

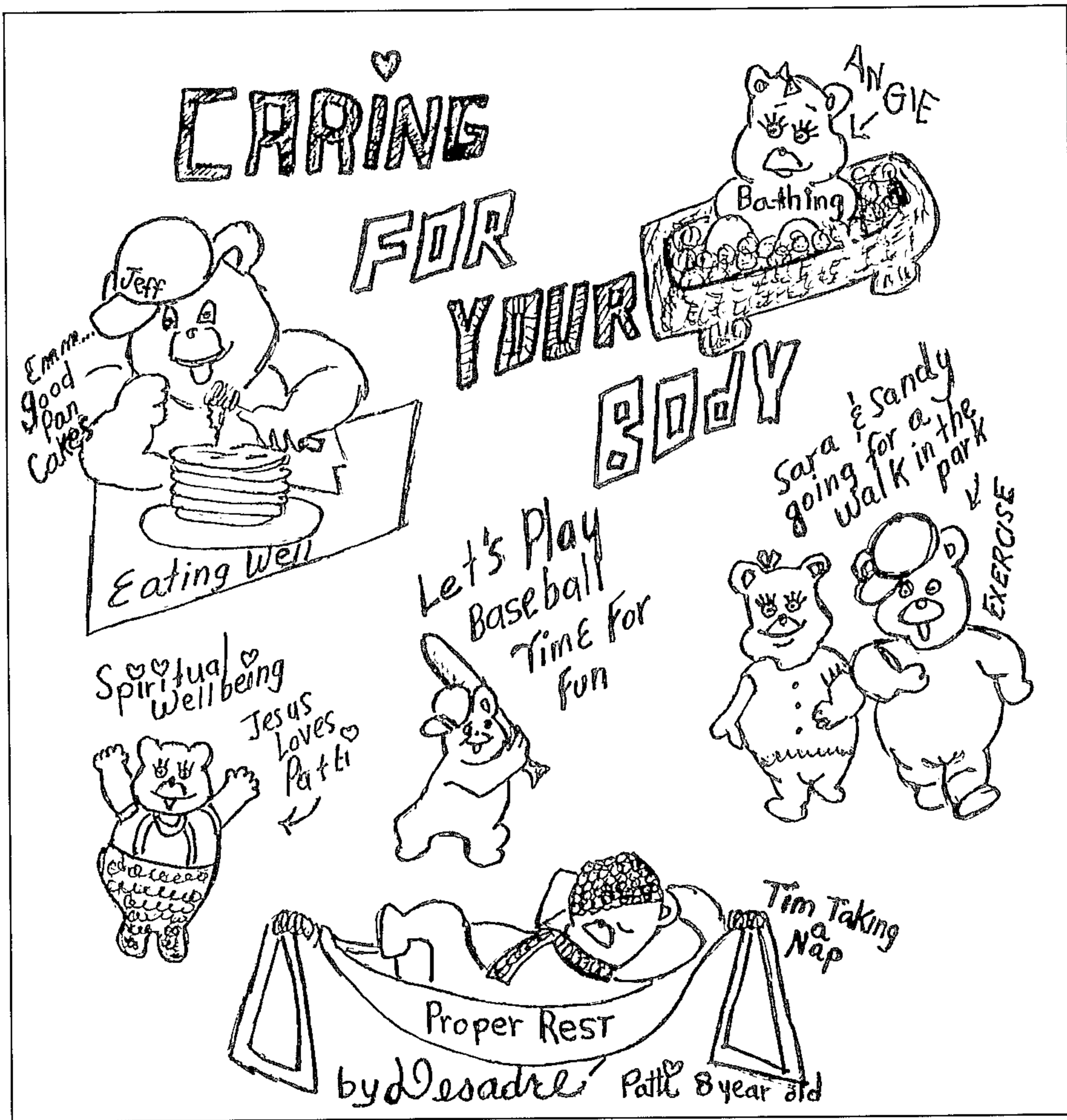
# MANY VOICES

WORDS OF HOPE FOR PEOPLE WITH MPD OR A DISSOCIATIVE DISORDER

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# Our Body, Our Sister

By Kitty and Peter for Cinda and the Kids

**T**he body is part of our group. It has memories, too. She needs the attention and care that no one ever gave her before.

It took us a long time to understand that the body wasn't just a house or like a machine to use in our jobs of protecting Cinda. The boys were disappointed and disgusted with the body. The girls were afraid of the body. The girls worked hard to make sure that no attention was called to the body. We all believed the body was a gigantic liability. It was to be used and maintained, but not respected, accepted and loved like we wanted to be.

Then, our therapist asked us to write a no-harm contract promising that none of us would hurt anyone or intimidate anyone. We wrote and signed the contract. All of us. Our therapist signed it. Awhile later, Cinda told us that even though the body couldn't really sign the contract, she was also included in it. That meant that no one could hurt or intimidate the body. We were surprised. But Cinda reminded us of the body memories that she'd been having. The body has her own memories to communicate to all of us. She has the right to express herself and to feel safe and protected as much as the rest of us.

We accepted that the body was included under the no-harm contract, and therefore, was a part of our group. However, it took us a

long time to get used to this idea. Cinda has been persistent, though. She reminds us that the body has the right to be herself, just like we each have the right to be ourselves.

Peter and Cinda worked out an exercise plan — our first lesson in taking care of our new sister. All the boys, except Tommao who hates exercise, really got into the exercising, long walks and slow runs outdoors. We could feel the body liked to move and stretch and dance (sometimes, and only alone.)

Cinda has been taking us and the body to bodywork therapy for over three years. We signed a no-harm contract with our bodywork therapist too. It began to sink in why Cinda takes the body to bodywork. We have our therapy; the body needs her therapy too. She has energy like us — sad energy, happy energy, fear energy, anger energy, silliness energy. She needs to keep the energy flow smooth and open, just like we need to keep our communication channels open.

Now, our sister, our body, communicates with us, too. She tells us what she needs, she helps us, and we try hard to listen just like Cinda listens to us. Cinda reminds us a lot about how no one ever listened to us, and how hard she works to listen to us always. So, she says that the body needs the same thing from us. No one ever listened to her, either.

Sometimes we forget about being gentle with the body. Sometimes we forget to listen hard. Sometimes Little One eats too many M&Ms or French fries. Sometimes we forget to compliment the body, her hair or eyes or something nice, or to tell her that she's OK. Sometimes Luisa gets angry and hurts the body — then Cinda reminds Luisa about the no-harm contract and they work out how Luisa will make amends. We still don't like that the body is female. We're still afraid to allow anyone but our bodywork therapist to touch the body. We guess we're just beginning what Tommao calls an *education process*. So, we will continue to learn about our body, our sister, and about ourselves, too.

Cinda calls the body our first home, not a house but the home of our spirit. She deserves our protection and our attention. She is a part of us. We try hard to treat her as gently and respectfully as we know we want to be treated by others. And she seems to be patient with our mistakes and forgetfulness too. Cinda tells us that our body can be our best friend. She has her job in our group. She has her ways of protecting us. She has memories and stories to tell. She communicates with us. She helps to keep all of us alive and safe.

We wanted to write about our body, our sister, to show her that we all care about her. MV

## Conferences

**Believe the Children's** first annual national conference will be held April 2-4, 1993, at the Woodfield Hilton and Towers in Arlington Heights, IL. Titled "From Heartbreak Through Healing: Facing the reality of sexual and ritual abuse of children", the themes are identification, investigation, prosecution and treatment. Though we received this information too late to include in earlier issue, we suggest you write

to Believe The Children, PO Box 268462, Chicago, IL 60626 for more information about this or future conferences, membership, etc.

New Research Abstracts only will be accepted through April 23, 1993 for the 10th annual **International Conference on Multiple Personality/Dissociative States** in Chicago, Oct. 15-17, 1993. For more information call 708/933-6685.

**April 16-18. 6th Annual Western Clinical Conf. on Multiple Personality/Dissociation.** Costa Mesa CA. Call 714/978-0895 for info.

**April 22-24. 8th Regional Conf. on Multiple Personality/Dissociative States.** Akron. Call 216/384-6525 for info.

**May 6-8. 4th Annual Spring Conf. of ISSMP&D.** Dallas, TX. Call 708/966-4322 for info.

## Resources

Mary (Kitty) Clawson, founder of *Survivors Reaching Out*, invites input from survivors and pro-survivors to aid in developing her upcoming speech at the May '93 conference of the American Psychiatric Association. Her subject covers peer support and self-help groups for persons with dissociative disorders. While she has particular interest in networking with others who are currently facilitating a support group, or have done so in the past, she welcomes comments from anyone, pro or con, on the subject. Topics include how groups form, what makes them succeed or fail, safety issues, formats, and what they can or can't do for destitute survivors. Write to Kitty at her new address: Survivors Reaching Out, 5513 Hammond Court, Citrus Heights CA 95621. Crisis line: 916/967-0424.

Our friend Patti wrote to us about *The Banner Project*, in which individual incest survivors make a banner section of fabric using their personalized handprint to safely express their pain, pride, anger and strength. The sections are joined to form a giant banner that is displayed to increase public awareness of incest. For more information on how you can make a section, arrange for a banner display, or contribute to this non-profit outreach in other ways, write to The Banner Project, PO Box 989, Madison, WI 53701-0989.

Travelling survivor art exhibit seeks visual and performance art, and workshop providers who employ the creative process to heal survivors of sexual abuse. Artists need not be professional. Members of minority groups are especially encouraged. Send photo or slide of visual artwork, description &/or video tape of performance piece with name & address. Workshop providers send descriptions, list of materials, time & space required and photos of workshop results if applicable. Write The Art of Surviving, PO Box 4375, Ann Arbor, MI 48106.

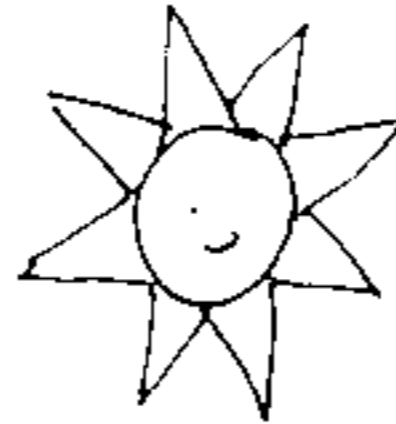
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**Angels:**



**The Center for Trauma and Dissociation**  
 4400 East Iliff Avenue  
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 1-800-441-6921  
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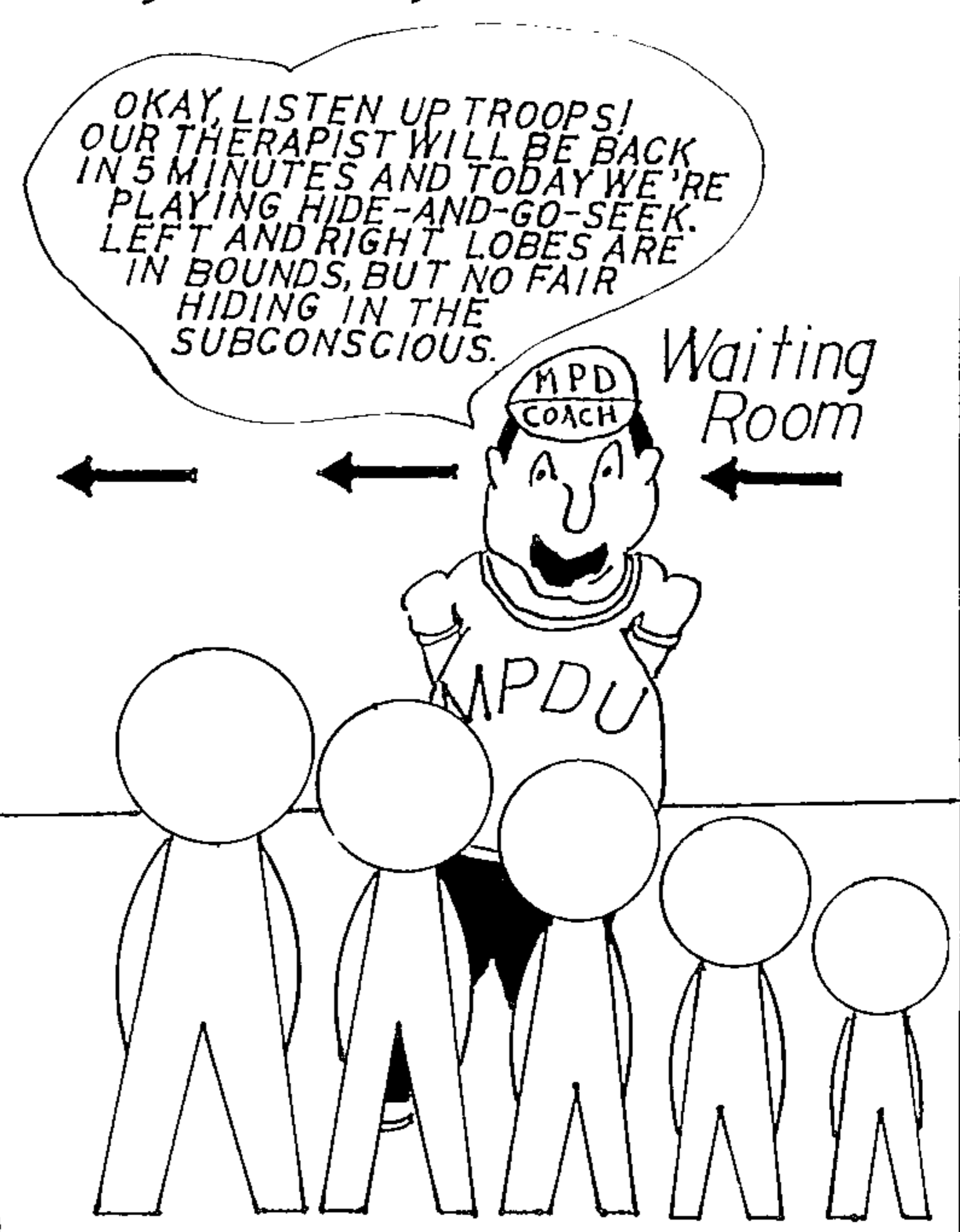


**The Menninger Clinic**  
 5800 SW 6th St.  
 Topeka, Kansas 66601

Contact our Women's Program  
 1-800-351-9058 ext. 730

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### Ricky Ricks by Rick



## Caring For Our Bodies

All of my life, I have had physical pain, so I've ignored my body. Most of the time I wished I didn't have one. I usually have to be on my death bed before I go to a doctor. I'm afraid they'll say I'm crazy, that nothing is wrong with me. That's what I was always told when I was growing up.

I'm trying to listen to my body now, so I can take better care of it. The last two times I did that, I went to the doctor, and I really was sick! I was shocked, because I've always thought it was "all in my head." Each time I listen to my body, and then take care of myself, it gets easier. And it helps me to believe that I'm really not crazy, and I can trust my instincts. What a relief! Maybe I'm not crazy after all!

By Lynn for everyone in Amy

One of the ways I have found to feel good within my body is through karate. I've been taking it for over one year, once a week. It is the Shito Ryu style and I'm an orange belt.

One of the best and most fun things about karate is that you get to yell, kick and punch and are rewarded for doing a good job at it!

The sensei (teacher) is a third degree black belt. He is a very gentle person to talk to but he is also very physically and mentally strong. He begins each class with warm-up stretching exercises. My arms are a weak part of my body; it is where I feel "paralyzed" when remembering abuse. But now I'm able to do 20 push-ups! It feels good.

The sensei then leads us in a short meditation session where he tells us we are strong, that we can achieve anything we put our mind to, that karate will help our mind, body and spirit... that we are getting better.

We then practice techniques or learn new kicks, blocks, punches, or katas (dancelike movements to practice different forms.) I like the feeling of power from doing kicks and punches. The rhythm of the katas is relaxing. Sometimes we kumite (spar) with other members

of the class. The sensei always pairs me with another woman, although I'd really like to practice fighting with a guy. It is fun and scary at the same time. I want to win. I do win.

I like the feeling in my body of stretching and moving my arms and legs. The moves are very precise and structured, which makes me feel safe. But I also like the feeling of power. Sensei says that practice and repetition are what is needed to develop an automatic response; when you don't even have to think about it, you just do it. Mind and body are one. That is my goal.

By KW



I am a diabetic and I sometimes dissociate or "space out" especially in the evening around bedtime. I am scheduled to take a shot of insulin at bedtime. Sometimes I have no idea if I have taken the shot or not. Double-dosing on insulin could be disastrous. I had to create a fool-proof system so I'd be able to know if I had taken the shot or not. A very helpful physician showed me how to adjust the next day's insulin if I completely "forgot" a dose. So, I devised a system where I label seven syringes, one for each day of the week... Sunday, Monday, Tuesday and so on. I keep these syringes with the type of insulin I take at bedtime. Now I can look — if the syringe is gone, I know I have taken the shot of insulin at bedtime. If the syringe for the previous day is still there the next morning, I know I have to adjust the daytime doses.

I have also done the same for my oral medications... and have purchased a plastic "pill box" that is divided into the seven days of the week. They cost \$1 or \$2 at the drugstore and are widely available.

By Marilyn

We have had a very difficult time with our body image. Penny, one of our little ones, feels when she walks that she has a small body. So when we go to walk between two parked cars, for example, we get stuck because our actual body size is much bigger — and it always comes as a surprise. Others of us feel huge, like the giant balloons in the New York Easter Parade, unable to shop for any clothes, unable to even enter ordinary-size rooms... and then the surprise is that we fit, after all.

My doctor has helped us with this by telling us that everybody has a true body, just as they have a true self. We had been working for a long time on the concept of a true self that would be the leader of the rest of us, or at least give direction so we can all move toward the same purpose. Having a true body also seems very comforting because then there could be just one. So now we have seen just exactly how far away our feet are, and that was amazing. We are tall (5' 10") and big, but not overweight for our height.

Now we have to learn how to get comfortable with our different parts. When we're hurt so badly, our body often hurts too. And though we used to burn and stab to stop the pain inside, we don't do that any more, for now we are held and soothed by our doctor (but not physical holding!).

By Some of us in Susan



Why have I not had a physical since 1985? Do I not care for my body? For my life? Cancers run in my family. My Mom had cervical cancer and eventually had her uterus removed. My Dad's Sister had breast cancers removed, which uncovered lung cancer, which killed her. Both my Mom and sister have had skin cancers removed. I was scared enough one year to go to a skin cancer

(cont'd on page 5)

**(Caring cont'd)**

screening at a local hospital. Everything was negative but my neglecting to have a complete physical causes me to wonder if this isn't just a form of suicidal behavior.

I really don't want to know if there's a cervical cancer. Until this past October I've not had any insurance for ten years. What would I do if I found out about a cancer? A part time, low-paying job with no medical benefits does not leave many options — certainly not a lot of money for a hospital visit. I'd rather not know.

But now I have insurance. Does that make any difference? You tell me. I have an appointment in two weeks for a complete physical, Pap Smear, the "works". It took a good deal of prodding by my Psychiatrist (really, is it three years he's been asking/telling me to go get it done?) There was prompting by the therapist I saw last year. (She gave me the names of two women doctors — I never called.) Then about five weeks ago my new therapist gave me the name and address of her very own personal physician. (Lo and behold! This woman is a network provider with my insurance company!)

So now I have two weeks to prepare for this momentous occasion. Yes I have forgotten the horrid details of a routine (make that complete routine) physical. Was it pain? Panic? What led me to give up caring for myself? After all, it wasn't the insurance question that led me to stop. I had three physicals without insurance. He was a big ol' teddy bear of an old family doctor. My sister had seen him for years. Maybe that's it. . . Big, Old, Squishy Teddy Bear Huggable-type. No, no, there was never inappropriate touch in his office. The nurse was there and it was OK for three years. But there was pain. (I didn't remember pain when the doctor in my home state examined me.) There was panic (maybe that influenced the degree of pain.) There were no abuse memories until 1991. One memory? A Big Old Squishy Teddy Bear Huggable-type.

Recurrent Date Rape. Abuser Big, Doc Big; Abuser Hurt, Doc Hurt; STOP the abuse? STOP the pain? STOP seeing Doc! But I didn't know that from 1985 to 1991. What kept me out of the examining room all those years? A survivor's 6th sense? Stop the abuse, triggers, pain. . . at all costs (including the survivor's own health.)

Well, knowing what I know now after memory retrieval, connection to Doc as a trigger and talking about feelings (not just the pain but the panic) and the desire to do whatever it takes to put this abuse in the past where it belongs, I can properly prepare for my appointment in two weeks. Already I have much less panic than I had a few weeks after I made the appointment. I can use these two weeks to prepare by talking and talking. . . and talking some more. To my therapist, to my best friend, to anyone who will listen in the survivor's support group. And writing. . . writing this essay, writing in my journal, allowing the alter who protected me all these years to write. I have body memories when she writes and I've never welcomed her to journal. Well, this is different. Maybe the way to ease this pain is to go through it. Let's try it.

By Karleen et al



**The body has a bad lower back.** It has been this way since it was seven. It is necessary to do daily exercises, never bend backwards, and to squat when lifting.

Now, you may think it is strange that a 43-year-old woman would even want to bend backwards, but the children think that it is fun to play rag doll or shooting baskets this way. My system is a very hyper system, and the children have a tendency to move before anyone inside can stop them. Especially the children that had not been out for several years.

This kind of movement caused a recurrence of severe back pains. We called a safety meeting inside. During this meeting it was explained to everyone what the do's and don'ts are. And to avoid any future surprise injuries, we decided to go over all of our health problems. Even though there are over 300 persons inside this body, the meeting went well.

It was easy for everyone to understand that the body is our vehicle that takes us through life. The better we take care of it, the more freedom we will have; and the more we can ride bikes, motorcycles, go hiking and bowling. We also work full time and take care of our selves. This would be hard to do if the body could not keep up.

Please, respect your body, as well as your other selves. After all, everywhere you go you take them with you.

By Teresa L.

## Because I'm Me

This is why I need to say  
I need to be out, I was out today  
I got across the river twice today  
seeing the water parting the ice,  
feeling its pull against my plight.  
But I made it across twice you  
know.

I heard the big raven call,  
it sounded like music that I had  
missed so.

This is why I need to be out.  
This is what helps my pain, you  
know.

The feelings inside sometimes  
have no words,  
but the wind on my face helps  
take away

the tears that I have no words to  
explain.

I do have a mother, who cares for  
me,

guards and keeps me close in so  
many ways.

My mother is nature. She always  
has been, and  
when I forget, she shows me  
again.

By Nancy D

# Therapists' Page

Several readers have written to us regarding their concerns about the FMS (False Memory Syndrome) Foundation. **MANY VOICES** wants to offer a forum where these concerns can be expressed and the conflicting issues discussed openly. Please consider this column as a starting point for discussion, not as a definitive statement or hardened position. We invite professionals and MPD/DD clients and their families to comment on what we present, or on their own personal encounters with the FMS movement. We'll publish a summary of comments at a later date. This is a topic that will be current for some time; send your opinions whenever they arise. We welcome letters on this subject from non-subscribers, as well. You may remain anonymous, but if you don't subscribe and want a copy of whatever we summarize, send us a name and address so we can forward it to you. And if you are willing to have your letters passed on to a more organized research effort (should one be established) please include that permission with your comments.

Also, the FMS Foundation reportedly sends out a 20-page questionnaire to parents who complain about their hostile children. If anyone has a copy of that questionnaire to share with me, I'd love to see it! — LW

First, some basics

## What is the FMS Foundation?

According to its literature FMSF is a non-profit corp., founded in March 1992, and its address in Jan '93 was 3508 Market St. Suite 128, Philadelphia, PA 19104-3311. In Jan FMSF claimed 2,345 families as members and says it's outgrowing the office, so expect an address change in the near future. The stated purposes of the organization are to seek the reasons for the spread of 'False Memory Syndrome' (a 'syndrome' that does not, in fact exist, according to medical experts FMSF invented it.), to work for the prevention of new cases of False Memory Syndrome; to aid the victims, both primary and secondary, of False Memory Syndrome.

## Who are its organizers? Who are its members?

I really don't know. This is one place our readers can help me out. (Also, this is a good place to state that I've had virtually no personal contact with this organization, yet. Since I KNOW I've been subject to memory distortion and have stated so publicly, and since my parents are (a) dead and (b) had no money anyhow, FMSF is unlikely to be interested in me, as a purported 'victim' of its 'syndrome'.)

FMSF lists a number of well-known M.D.s and Ph.D.s on its professional advisory board. We would welcome responses from those professionals active in the dissociative disorders field who also serve on the FMS advisory board. Should such DD experts have a statement to make about FMSF or their role as they see it with that organization, or any other comments they wish to make about memory processes, I will be glad to print such comments verbatim, with no editing of any kind, for the readers of **MANY VOICES**. I am particularly interested in what influence the advisory board members have on the thinking and methods-in-practice of this organization.

## What services does FMSF seem to provide?

Support groups for parents who claim their children have been misled by therapists, promotion of a book, *"CONFABULATIONS"*, which contains first-hand accounts by families who claim their adult children were misled, intense publicity efforts aimed at national and regional publications, TV, radio, you-name-it, to get the 'FMS story' out to the public, recruitment of 'recanters' (those persons who say they were misled by therapists), multiple publications and resources for persons seeking to persuade others that FMS exists... in particular, material that may be used in legal actions (for defense or offense? We don't know) and more. It is sponsoring a national conference at the Valley Forge, PA convention center, April 16-18, titled *'Memory and Reality: Emerging Crisis'*. Its literature states that it will have speakers who represent a variety of views. It will be interesting to see whether they choose credible speakers who oppose their viewpoints. So far, their publicity efforts use non-credible opposition and are not balanced, in my opinion.

## How "scientific" are the claims of the FMSF?

Richard J. Loewenstein, M.D., president of ISSMP&D in 1992, wrote in the Dec '92 ISSMP&D News that "though writings by FMS board members tout the foundation's 'scientific' approach, I know of no clinical research or tradition of clinical description that empirically validates or supports that such a clinical condition exists as such. FMS is a syndrome without signs and symptoms (the defining characteristics of a syndrome). The FMS Foundation's written materials are selective, biased, and incomplete in their fragmentary reviews of selected articles and books in the childhood trauma literature. He goes on to describe the anecdotal (ie non-scientific) accounts used in FMSF literature to bolster its claim that unscrupulous therapists are leading

their clients to believe they were sexually abused, when they were not.

The FMSF describes its so-called 'FMS phenomenon' in the FMS Dec. 5 '92 newsletter (pg 2): as "...one in which people (mostly well-educated financially comfortable women in their 30's) recover memories which others say are false, they become obsessed with the memories and then they isolate themselves from their family."

It seems to me that if this group were genuinely interested in science, income would not be involved in its 'syndrome'. I'd think poor people could have "false memories" too. But the FMSF doesn't seem concerned with that population segment. They're more concerned with the wealthy (such as the parents who wrote about the four attorneys and two insurance companies working to defend them against their daughter's lawsuit... a daughter who was acting as her own attorney. Guess which side caved in?)

## How is the FMSF financed and what resources does it have available?

I don't know the answers, but its resources are apparently considerable. Name another non-profit organization that could finance the sorts of outreach it does, and rattle the media doors the way FMSF has, in its short lifespan? It is exceptionally well organized, and this expertise does not come cheap. Being skeptical myself, I doubt that the major money is donated from pure altruism, or 'scientific interest'. The real motives would be interesting to know.

You will never see in MV's pages the notion that memories are always 100% true, or that distortion doesn't take place, or that memory-contamination can't occur, or that incompetent therapists don't exist. Even competent therapists make mistakes (the best ones admit it) and it is certainly conceivable that some parents have been mistakenly accused of abuse. This should not occur. But it is equally abhorrent to hear that some

(cont'd on page 7)

# Recovering

By Rita M.

**Q:** I want very much for my therapist to come inside and see where we stay and what it looks like and to see everybody. She says she would if she could but she can't. I want to know how she can come inside. . .

**A:** It sound like you have a pretty good therapist and that she has been very helpful to you. I wish that I could provide an answer to your dilemma, but what you're wanting just isn't possible.

No human being can "go inside" another human being. It just isn't possible. When I read your letter, it struck me that you apparently don't understand that the inner world in which you live is a psychologically-constructed place. No matter how real it feels to you, it doesn't have form, shape or physical substance. (Although each alter part may have possessions in the real world.)

Think of it this way. . . the "inside" you refer to is an idea. You can think about an idea, see it in your mind, retreat to it when you need to, but it is still a mental or psychological construct. However, you can make a physical representation of your inner space

or world and share this with your therapist. Many MPD's use artwork, mapping (drawing the inner world and parts) to describe their inner world and share it with their therapists, friends, family etc. However, the mapping or illustration of your inner world is not the goal of therapy. It's only a tool to share information about how you feel and how the parts came to be and continue to exist. I've heard cases where this process becomes so elaborate and time-consuming that therapy is thrown way off track, if not derailed entirely. The goal of therapy is the working through of trauma, grief resolution and learning new, functional, healthy behaviors. Good luck!

**Q:** We are at a point in therapy where we have not only our own feelings, experiences, etc. but all of the others. We feel so much pain. We don't want to hear anymore, talk anymore, or feel anymore pain. We are sort of numb. We know we still need therapy, but have no energy right now.

**A:** Geez! I wouldn't want to feel anymore, either!!! No one ever said that you have to do heavy-duty therapy non-stop until you're "well". I find that the work with my MPD/DD clients goes in spurts. We do work, it's painful for awhile while he/she is grieving and resolving the trauma, then we have a period of peacefulness/sense of accomplishment. . . maybe even some celebration of gains. Then, slowly, we approach another bit of work. Or we might do some here-n-now crisis management, or do something lighter in nature (career change, what do I want to be when we're all grown up, etc.)

You can be in therapy, but you don't have to be going "ALL OUT" all the time. Maybe a break is in order. How about stopping for awhile to take stock of what you've accomplished? Plan a celebration to honor what you've learned, of how far you've come, of what you've been able to change in a positive direction. (IE, "I'm no longer afraid to walk into restaurants", etc.)

Don't forget, recovery is supposed to have some sunshine in it!

**MV**

*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*

## (Therapist's Page cont'd)

people who were victimized for years are being re-victimized by a pseudoscientific organization that purports to be battling "pseudoscience."

The sad reality is that, where memory is concerned, there are many unknowns. And it is interesting that the FMSF members seem not to question their own memories of the past. . . it's always the adult children who are wrong. WHAT IF. . . a perpetrating parent does not want to reveal his/her offense, for financial or social reasons. Will the offense be "remembered"? WHAT IF. . . a perpetrating parent is truly dissociative, and dissociates the memory of abusing his/her child?

WHAT IF. . . a family that has many fine visible qualities in the community also has some hidden, terrible secrets? Will the secrets show up on photographs, "documentation" etc.? WHAT IF. . . some portion of an adult survivor's memories are inaccurate. . . does that mean that no abuse occurred? Is it possible that seriously-traumatized children have even more problems with memory than those not abused? And in its survey of "recanters", does the FMSF consider the second (revised) memories of the recanters more accurate than the first (accusing) memories? And if so, why are they so sure?

MANY VOICES has published examples of memory-confusion and actual distortion; we have frequently offered writing that shows the natural struggle to determine what is and isn't "true" in a client's experience. We

believe that there is a serious need to improve the quality of scientific underpinning in the field of dissociative disorders and want to help this process any way possible. I am personally distressed by the polarization of "believers" vs "non-believers" in the professional community, and volunteer space in MV or its auxillary publications (ie, MV/MC etc.) to open up a dialogue that will encourage a focus on treatments for healing anguished patients, rather than 'bias extremis' of believers/non-believers. I am especially interested in publishing opinions on the pros and cons of confrontation, and approaches to treating clients whose memories are uncertain and likely to remain so.

I hope to hear from many of you, in our mutual quest for health and healing.

**MV**

# New Ways to Stop Self-Harm

Sometimes we still hurt ourselves, but we're trying to do different things instead. In therapy we've learned when our inner pain is really intense it feels like we'll explode or go crazy. We have to feel the pain outwardly, because our inward pain is so great. Our therapist suggested that we put our wrists in a bowl of ice, instead of cutting ourselves, or acting out in some other self-destructive way. We tried it, and it really worked. We felt the pain we needed to feel without being destructive.

Othertimes I get very sad, and I feel like breaking things. I have so many feelings that it gets too big for me. I have a pink stuffed elephant named Ella Fun, and Debbie, my therapist, told me to try yelling into her tummy when I feel overwhelmed.

One night my friend (who is also a multiple) and I tried it. We screamed really loud, at the top of our voices. We tried all kinds of different stuffed animals. A bunny rabbit named Suzy Cuddles worked best.

We screamed until we lost our voices, and no one heard, because Suzy's tummy muffled it. It felt so good! I never was allowed to scream. Once I started, I didn't want to stop. It helped get all of the anger out, without hurting myself. Now when I feel really bad I go to my room and scream into my rabbits' tummy.

By Lynn for Muffin (age 4)

I'm Glenda, part of Peggy's gang. We have a problem with hurting the body. We cut, sandpaper, and burn the body to cause scars. Some of us cause scars because we want everyone to see our pain; others want to look tough so no one will mess with us. But our helpers thought of a better idea. Now when we want scars we use magic markers. It helps us show our pain and can be washed off when it's not needed. It saves lots of wear & tear on our body.

By Glenda & the Gang



Self-destructive tendencies are when I don't take care of my many others within. When I'm in a state of denial, which happens quite often. Sometimes, I just want it to all go away. I have to be real careful when I'm in this state. Because the suicidal thoughts come in (big time). And that's the (Angry) One saying I DON'T WANT YOU TO FORGET! And you'd better not or you won't be here at all! "And ye shall know the truth, and the truth shall make you free." St. John 8:32. Then all of us can be whole again.

By Patti and Timothy

# Mystery Face

like a puzzle  
i am, and  
we are.  
pieces missing, and  
extra pieces  
from a bunch of  
different puzzles.  
nothing is simple.

like a maze,  
i am, and  
we are.  
paths going in  
all different directions,  
yet leading to the same  
place  
the heart,  
complexity is safer.

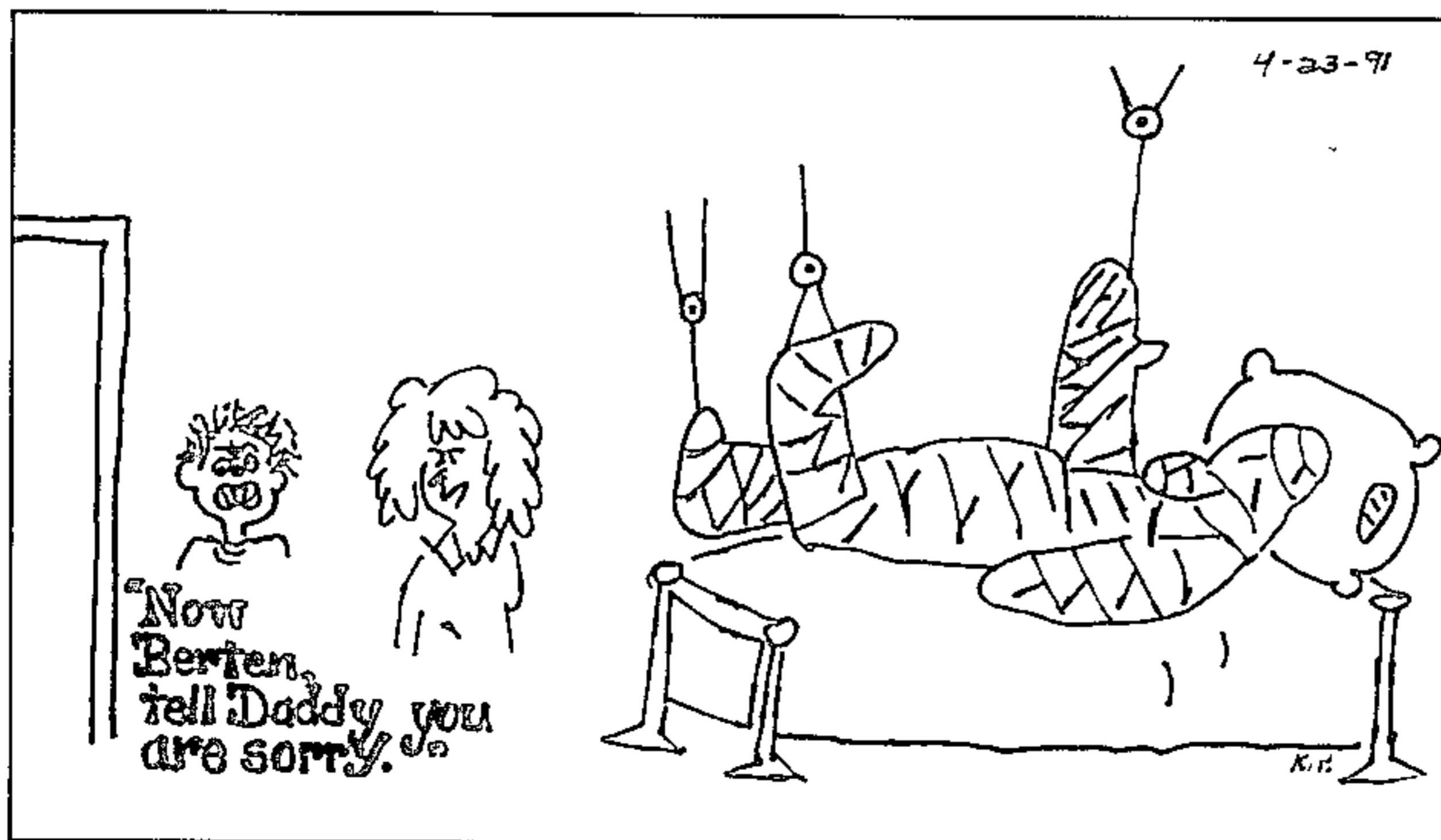
like thick fabric  
i am, and  
we are.  
threadweaving  
alone and together  
towards the seams  
of safety  
and away from them.  
layers of protection,  
and fraying.  
cooperation is episodic.

and when i look into the  
mirror  
i see it all  
and i see nothing  
all in a moment's  
time.  
mystery face.  
as a rule,  
always keep people guessing.  
don't let them get close,  
and don't let them get away.  
nothing is simple.

my being is a contradiction  
in and of itselfes.  
nothing could be so opposite  
and so the same  
simultaneously.

it is as if  
my eyes were dark as coal,  
for all of the things  
they are able to conceal.  
it is as if  
my eyes were clear as glass,  
for all they are able to reveal.  
complexity is safer.  
nothing is simple.  
cooperation is episodic.

By Adriana B., et al





## Food

We just started on our first serious diet and lifestyle change 3 weeks ago. We have a major eating disorder. The body is very overweight and we finally got tired of it. We got tired of being uncomfortable, unhealthy, and in pain all of the time. We got tired of looking at all the normal weight people and feeling envious, tired of buying our clothes in the fat people section of the store or having 2, 3, or 4 x's on the sizes of our clothes. For us, eating soothed anger, depression, and boredom. We are trying hard every day (and it is a daily battle) to change those behaviors but it is one we feel we will finally be able to overcome. Everyone in the system, including the kids who like the sweets, has agreed to work really hard at this.

In our family growing up, food was used to pacify everything. Besides that, we came from an old Italian family and their motto was EAT. So we did. Our mother was constantly on our case about food and our weight — "Don't eat that, you eat too much, you'd be so pretty if only you were thin," etc. etc. Our father used food as a reward for being good, doing the things Daddy didn't want anybody else to know he did. We learned to rely heavily on food for everything. We have never been a "normal" weight, (except at birth). We were on a diet as a teenager and our mother questioned so much and accused us of cheating so much that even after losing 40 pounds, we gave up. We haven't been on a diet since, and the body is 41 years old now.

We've been through some major changes in our life in the last year. Our mother has been gone for 9 years now, but our brother passed away in April '92, and our father passed away in July '92. That is our entire birth family. That has been hard on most of us for many reasons, but it has also given us permission to finally live. We finally feel like it is OK to be happy, to be enjoying things. We

don't have to worry what Daddy will say or think or do. And now, he won't know if we failed at it. Many, many alters miss the birth family, but there is also a sense of relief now. So we decided now is the time to change our body image and our self image.

One of the problems we have encountered already is undereating (that's a new one on us.) We have a tendency toward obsessiveness and addictions so now we are struggling with the alters that believe if we eat less and exercise more, then the weight will come off better. We haven't set an unrealistic goal on the time limit (one year) but they are determined to do this so that's their way of accomplishing it. We are working on it in therapy but it's a touchy issue with any outside people so we tread carefully. Only three outside people know about this change: our husband, our therapist, and the lady we live with. She has been a great help in the food side of it, helping the kids decide what to eat and keeping the cooking healthy.

We've only been at this a few weeks, but it really feels good to be doing it. We know it's not going to be easy and that we'll have good times and bad, but that's just like healing from sexual abuse, ritual abuse, and MPD. We've struggled 7-1/2 years (and continue to work) to heal from that and have persevered, so we think we can do this, too.

By Terry and Co.



Eating healthy has always been a struggle for my system. Usually, I hear "Vegetables are best. Don't forget your milk." But we like to live on burgers and onion rings. The kids like Jack-in-the-Box. I try to accomodate them when I can, but it gets expensive. They also like choosing their own food and

since they don't cook well, I try to keep "easy food" on hand for them. Bananas and cereal seem to be their favorites, as well as bologna slices and eggs. Mary is the most eager to learn, so I've helped her learn how to fry eggs and make toast. She makes egg sandwiches and we all seem to enjoy them. Some of us like Dr. Pepper and some like Koolaid and hot chocolate. Even though it's difficult, I try to drink water daily. Having carrot and celery sticks on hand are good, and I can also compromise by letting them dip them in peanut butter or jelly.

But it never fails to be driving around and hear the kids talking about burgers, fries, shakes. Long John Silver's fish, pizza, and Taco Bell. They really like picking up "already made food" and taking it home and having a picnic on the floor. Sometimes I have to pass these places up, but usually I have a hard time arguing with the logic behind their statement, "Where can you feed 7 people for only \$4.00?" So I give in and we enjoy ourselves as long as it can be afforded.

By Sonya et al.

### SAFETY

At first looking at the word made us laugh. We then took another glance at it, just to be sure about it. Safe is such a hard word to fully understand, to survivors' such as we. Does safety mean that we are completely safe, that no one will harm us? We think not. There are too many of us inside who will never feel safe, no matter what. Safety, therefore, we believe is a package, tied together in three:

- safety from others
- safety from the alters
- safety from the core self.

From the Crew of Unicorn II

## Staying Alive

**A**t first, we thought we had nothing to say about health because we are overweight, we don't exercise much, and we don't have a good "body-image" of our host organism.

This does not seem the time for us to put lots of energy and discipline into these areas: we don't have the strength to spare. Right now, for us, bodily health is more basic: trying to stay alive and to prevent (or minimize) self-inflicted pain and/or damage. We don't all agree even on this, but most of the time most of us are committed to and working at these areas.

In the past when we went into crisis, those around us, sometimes including our therapist, reacted to the crisis in ways that didn't help the parts who are trying to be committed to life.

At the point when all communication was broken down and everything was very critical, a "new" alter, Bridgette, bridged the understanding gap between us and our therapist, and between us and us.

Bridgette could understand why our therapist and others reacted strongly to out-of-control words they viewed as "threats". Because she could understand, she could help us see and tell them why the situation was not as it appeared. Maybe some other multiples have systems that work like ours.

We have come to understand that we have a small group of alters (we call them negative alters) who are always fixated on death, punishment, badness, blood, pain, etc. In time, we hope we can learn to help them, but for now it is important for us and our support people to know they are inflexible. These things are to be expected of them. At times they are pretty quiet, but they don't change in their orientation.

When we are in crisis and their desires surface in behavior or communication, it means that something has strengthened these alters and weakened the rest of us. To "attack" these alters directly or

try to change them is ineffective, and they use it against the rest of us, twisting the situation to their own ends, especially by using guilt that we are "so bad" we are still causing trouble to people we care about or by convincing us that if the support people aren't supporting us it's because either they don't care about us, or we're bad, or both.

Most of us are what we call positive or flexible alters. This means we are capable of creativity and new insights and experiences. The down-side of being flexible is that we can also be manipulated by the others, especially when we are in a weakened state.

Some things which weaken us are stress, (especially too many expectations or too much to do), relationship problems, guilt (including guilt about our depression and MPD), and remaining silent about inner turmoil. We have to work real hard to try to avoid weakening ourselves, but it is hard work. A commitment to therapy, having a good spiritual director, scheduling as much time as possible with our best friend, and writing out our feelings in a journal are our best tools.

We are harmed when support people react to out of control thoughts and words as "threats". They are not. The alters who want to hurt us do not make threats. They try to ACT to harm us.

We need our support people to understand these things are "telling". The positive alters may have been manipulated into believing that death or punishment is the answer to the situation, but they still have enough contact with health to "tell". Telling is always for getting help, for living. Telling needs to be supported. Since Bridgette came and helped us communicate, we have a lot easier time getting telling understood.

When flexible alters are strengthened, they can find creative answers to a crisis. For example, recently Anna was desperate to cut, to see blood. The

Littlest One managed to call our therapist who strengthened her a little. She wasn't strong enough to prevent Anna directly, but being strong-er, she tried a plan. She took watercolors and painted the arms red with good words like "Anna, I'm sorry you're in such pain." We believe Anna couldn't read, so we don't think the words did anything for her, but they did for the Littlest One! Anna saw the red like blood and felt the stickiness of the paint as it dried. She interpreted it as having cut and went to sleep!

It is important for us and for our support people to know that changing the relative strengths of the two groups always takes time. A phone call which may not appear to have helped while it was in progress may half-a-day later have turned the tide and restored balance. Trying to delay any action by negative alters is always a good thing because the delay increases the likelihood that the power balance will shift and the action will not have to happen.

So, for us, health is do the best you can with what you've got now, be gentle with yourself about what you can't do, and make sure you and your support people work at strengthening the positive alters while continuing to search over time for ways to rescue the negative alters from their pain.

Remember, if you're suicidal a lot, that every day you live through is a victory no matter what anybody else may say about it. Celebrate your victories! Don't worry that you don't feel much like celebrating, because your pain level is too great to feel like living. Living is a good thing even if it doesn't seem like it. If you are reading this, you have done this good thing. So celebrate being a survivor while you work toward the day you can find living good and finally feel. "I WANT TO LIVE!"

We positive alters of Julia Mary G. hope for this day for you and for us.

## Diabetes and MPD

By Sharon

I am an incest and ritual abuse survivor with MPD. I also have a chronic disease, adult onset diabetes. I was diagnosed with diabetes about two years after being diagnosed with MPD and beginning therapy. Dealing with both problems has been a real challenge and has required some very innovative techniques. Having a chronic illness that requires close medical supervision, a special diet, and good care of the body plugged into all my fears and addictions. As a health care professional, I knew how important proper care is but not everyone in the system has access to that information.

One of the first hurdles was a distrust of doctors and a fear of medical procedures. We were taught doctors were not to be trusted. Some medical procedures trigger memories of childhood tortures. Today, I am fortunate to have found a doctor who is accepting of the diagnosis of MPD. She realizes that the body may be forty-six but the alter she is dealing with at that moment may be a child. If a child is present, she tries to treat him/her in an age-appropriate manner. She has now earned the trust of many of the alters. She has also been helpful in dealing with other medical personnel so that necessary medical tests can be done.

Another big hurdle is the special diet. A diabetic diet is a healthy diet with food from all the basic food groups and no sweets. There is also a calorie limit and the diet must be calculated. This was and still is a major problem for a person with a very active food addiction. The kids have always used sweets as a comfort measure. They could not understand why they were now forbidden to have them. I would at times end up switching and eating sweets anyhow. It became very important to teach all the alters the importance of sticking to the diet. A friend suggested that we write

the American Diabetes Association and ask for any information about diabetes they had that was written for children. This really helped because the inner kids learned why we had to stick to the diet. We found new comfort measures for everyone that is not food, although at times a diabetic treat is in order.

Next we had to learn to manage our self-destructive tendencies and self-mutilation. A diabetic doesn't heal as well as others and is more prone to infection. This means we should not cut ourselves or pick the skin on our fingers and feet anymore. The teaching aids from the American Diabetes Assn. again played an important role in teaching the inner children how important it is not to harm ourselves. A diabetic's feet are especially vulnerable and that was our area of choice to injure because it is easily hidden. We have now taught the kids to take a big red plastic bat and beat a pillow or the bed when they want to cut or peel skin. (Using a bat was our therapist's idea.) This serves two purposes: it saves the body we all must live in and it directs the rage outward instead of in at ourself. When the suicidal alters are acting out, we all have a contract to call our therapist, our spouse, or a friend before we act. This has always worked for us.

The efforts to control the diabetes had a very interesting side effect. I have been overweight for much of my life, weighing as much as 200 pounds. Now I am down close to my ideal weight. I have a new attractive wardrobe because the old one no longer fits. I learned how to apply make-up properly. Instead of just blow-drying my hair, I've learned to style it. I look and feel better. I'm not always comfortable with this new image but we are all learning to enjoy it. Learning to take care of our body was a major challenge but we have made great strides toward this goal and will continue to do so.

## Gettin' It Together

By Sandi

I get

so weary  
always  
sorting the  
Stuff

for this  
goddamned  
committee  
inside of  
my head!

this whole day  
I've been  
zigging  
till someone  
yells, "Zag!"

then Words  
on my Lists  
slipped  
right off  
their pages.

Agenda  
that's up  
front is  
switched to  
back burners

Projects  
of Lifetime  
Importance  
I find have  
been scrapped

My Major  
Undertakings  
are all taken under —  
at least now  
I know why!

am I gettin' it all  
Together?  
I guess doin' better  
with a long  
way to go...



*Believe the children...  
no matter how large...*

# Morning

By Wanaa C.B. (Scribe)

**A**s the dream faded, the Pain was the first thing I was aware of. Then the panic attack tightened its grip on me until I was soaked with sweat and gasping for breath. My legs struggled to get out from under the covers. My whole being fought the ever unseen, unheard, unexpected power that takes control over my body, emotions and mind whenever it wills. But, after years of these experiences, my mind wasn't as controlled as it had been, and I coaxed myself into thinking in a calm manner, detached from all the trauma that I was feeling. My mind began by acknowledging the presence of the Pain even though I dreaded what this new day would bring. Then I reminded myself over and over that the panic attack would end soon, it would be over! Hang in there and wait.

I reminded myself that I was not in any present danger, lying there in my own bed with a loving husband who slept peacefully right through all of my early morning terrors. It hasn't always been this way. In the beginning I would sit bolt upright in bed, screaming, or more likely I would begin whimpering like a terrified child. In spite of my present traumatic experience, I felt grateful that I could manage well enough alone to be quiet and let Ron sleep. As soon as the worst part of the attack passed, I quietly got out of bed, slipped on my running clothes, whispered in Ron's ear

where I was going, gave him a quick kiss and headed for my favorite place to run.

While I run, I think about the Pain and try to figure out what to do to resolve it, cope with it, and somehow unravel its source(s). Then there is the question someone inside always asks, "Will the Pain ever subside enough for me to function as a normal woman in this life?" And, if not, will I be able to stay alive and how long? All the fragments of myself have consciously struggled with this decision for almost six years now. Presently, we lean toward hope, although suicide is a seductive idea when Pain is at its worst.

Ideas come to me when I am running; sometimes really great ones just pop into my mind. Many of these ideas I have taken to my therapist and we've used some to bring about good breakthroughs in my healing. Yet, other times when I run, I think, "it is so, so hot", "I am so tired and heavy", "my legs and toes hurt", and other seemingly unpleasant thoughts. And sometimes I feel in awe of the beauty I see in this magnificent creation surrounding me and sense my part and place in it. When I die, I want to be cremated and my ashes scattered over this special spot of the earth. The source of so much of my healing has occurred or begun here among these few acres of land, trails, weeds, trees, lakes, turtles, and sky.

This morning, I run slowly on

aching legs, and am so preoccupied with thoughts of the Pain that I am aware of little around me. It is a hot and humid morning even this early, but I plod along with some deep inner faith that if I can just keep moving I will eventually conquer the Pain. So I move on, the many voices in my head vying for control. Most of the voices have methods for dealing with the Pain, but experience has taught me that most of these methods do not really work. Even though Cheryl can get dressed up and go on a shopping spree all day and enjoy herself thoroughly, eventually the distraction ends and the Pain comes back stronger than ever. And Mover can plan and carry out an unbelievable number of projects and activities, tiring our body until we can do no more. The Pain awaits and we have much less energy to deal with it after a few days with Mover in charge. The part of me who expresses an eating disorder can take over and binge, purge or fast and increases the Pain to an unbelievable degree. So I sort through the voices (Vera isn't very insistent on euthanasia this morning!) No great idea of dealing with the Pain comes to me while I run. So the Pain and I just keep on jogging down the road together. For now, I suppose it's for the best. We need to get to know each other better. We're not really on opposite sides. We are fragments of ONE Wanaa and united we stand, divided we fall.

MV

## More Survivor Ads

**Our enterprising Survivor Readers** keep coming up with new ideas. Attractive handwoven bracelets with ceramic beads that spell "SURVIVOR" are available for \$7.50 (includes shipping etc.) Your choice of rainbow or any solid color. Send wrist size, color and cash, check or moneyorder to Christine Guyler, 15 S. Wickham Rd., Baltimore MD 21229. Don't forget your return address!

**Marilyn, one of our readers,** would like to know if others share her problem of putting words to feelings and fears that have no words. Hypnosis did not work for her. She says "I feel stuck in therapy in regards to my severe fear of men and sex. I cannot discuss it and there seem to be no words that I can find to explain my severe fear. How can one heal when they cannot talk about it? I

so desire to be in a loving, caring relationship and be married and part of a family, but cannot seem to get beyond this point. I have made so much progress in all the other areas of my life. I feel that at age 45, my time is fast running out."

If anyone has suggestions, please send them to *MANY VOICES* and we'll print them or pass them on to Marilyn.

## INPUT

The first nationwide **Speakout about Incest and Sexual Abuse** is planned for Aug. 1, 1993 by *Bread for the Journey*, which sponsored a similar event in New Mexico last year. Survivors in 39 states and organizers in 17 states are already working to launch this effort. If you'd like to help in any way, call 1-800-578-1292 or write to PO Box 8117, Santa Fe, NM 87504-8117.

A reader states that TRAANS, a Canadian survivor organization, is no longer responding to inquiries.

**Kidpower**, a private non-profit organization, is dedicated to helping young people protect themselves via workshops in self-defense, presentations for adults, and Kidpower school programs. For more information and an updated schedule of activities, write Kidpower, PO Box 1212, Santa Cruz, CA 95061, or phone (408) 426-4407.

**Ritual abuse survivors** and advocates may be interested a new organization called *Reaching Out*. It offers audiotapes, printed material and other services. Write to Reaching Out at 1296 E. Gibson Rd., #218, Woodland CA 95776.

**The Institute for Psychological Awareness** is a new organization providing education and other services for mental health professionals and incest survivors. For information about programs and services, write to IPA, 18034 Ventura Blvd. #247, Encino CA 91316, or call 818/773-1230.

"**Fitness For Survivors**" is an exercise video developed by a survivor of child sexual abuse who is also a fitness instructor and trainer. Shereen Motarjermi says her techniques help survivors replace numbness in their bodies with physical feeling and improve self-esteem. Call 1-800-937-9905 to order.

A certified massage practitioner wants to correspond with someone to share information regarding bodywork and its effects with a multiple. Please call or write Joylyn Hague, Center for Creative Living, 1526 Mills Ave. Indianapolis IN 46227; 317/788-0539

## Body Image

By D.M.

**T**his is the first time I have written to *MANY VOICES*. First I'd like to thank all of you who share your personal stories in *MV*. It helps me know I am not alone with MPD.

I was diagnosed with MPD almost six years ago. In that six years I have done a lot of work and have grown enormously! (With the help of a fantastic therapist, of course.)

As a result of the kinds of abuse my people have suffered for me, many of us were left with distorted body images and poor physical habits.

Gucci, one of us, has recently done a lot of work. She says she has cut on the body for years; the last two times resulted in stitches. Gucci says the reason she used to cut was to get out the "Black-Bad Blood." When she cut the body she saw the blood as black. If she bled enough, she thought, then she'd get out the black blood, then she'd be good. Through a lot of hard work with our therapist, Gucci has come to realize that she doesn't have bad blood. And that she is not bad. She understands that the black-blood theory came from years of horrible abuse from our mother and the occult. They tricked her into thinking she was bad and they were good. Today she knows she is not bad. She works hard at helping others inside see this too. She wishes the scars she has left on the body will go away. Some will and some won't. But Gucci says she won't cut again — because she knows she is good

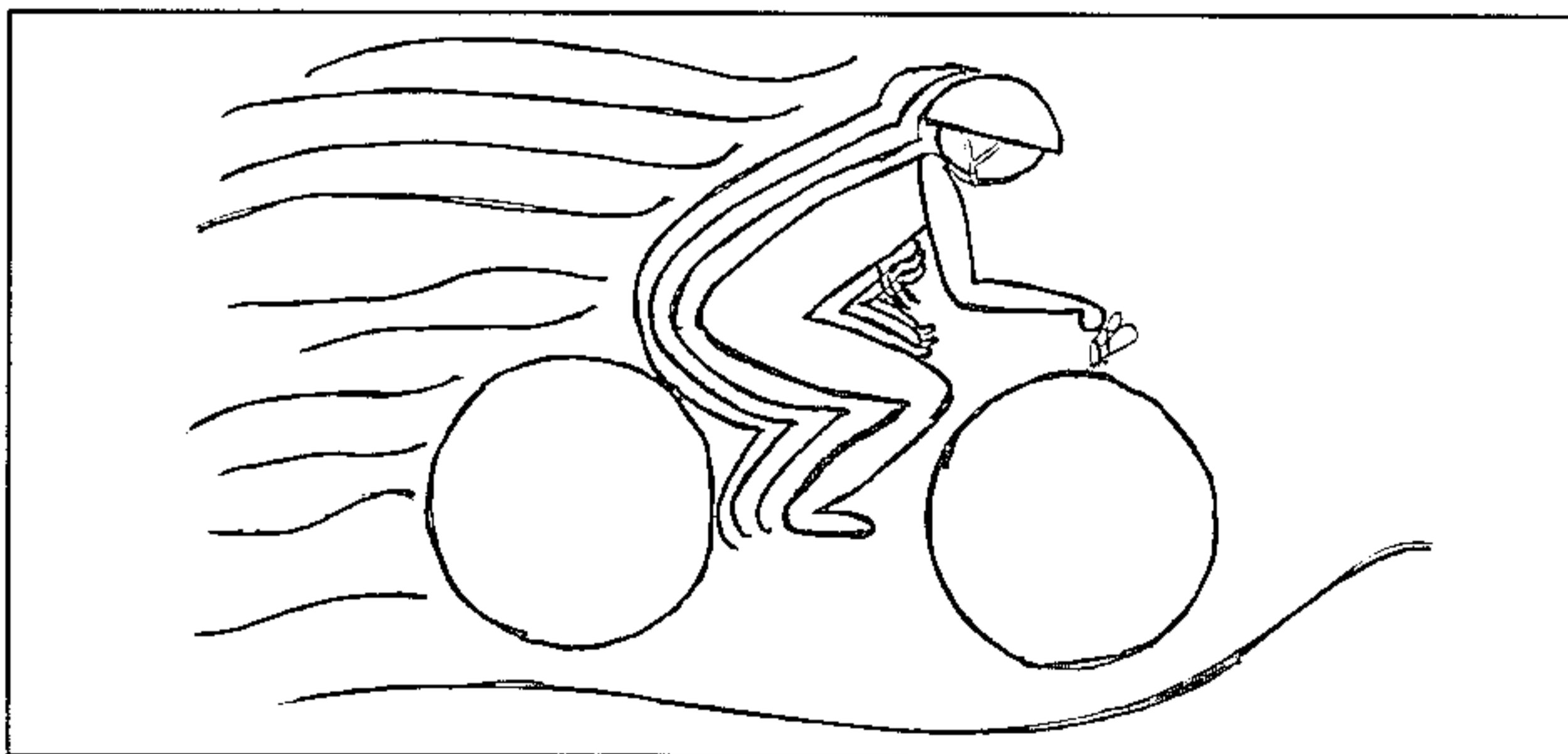
and to her, cutting is like letting our mother abuse us again. And we've all taken enough abuse for a life-time!

Also as a result of our abuse, many of us have eating disorders. Almost all of us have distorted body images. This is one area we are still working on. As a result of the eating disorders we have high cholesterol, at times we have been too thin, and other times have been overweight. Other times we have had to go to the emergency room for IV's because of dehydration from purging. We have many other health problems from this. But now many of us see that it is a form of self-abuse and we are all working hard to change it. It's getting better.

More and more often now, when some of us want to hurt the body we try healthy ways to express our pain. Writing, painting, talking and crying are becoming great outlets for this expression of pain and grief.

We're not perfect. We still fall into the old pattern of thinking we're bad and want to hurt ourselves. But for the first time in our lives we have HOPE! I am now a junior in college. I have a very supportive husband! I have broken the cycle of abuse — and am learning to love my selves! I will get well... I really believe that! And I thank each one of my peoples for the help they have given me.

May you all find such hope and recover — I believe you can! **MV**



# My Quest (—ions) for Healing

By the Out Team

**C**aring for my physical health has been a challenge. It has taken a long time for me to pay attention to my medical needs. There are a few questions I continue to ask myself along the way.

*Who decides if I'm sick or not?*

I do, after consulting with my doctor and trusting my knowledge of my body. If I think I'm sick and my doctor doesn't I persist with the doctor until he finds a problem or I'm convinced there is no problem.

*Can I trust myself to know when I'm really sick?*

I try to use the saying "to thy own self be true" when I'm struggling with the "realness" of my physical complaints. If there is doubt, I'd rather err on the side of paying attention to my complaints. If there proves to be a problem with my body, then medical care will be provided. If there is no problem I needn't feel silly, it's Ok to err on the side of health.

*Do I say I'm ill because I need attention?*

As long as I can remember I've felt ill. Until very recently I thought I was a hypochondriac, or that my illnesses were psychosomatic. I thought this because I knew I had a lot of deeply buried painful memories, and I knew these memories were screaming for attention. That's why when doctors had difficulty diagnosing my ills, I questioned the reality of my complaints and thought I must be feeling ill to get attention for the pain. Unfortunately, this pushed the painful symptoms deeper within.

*If I really am sick, why can't my doctors find out what's wrong?*

It took over twenty years of being told nothing was wrong, before I was diagnosed with endometriosis, arthritis, diabetes, carpal tunnel syndrome, and gall stones. I saw numerous doctors. I was told to lose weight, that I was obese. They said to come back if symptoms persisted. I thought they didn't believe me. The symptoms did persist; I didn't go back. What they didn't know was that I

couldn't trust my symptoms. No one (especially myself) knew then that one alter was experiencing the symptom and another was going for treatment. It took a long time for me to realize that I must take care of my medical problems. I had to keep seeking help, I deserved to be well, and I really did have medical problems. I had always denied my pain. I now know that I don't have to deny, I can insist, I can persist until the problem is discovered. Even if I make a mistake in interpreting a symptom, I'm doing the best I can to protect my health.

*Do they really not believe me or have I been conditioned to think that?*

I have been conditioned to think that way. I had been told since childhood that my perceptions were wrong, that I was a liar, and that no one would believe me. I have to work at communicating with my doctors, making sure I persist until they respond to my concerns.

*Will the doctor look beyond my obesity?*

Innumerable times I've been put off by doctors whose answer to all my health concerns is "lose weight". I am fully aware that obesity contributes to, and complicates medical diagnosis and treatment. However, I have a right to be respected and to be taken seriously. I also know that I'm doing the best I can, that just as being someone with MPD has helped me to survive emotionally, the fat has also served a purpose. I am slowly learning to cope, without dissociation, and a day will come when my food addiction will be dealt with. My medical problems are not caused by my obesity, but some are complicated by it.

*Will I be treated differently because of my diagnosis? Should I tell every doctor my diagnosis?*

I have the fear that I will not be taken seriously because of my psychiatric diagnosis. But, today I care about preserving my health and I make sure I get the medical attention I need. It can be

laborious to persist, and sometimes I want to give up. Telling our diagnosis depends on how safe we feel with a particular doctor, and whether we think the doctor has a need to know our diagnosis in order to get the best treatment for ourselves.

*How do I know what symptoms are current and which are body memories?*

I try to trust myself. I'm trying to find a competent, compassionate doctor who can struggle with me to distinguish this. I'm going to search until I find a medical provider that I can communicate with. I want my doctor to be concerned with how I feel, no matter what is causing the symptoms.

*Should I push to "do life as normal" and dissociate from the illness?*

Until I was diagnosed with MPD this is exactly what I tried to do. My body paid a price for ignoring the pain that was a symptom of more serious illness.

*Should I avoid tests, examinations because they remind me of traumatic memories? How do I get through these necessary examinations?*

This is a tough one for me. We do get there and go through them, but it throws us into a tailspin. We try to approach them intellectually, psyching ourselves out. The dissociation and manifestations of panic can be embarrassing, but we try to be patient with ourselves, knowing that this, too, will be easier some day.

*Am I a malingerer? Do "they" think I'm a malingerer?*

I had a job doing child abuse investigations. Dealing with my illnesses and the stress of my work became impossible. I was so tired and confused, it felt good to admit I was ill and stop working. But I felt guilty to be on disability. I just couldn't go on working, but I was afraid people would think I was malingering. I still sometimes feel like I should pull myself together and get out there and work. Then I remind myself that I am not lazy,

(cont'd on page 15)

**(Questions cont'd)**

that there will come a day when I can return to work. For now though, I must work on improving my physical and mental health. I have the right and responsibility to spend time healing, free from the demands of employment.

*Is it healthy to use dissociation as a form of pain management?*

Dissociation was a gift for coping when I knew no other way. But today, I can seek help with my problems. I can keep seeking until I get the help I need. I don't have to keep quiet: I can communicate my needs. This doesn't mean I have stopped switching during times of intense pain. I've a long way to go in understanding my system of coping. But I know I want to deal with pain and health matters by asking for help, and persisting until I get it. MV



## Books

### **Managing Our Selves: Building a Community of Caring,**

by Elizabeth Power · 1992 by E Power & Associates, PO Box 2346, Brentwood, TN 37024. 115 pages, softbound \$17.95 plus \$2.90 shipping.

Ms Power is a survivor and frequent workshop presenter on MPD/DD issues who has produced a very clear, well organized (8-1/2" x 11") workbook designed to help people who dissociate find ways to function better. Power has personal experience in functioning under difficult conditions. She owned and operated a business consulting firm long before she was diagnosed with MPD, and has continued this work successfully throughout her therapy. She also operates the MPD/DD Resource and Education Center, at the above address. The workbook format reserves most left-hand pages for description and discussion of important topics (Safety, Being Valued, Managing Triggers, etc.) while the right-hand page offers a few related questions and space for

a written answer. But this isn't the typical "sketchy" overview of the subject. Power has solid suggestions for improving one's situation that, if practiced, would surely help many more people be able to work and/or feel better about themselves. In my opinion, it's an excellent tool for healing. She has also recently produced a companion-workbook for Christians with MPD, *Managing Ourselves: God in Our Midst*, for those who wish to explore that aspect of spirituality.

### **Dissociative Disorders: A Clinical Review.**

Edited by David M. Spiegel, M.D. · 1993 by Sidran Press, 2328 West Joppa Rd. #15, Lutherville MD 21093 144 pgs. Paperback, \$13.95

This Sidran Press book is an inexpensive paperback edition of the Dissociative Disorders section of the American Psychiatric Press's annual Review of Psychiatry, Volume 10. Authors include leading names: Richard P. Kluft, M.D.; Richard J. Loewenstein

M.D.; John C. Nemiah, M.D.; Frank W. Putnam, M.D.; David Spiegel, M.D.; and Marlene Steinberg, M.D. Though written for an audience of Psychiatrists, *Dissociative Disorders* is accessible to educated lay readers as well.

By Lynn W.

### **Russ Trolls,**

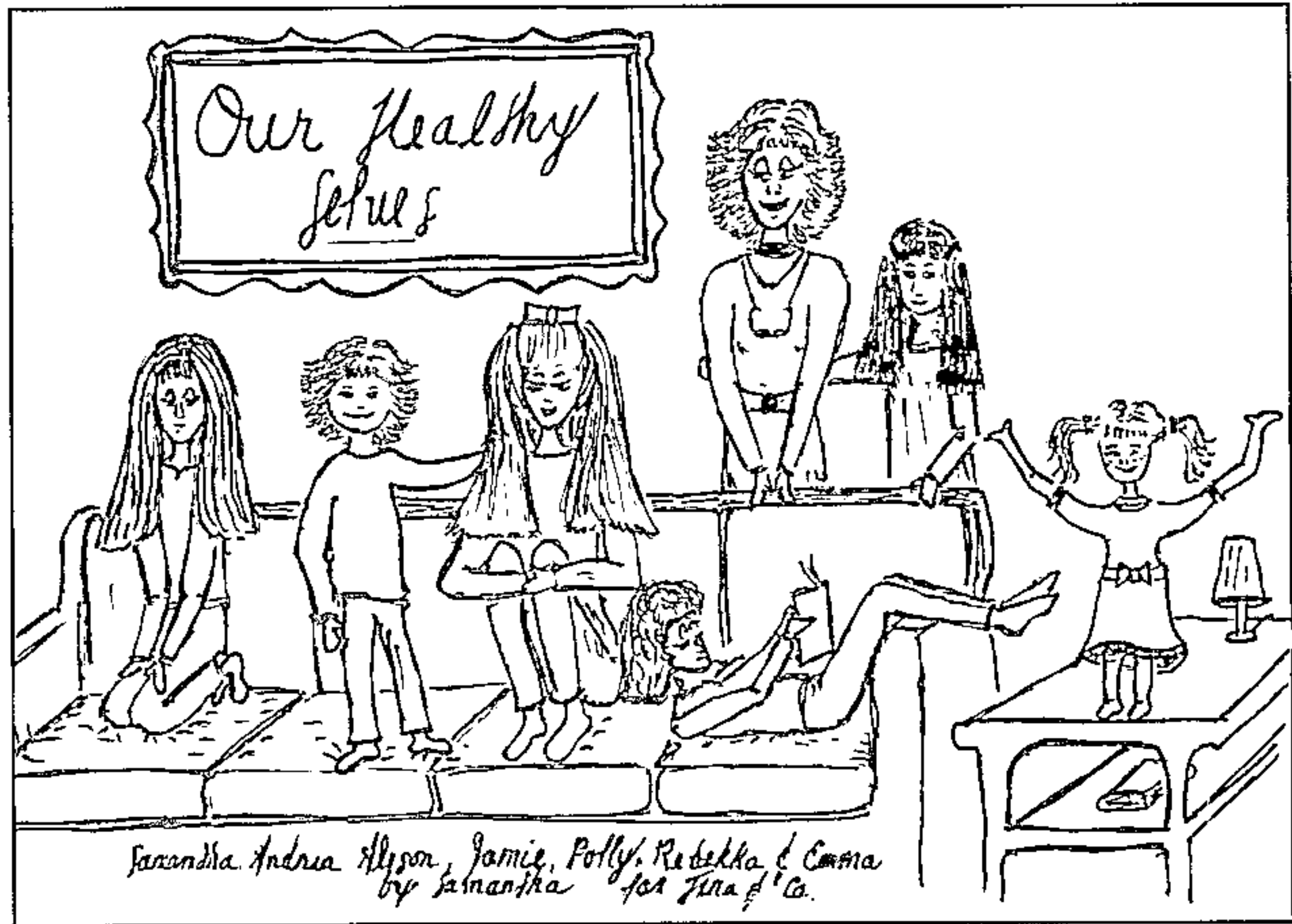
1992 by Russ Berrie & Co Inc A Golden Book, Western Publishing Co Inc., Racine WI 53404. Approx \$1.39.

I recommend Trolls, a coloring/activity book. I really like Trolls a lot and have a collection of them at home. They sit on my TV when they aren't visiting my therapist. The coloring book lets you make up your own colors for your trolls. The activities include making a magic wand, making a troll story book, and a troll mobile that hangs from a hanger. Everyone should have Trolls, or at least a Troll coloring book.

By Tanya

# MANY THANKS!

Thanks to all of you who send such wonderful material to help us help others! We appreciate everything you share with us, even if we can't print it all. MV is exploring new ways to present more of your work. We'll keep you posted. May strength and healing be your Signs of Spring! — LW



### 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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