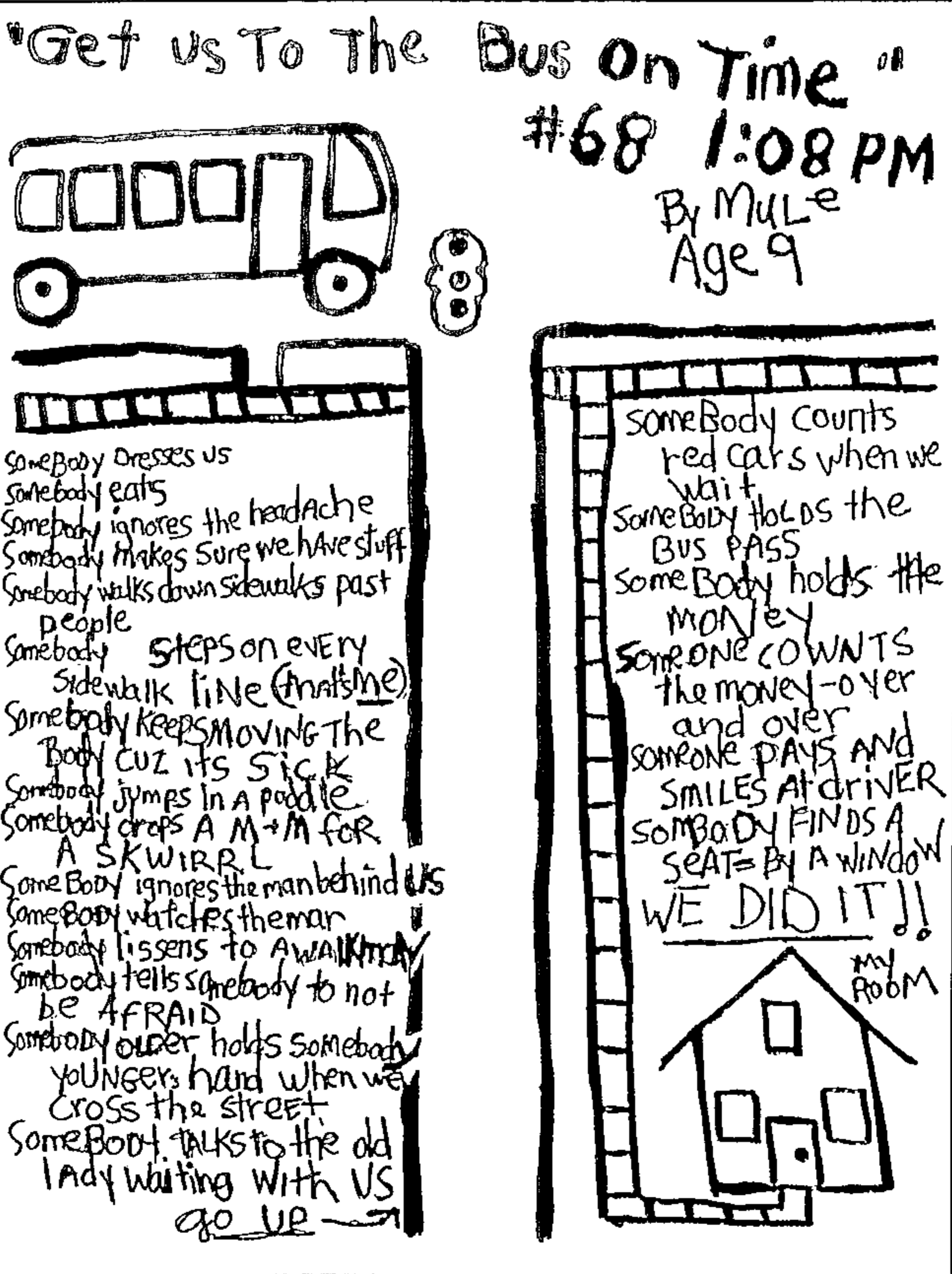
By B.K. Robert

Dealing with fears blasting from long forgotten and undisturbed corners of the brain is a way of life for me now. Many times they just roll over me like the waves of an ocean, leaving me sputtering and choking for air. But every now and then I catch one by the throat, grit my teeth, and fling it as far from me as my gathering strength allows. In that moment of triumph, I need to share the glory with all of us. My inside selves, each one unique, facing the fears together and bringing me to this place.

To My Alters in a Moment of Triumph

By Susan H.

To celebrate the dancing multiplicities of the mind.
 The resources possessed within one's shivering being.
 To make a statement, a shouting aloud of inner strength and courage.
 The clenchings of teeth and the shaking of fists.
 Producing the primal howl of survival.
 Not defeated, not killed, not beaten away.
 MPD was a gift you gave yourself before you could count the cost.
 The price you paid was high, but the soul is still alive.



Ways in Which Over 200 People Can Keep Only One Job

By D. & Associates

We are currently unemployed, but thought it would help to share some of the ways our system managed to keep a job for four years while attending college. We were the primary tutor in the Academic Achievement Center at the university. Responsibilities included assisting students with study skills, assignments, or whatever the need. We primarily helped with emotional problems, however, because that was the most prevalent concern. This was extremely difficult for us because it often triggered our own unresolved conflicts of abuse.

With the help of our wonderful psychologist, we learned that only those who could do the job or attend classes would go. Little Ones would stay home or be protected by various helpers inside. For instance, Vanessa's space is filled with sunshine, a huge, low-hanging branched tree, a large field full of colorful wild flowers, plants, birds and butterflies—no people. The Little Ones can go there and feel safe while the Older Ones are at work.

Those who stay home spend the time in the corner of our room which is everyone's safe place. There are dolls, stuffed animals, toys, books, play-doh—just about anything you could imagine that children could want that we have acquired over the years. A candle is always there for light, too, since so many are afraid of the dark.

Sometimes, Gifts (our word for alters) such as Happy Cat or Gramma needed to go to work with those who were feeling sad or anxious that day. But we have enough comforters so that both those out and those at home felt safe.

Another option we have is The City, a place in The Body's mind where we all have our own space. Now that we're beginning co-consciousness, it's comforting to know where each of us can go to

feel safe. The Birds and Butterflies (Gifts) often accompanied the workers to and from the university, then would fly home or to The City, wherever they were needed. We could achieve contentment and success this way, because no one was left out.

Having a career will be possible some day, because there won't be a continual struggle (what we call "Crashing Times") over who will do what, when, where, or how. An agreement is made before time to go out. Cooperation and sharing is a must! But thanks to our supportive psychologists and friends, this learning is being painstakingly accomplished. We need to add that this has taken a few years, and we are anxious to begin a real career after more of "me" is found.

We have also learned that there is a time to deal with inner issues, and work is not this time. The appropriate time and place is in therapy, or at home when our external children are in their rooms for the night. Our daughter, aged 9, goes to bed at 8 p.m., and our sons, aged 13 and 15, have quiet time until 10 p.m. So our time really begins then.

We would like to stress that we "try" to do these things—if a pressing message can't wait, the important points can be quickly jotted down in a journal so they won't be forgotten.

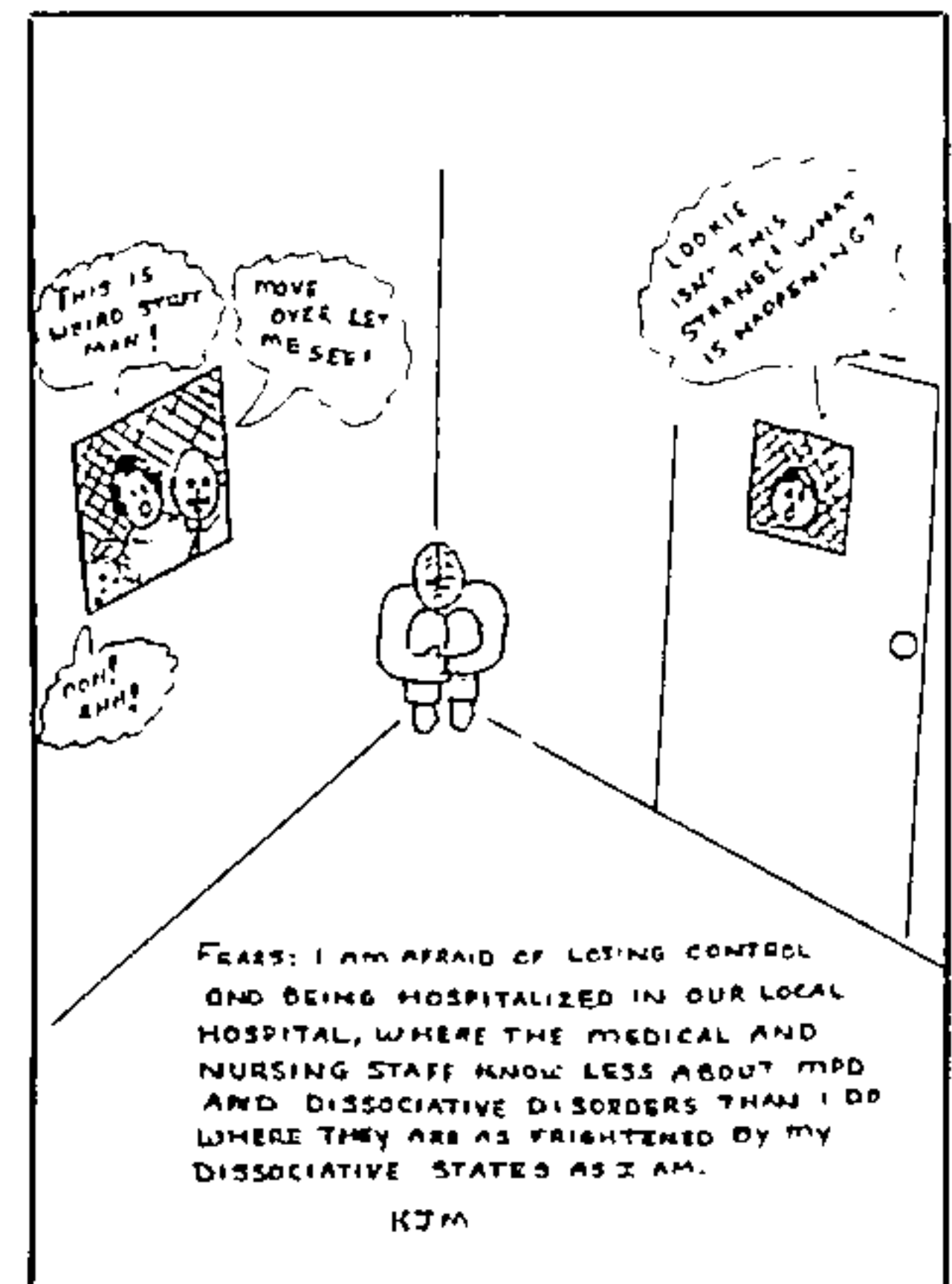
We actually functioned better as a system when we were working and going to school. The added structure helped a great deal, along with the chance to succeed at something and also help others. If someone needed help with a problem we couldn't provide due to our own unresolved issues, we would tell them we couldn't help on that particular issue and suggest they seek professional help.

Being the "me" that I am makes us able to be more empathetic with the world in a work

atmosphere. We have the ability to recognize details with our super-sensitivity that singular people do not have. When the time is right, we plan to use our college degree and help others in pain, because there isn't much pain that we haven't experienced. Working through more of this pain is necessary before helping others in a professional setting though, so that we can truly give our best.

We would like to thank *MANY VOICES* for the chance to write the way we think. Living in a world that doesn't understand MPD makes us have to say "I" instead of "we" so that we are not avoided like the plague. And this feels like a lie and a denial of the we that I am inside. Most people don't seem to understand about multiplicity, so it has to be hidden—just like the secrets of our past were hidden. So thanks to all of you, who write and share your world, because it has inspired and encouraged us to continue our Journey. The difference is that now we don't feel so all alone and crazy. Thank you, thank you, thank you!!!

MV



Comments on Fear

By Samantha and Chris for the Geniuses

The first time our therapist reached out to touch our hand in a gesture of comfort, we said, "Please don't do that." What we thought was, "Please don't care about us." Sometimes this is still a problem for us. We want him to care about us, but the very idea sounds alarms all over the place. Those who want and need the caring and love are almost totally drowned out by all the protectors. After all, what did "love" and "care" mean before now? Always they meant pain, betrayal, fear, loneliness, and always, always, eventual abuse. Tender, comforting, enticing words were used to take advantage, to intimidate, and to threaten. "If you love me you will. . ." "I'm the only one who cares about you, so. . ." "I'm doing this because I love you. . ."

— always followed by fear and then blackness. Even today, loved and trusted faces turn into frightening monsters, looming closer and closer until we run from the scene into the safety of the blackness.

We have so many fears that at times fear totally rules our lives. Not everyone is afraid of the same things, and sometimes a person who is not afraid will take charge in any given situation. But more and more, it seems that the most fearful person is pushed to the front to deal with it. Sometimes the fears are debilitating. We have pulled suddenly to the side of the road when someone was terrified of having an accident or causing one on purpose. We've hidden quietly in the house, refusing to answer the door or the phone when someone was afraid to talk to people. We've curled up in the corner of our therapist's office and passed the better part of the session in silence when someone was afraid to remember or share. We've even stayed in bed all day when someone was afraid to be alive one more day. We haven't overcome the fears yet. As a matter of fact, the fears seem to be multiplying, or at least we're

recognizing more of them. We wonder if we are headed for a cataclysmic event and we keep throwing new fears in the way to try to prevent the cataclysm, or to distract our attention from the underlying issues.

But one thing we do know is that we have to feel safer before we can relax enough to face the problems causing the fears. Sometimes we've cautiously peeked out from the blackness with just one eye open. We see hurt and bewilderment on the faces of those who want to help. We have to learn that love and caring can be safe.

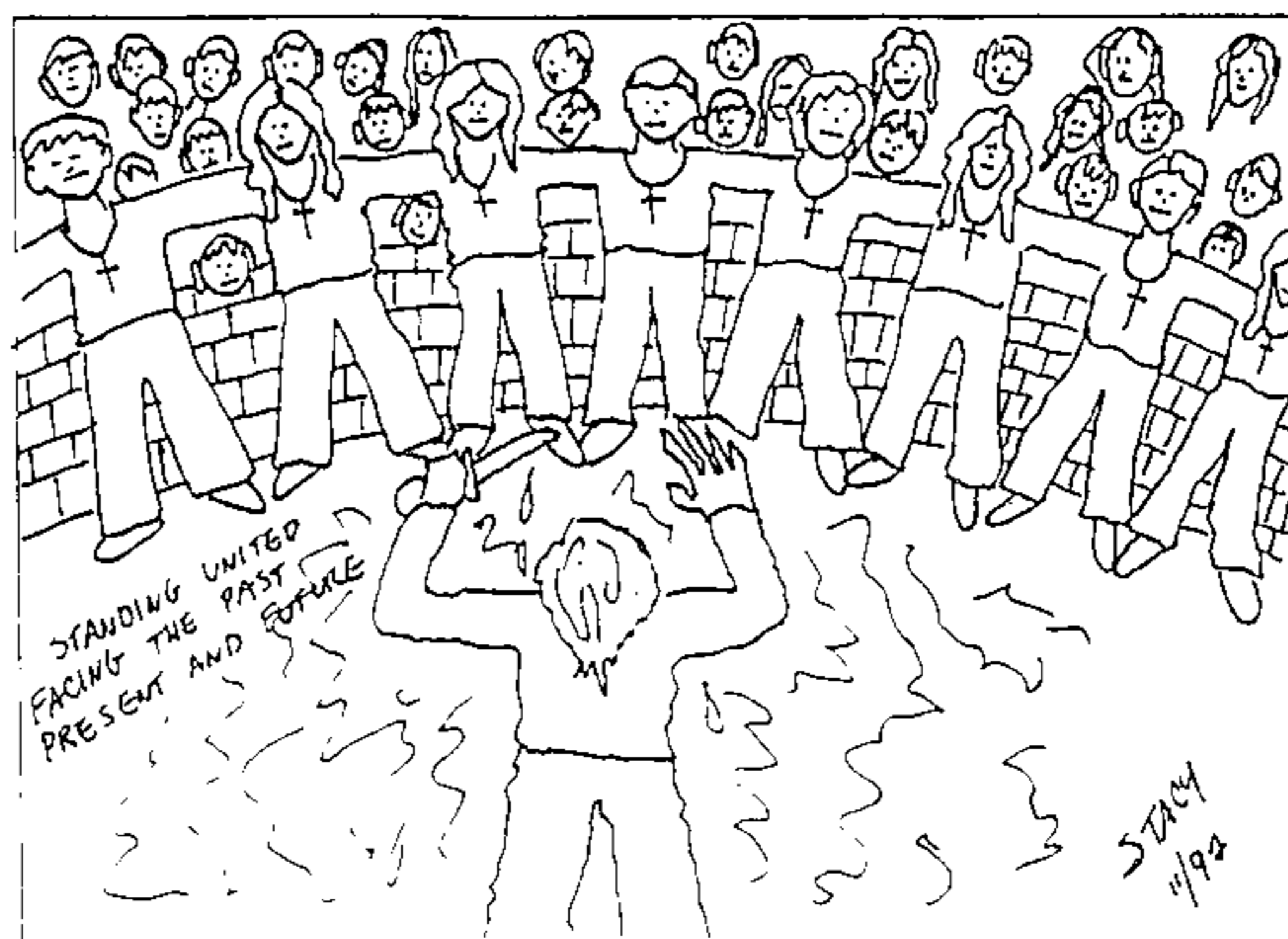
Sometimes the brave ones try to calm the frightened ones, but usually their panic is so complete that they can't hear anything else. So we keep having the same reactions over and over again. Sometimes our therapist is really supportive, but at other times he doesn't seem to understand, or even recognize, our fear. Those who know what's going on can't get close enough to tell him. The fear is like loud static which blacks out everything else. So they just have to watch helplessly from somewhere inside.

But letting the fear overwhelm us is like letting the abuse continue, like letting them win. Sometimes we'd like to deny the fear — put on a brave face and

pretend to feel brave. But the fear always comes back, and we're finally convinced that we can't wish it away.

We want to say to our therapist, "Don't judge the fear; just hold our separateness close when it threatens." Fear is not a rational beast and won't respond to logic. Fear, for us, only responds to safety, repeatedly and consistently offered. Within a safe harbor, we are free to peek out and look around. We can cautiously send out thin, sensitive tendrils to test the edges, to take the temperature and assess the safety of the atmosphere. We can begin to look in the mirror without turning quickly away in total terror. With the reassurance of another holding us safely and gently, we can allow the fear to pour over and through us, to crash itself angrily against the bulwark of his stability and constancy. Again and again it gathers strength for the assault until finally it is spent. It lies tranquil and innocent, stripped of its power to terrorize. And we think, "This is what held us captive? This is all?"

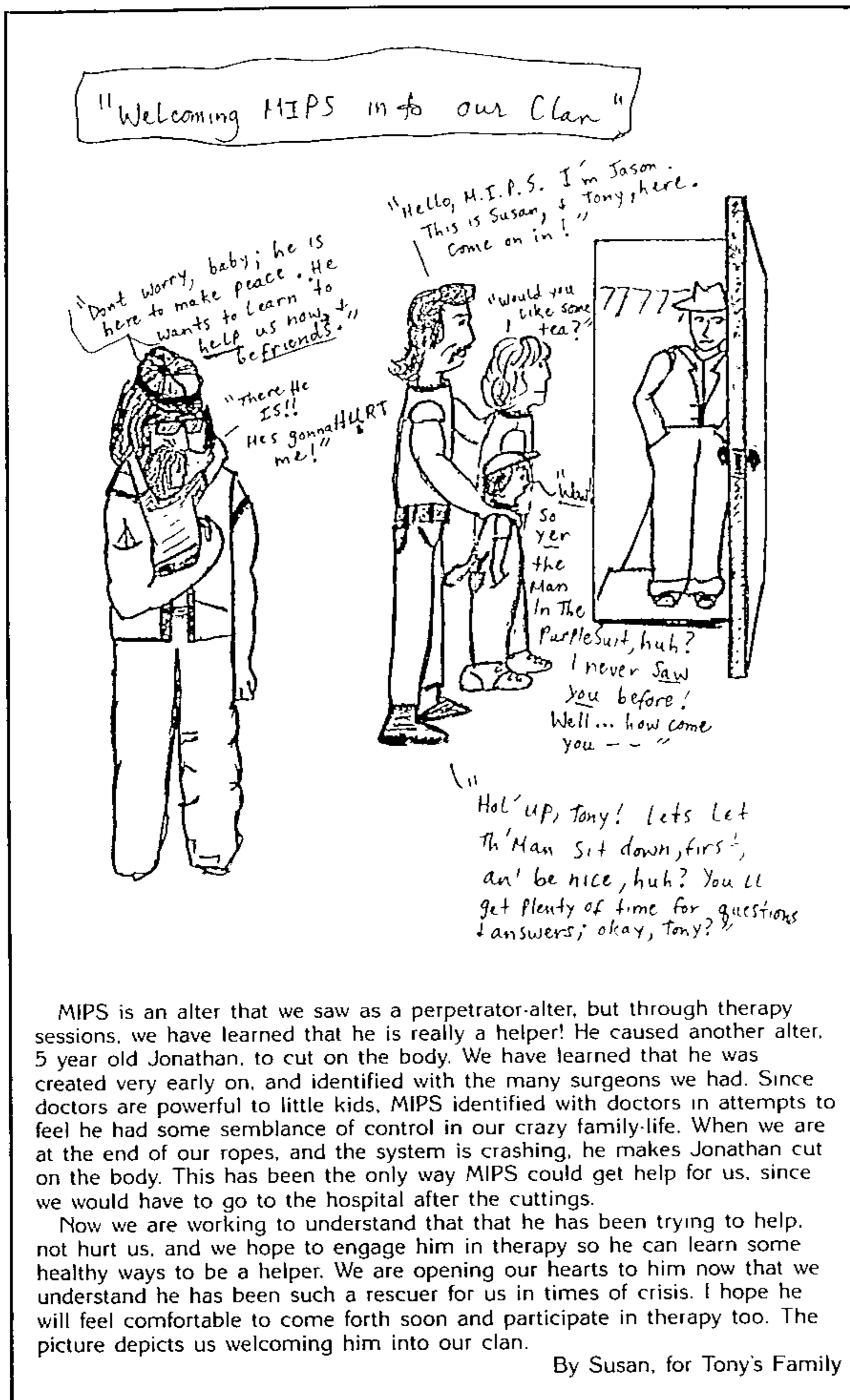
Now there is one safe place, one safe place, one safe person. Now we can dare to hope there may be others. Our victory gives us the courage to face another fear and another until one day we can say fear has no claim on us.



In The News

Elizabeth M. of Chicago drew MV's attention to an article in *Forbes Magazine* (Nov. 23, 1992, pg 74), describing the "hysteria" surrounding child abuse. While some observations in this article may be reasonable and justified, I seriously question the author's statement that "Fathers were the least likely of all men to molest a girl." However, I don't have the statistics to back this up. If you have comments or, better, studies that are scientifically sound to refute this statement, please write to James W. Michaels, Editor, Forbes Inc., 60 Fifth Ave., New York, NY 10011.

Jean L. informed MV that Wisconsin prison officials have refused therapy to an inmate who has been diagnosed with MPD by several psychiatrists. The prison officials, apparently afraid treatment might effect the inmate's early release from prison, ordered medical care terminated and attempted to direct that his diagnosis be changed from MPD to Antisocial Personality and Malingering, even though the inmate does not meet the diagnostic criteria for either of the latter diagnoses. For more information, or to register your concern, contact Tom Glover, c/o Representative Leo Hamilton, Wisconsin State Capitol, PO Box 8952, Madison, WI 53708, or call him at 1-800-362-9696.



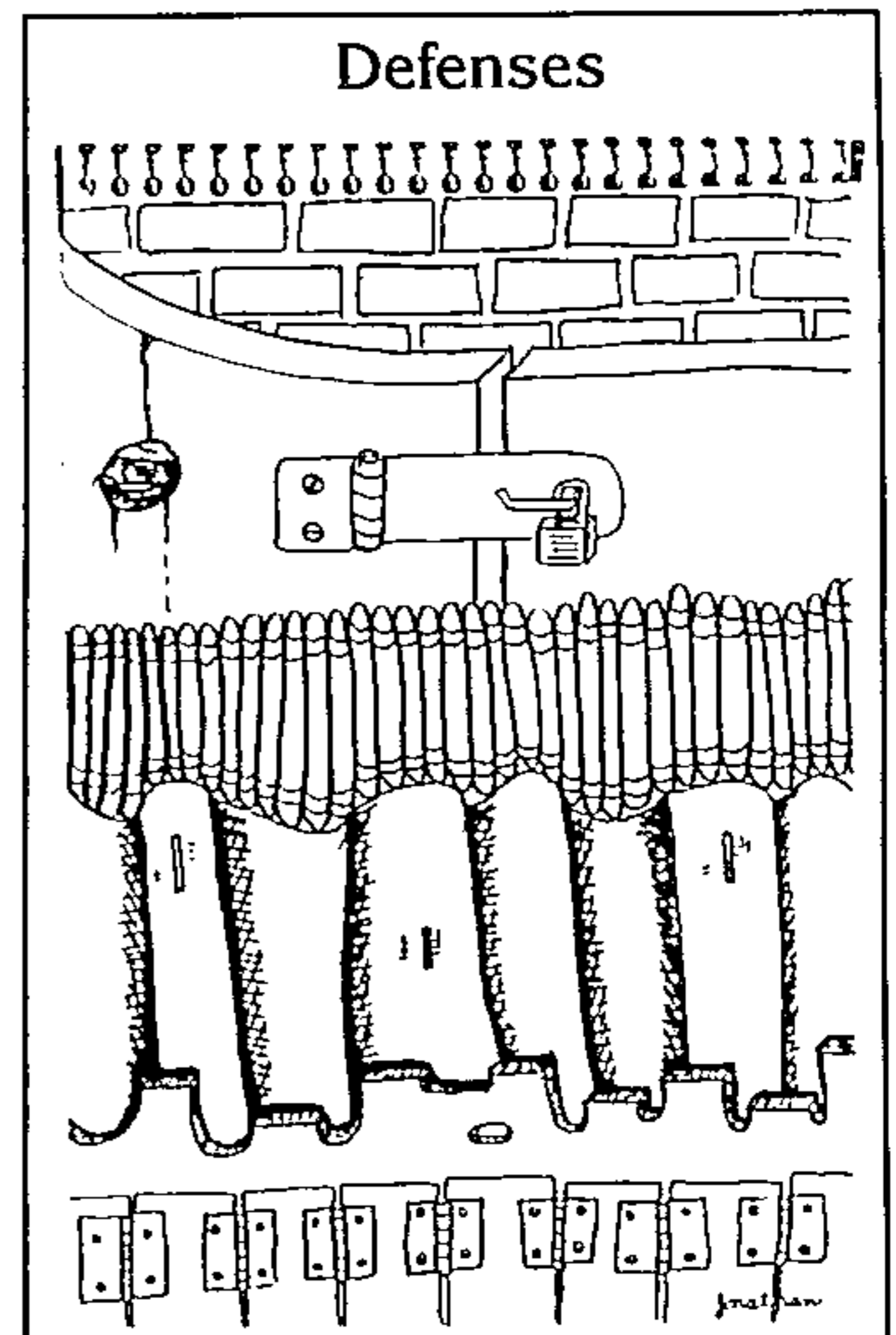
Bare Sky, Cold Earth, Solitude

bare sky, cold earth, solitude
grey trees stark
against an open land:
no battles waiting,
no cries to watch for
only a single calling note
of a bird too high to see

white sky, brown earth, comforting,
desolation healing
in the bleakest land:
no ties to loosen,
no distant greeting,
no farewell to turn your heart
back to the home of men.

only the northland, waiting
only the distant join
of land and sky:
time enough for healing,
time enough for seeing,
time to breathe and walk in your skin
through earth's bleak nurturing land

By SC



MV/MC Update

The following free survivor ads and resources were received too late to include in *Many Voices/Multiple Choices*, our new annual resource guide. We won't be printing the second edition until next Fall, but I hated to hold these resources for months when they might be put to use. So here they are! Also, we still have a few copies of MV/MC available, at \$6 each (includes postage) in the US, \$7 in US currency for other countries. We do **not** plan to reprint the First Edition. When it's gone, it's gone. So if you want to give a copy to a friend, now's the time to order —LW

Different Day

November 20 is our primary abuser's birthday. Even though he is dead, his birthday fills us with chaos and fear to the point where some of us get self-destructive, some get overwhelmed, and chaos doubles as we face unknown fears and memories. We are in therapy now and contracted with our therapist to not be self-destructive on Dad's birthday. November 20th, 1992, was going to be different — no self-destructiveness allowed, managed chaos as far as we are able, and we were going to have control over our body. November 20th was going to be a different day this year. As a result I discovered something which helped me thru the day, and which might help others.

I declared Nov. 20th as "DIFFERENT DAY". I focused on this day as being different, just as today is different than when I was a helpless child subject to his pleasures. Instead of getting dressed first in the morning, I ate breakfast first. I'm always early for work, so on DIFFERENT DAY I was ten minutes late. I usually write with pen, so I wrote with a pencil. At lunch time, I ate cake first, then I ate an orange, then I went out and got a hot dog. I changed my routine at work as far as I could. After work I went out to a DIFFERENT place to eat, one with a DIFFERENT name and where I had never been before, and I went alone (well, you know, only one body went.) The people in the restaurant were different too. There were American Indians and some homosexuals. I listened to and enjoyed their conversation which was different for me. This day was not planned ahead, either. It's change it as you flow thru it. By focusing on DIFFERENT, a couple of things happened for me. I felt more in control, realizing that I can change and I have control

over today and my body. He doesn't. I had fun trying things differently and new. It became more fun as the day went on, and the overwhelming chaos inside on this day got sidetracked as we all got involved in finding DIFFERENT ways to behave and DIFFERENT places to visit. Different personalities helped make different decisions. The kids wanted cake first. One of the big guys wanted a second piece of cake so we had cake first and last. All got involved, and we ended up having a fun day. The next day we told our therapist about DIFFERENT DAY and made a decorative certificate declaring Nov. 20th as DIFFERENT DAY for the rest of our life. She was delighted and thought we were very creative, and we gave her permission to use this idea and a generic certificate with her other clients.

By Dorothy S.

Following up on her great idea, Dorothy offers the following **DIFFERENT DAY CERTIFICATE**. Customized certificate, 8 1/2 by 11, declares the day of your choice as DIFFERENT DAY. Change a previously difficult day (abuser's birthday, a death anniversary, etc.) into a DIFFERENT DAY by deliberately altering (pun intended) your choices on that day. On DIFFERENT DAY don't do anything the same way, and choose different activities to emphasize that you are in control of your life/choices now. To receive a customized DIFFERENT DAY certificate, suitable for framing, send a self-addressed stamped envelope with a check for \$1.00, along with the Date of your choice, and the survivor's name to be printed on the certificate to DIFFERENT DAY, PO Box 11662, Chicago, IL 60611-0662.

& More

Word Processing/Graphics

Designing! Term papers, documents, letters, greeting cards, invitations, banners (long and short), flyers, letterheads, envelopes etc. All with or without graphics. Write for more info: Tony Flach, 206 W. Lost Colony Drive, Nags Head NC 27959.

Educational cassette tapes for and about survivors with MPD, by Trista, etc. Trista is a survivor of ritual abuse with MPD who, with the help of others within her system, shares her unique insight and knowledge gained from her personal healing process and professional experience as a counselor and workshop presenter. 60-min. tapes available: *Never Alone*, a definition of multiplicity. *A Multitude of Theories: and Getting By with a Little Help From Our Friends*. \$9.95 ea. plus \$3.50 handling per order, to *Never Alone Productions*, PO Box 297, Tome, NM 87060.

Real Active Survivor is a non-profit outreach supporting and serving all levels of the community through bi-yearly newsletters, psycho-educational groups, workshops featuring Jacklyn Pia's management concept for multiples, yearly weekend retreats, and a listening line which received over 2,000 calls in 1992. Co-Founders Carol Hayward, RN, MFCT and Jacklyn M. Pia, survivor/author are available as therapeutic consultants and speakers. Call 805/252-6457 or write PO Box 1894, Canyon County, CA, 91386-0894.

Multiple Care Unit, a humor newsletter for MPD. Published quarterly. Survivors \$14. Professionals \$18. American or Canadian currency. Send subscriptions or material to Multiple Care Unit, C/O Tracy Z. and Zamorh, PO Box 82, NDG, Montreal, Quebec H4A 3P4, Canada.

"New York author" needs to contact survivors with MPD. Author is survivor. Information needed for survey (book) in progress. No pay, just a VOICE. Express yourself, finally. Write to Elexis Cunningham, Suite 138, 1671 East 16th St. Brooklyn NY 11229.

Art wanted for April 2-4 exhibit by survivors of sadistic ritual abuse. Held in conjunction with 1st National

(cont'd on page 15)

(& More cont'd)

Conference on Sadistic Ritual Abuse of Children. For information, call Believe the Children at 708/515-5432 or write PO Box 268462, Chicago IL 60626.

To Tell The Truth: America Speaks Out about Incest & Sexual Abuse. August 1, 1993. Last year, survivors in Santa Fe, New Mexico presented a public speak-out about incest and sexual abuse that drew a crowd of nearly 500 for a variety of activities and sharing. Sponsors say "We delivered a very important message: that survivors of traumatic childhood abuse can and do heal from their wounds, and can recover a truly joyful and productive life." This group wants to help others create the first nationwide speak-out in 1993. "We are developing materials to help you plan an event in your city. We will also be hosting an event again in Santa Fe, which you are welcome to join. To

become part of this transformative event, please send SASE for information, or \$5 for starter kit (no envelope needed). To Tell The Truth, PO Box 8117, Santa Fe, NM 87504-8117, or call 1-800-578-1292. Please indicate if we may share your name/address with other interested survivors in your area."

Participate in a study about the effects of ritualistic abuse, (by cults, pseudo-cults, or individuals) intended to culminate in a book for therapists. If interested in helping, send your name or pseudonym and address to Lynn L. Cornelius, R.N., Editor, S.O.A.R., PO Box 1776, Cahokia, IL 62206-1776. All replies kept confidential.

New phone number for Survivors of Incest Anonymous, Inc. is 410/433-2365. We listed a different number in MVMC.



Books

Recovering from Sexual Abuse and Incest: A Twelve-Step Guide

By Jean Gust and Patricia D. Sweeting, c 1992. Published by Mills & Sanderson. 204 pgs. \$9.95 paperback.

This well-written little book provides an excellent guide to working the 12-step recovery program for sexual abuse survivors. The authors Gust and Sweeting, both survivors, wrote this guide in response to their own experiences in healing.

After a simple foreword, introduction and list called "Benefits of Using the Twelve Steps", Gust and Sweeting dedicate the entire book to working the steps, chapter by chapter.

It's written in a friendly style, one that engaged my inner-child while giving my adult lots of good information. Readers will find even the most challenging issues presented in a gentle manner. Each chapter/step is illustrated on the first page with a line drawing that visually sums up the steps' message. This verbal cue comes in handy for those dissociate days when no amount of reading sinks in.

One word of caution for anyone wishing to work this book without a sponsor: The Twelve Steps as applied to survivors of sexual

abuse can be difficult to navigate because the steps require certain spiritual decisions such as turning problems over to a higher power and making amends. I know of one woman in the movement who was doing the steps without a sponsor and when she came to step nine (making amends) she wrote her perpetrator an amends letter to apologize for having gotten angry at him when she remembered her abuse! Much healing must accompany each step before the next step can be attempted. These are issues that a sponsor needs to help a sponsoree learn to master.

While going through the very roughest part of recovery, working the steps, attending meetings, attending private therapy sessions, I relied on ACOA 12-step literature. Although I attended one of the 12-step incest recovery groups, we had no literature available that applied the steps specifically to our issues. This book remedies that dilemma. I recommend it for all survivors in recovery and for their sponsors.

By Diane

Beyond Survival: A Writing Journey for Healing

Childhood Sexual Abuse, c 1992 by Maureen Brady. Published by Harper

San Francisco. 176 pages, \$16.00, paperback.

The author of *Daybreak* (MV review Feb92) expands the one-day-at-a-time concept to develop 52 weekly writing exercises for healing. It's an interesting approach. The topics are well-presented, and may help many direct their healing process. My quibble is with the one-year format.

From what I know, recovery isn't that tidy an arrangement. . . no matter how much we wish it were. Giving a week to "Grieving" for example, is as ludicrous to me as giving a week to "Hope".

So my advice, if you use this book outside a group, is to ignore the convenient sales device of a "weekly writing exercise". Bring your therapist into the process and, together, select a topic that seems most relevant to you. Write as needed, one week or ten — and share with your therapist — until you come to terms with that issue, at least for the time being. And if you find yourself freaking out with too much writing — Stop! Or pick a soothing topic. Learning to clearly sense the difference between healing yourself and overdoing it is (to me) even more important than "getting it all out."

By Lynn W.

Thank You For Sharing!

All the wonderful artwork, poems, and prose you send to *MANY VOICES* is lovingly read/seen and carefully considered for the appropriate issues. Often, material is held for publishing later on — Please keep on sending it. Your offer to share with others does make a difference! Thank you so very much for making MV a healing place!

—LW

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.

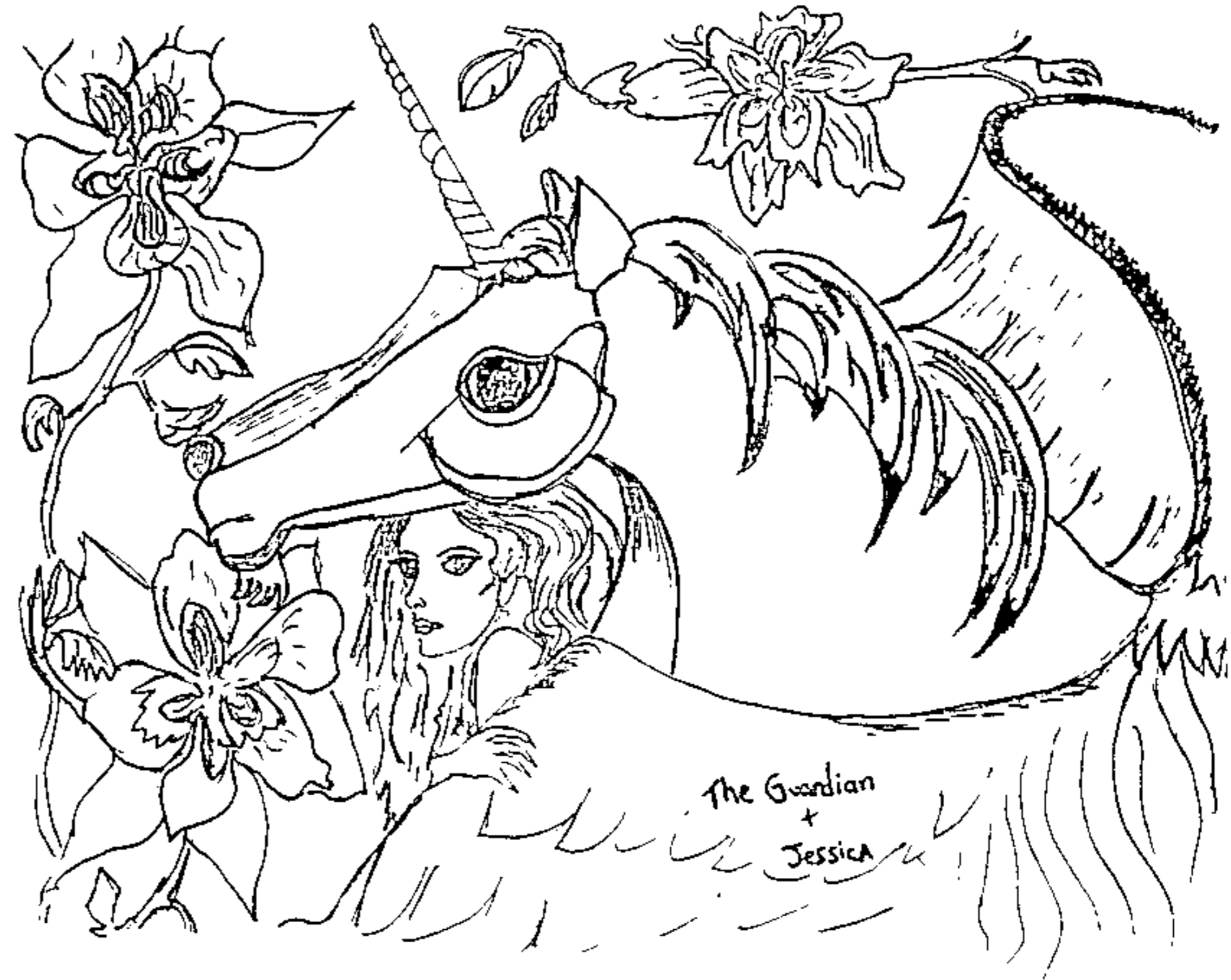
October 1993

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.

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