

# MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

Vol VI, No.5

October 1994

ISSN1042-2277

In This Issue :

*Friendships, Inside and Out*

**PLUS: Two Features by Therapists!**

- \* Peter Barach PhD on Treatment Guidelines
- \* Ann Poplin MSW LICSW on Groups

*...and More!*



## Telling You

I dream about telling you -  
what my life was like.

I always needed to pretend I  
was all right.

If I cried, there'd be more pain.  
If I told, you'd die.

I never said a word. I plugged  
my ears.

I closed my eyes. I never made  
a sign.

You didn't know I feared the  
dark. My acting was that good?  
I pretended to be all right - so  
you wouldn't see my hurt.

Were your ears plugged? You  
didn't hear a word.  
Were your eyes closed? You  
never saw a sign.

Now I know, you couldn't see  
things I had concealed.  
You had no way to hear the  
things I wouldn't say.

I am trying to unplug my ears  
and open up my eyes.  
If you hear what I am saying,  
please give me a sign.

I dream about telling you -  
what my life was like.

Who knows -  
Some day I might.

*By P.B. Woelke*

# The Road to Learning to Fly

By Susan

Up until six months ago, I did not want to talk to anyone about therapy or have a support system. I thought I had to be alone and go through the pain of healing by myself. But my therapist said that was not true. He said in order to get better I should take risks. Shortly after that he said to me, "I wish you would learn to express your feelings."

Remembering that my therapist tells me things to help me, I slowly began to create a support system. I also began to learn how to share with the people in my support system, what I felt inside. And I remembered that my therapist said, "If you are close to someone and you share something personal about yourself, that person would say *thank you*." I thought about that and realized my therapist was right. Because on a weekend visit to see a friend of mine, when she shared a personal event from her past with me, I said "Thank you for sharing that with me." When I got home, I wrote to her and told her that I go to therapy once a week, as my way of sharing something personal from my life. It was much easier for me to communicate with my friend because of my therapist's words about sharing personal moments. It was also an opportunity for me to put some of my fear about communicating behind me and to take a risk.

My therapist's words also helped me to understand why my priest always seems interested in what I am feeling and experiencing in my therapy sessions. I realized then that my priest could be a part of my support system.

So I began to take small steps, away from thoughts of suicide because of my fear of people, towards someone who cared about me. And I told my priest that I hear voices and that I have a dissociative disorder. Upon saying that to him, I realized I had to give up going to a corner and sitting

alone and being afraid to talk. It was at that moment I remembered that although I was expanding my support system beyond my relationship with God, I knew God would still be with me. I knew that if I asked God for help he would hear me. Each time I walk down the three outside steps of the building my therapist owns, to go back into the world, a world I often feel is too big for me, God helps me leave the porch and go down those steps. He takes my hand and I go with him.

I am working at taking the risk of walking, away from the windows I want to jump out of, to the rooms where the people I chose to help me are waiting. Only from those rooms will I learn to fly with the seagulls. From the windows, I will only fall, and never have the chance to fly away from the pain inside me. I've learned that I shouldn't die. The *pain* should die.

When I meet people who are not part of my support system, and I don't think they can be, I've discovered that the other parts of me don't come around, except in my head. I hear their voices but they don't speak out loud. The same thing happens when I correspond with someone who does not know I dissociate. My other personalities do not write any part of the letter, except to help me find words. So I hope to be able to start corresponding with more people.

Occasionally, I catch myself thinking again about being alone and that I am afraid to talk, and I look for a corner somewhere to hide in. Despite hiding within myself, I'm still going to fight my fear and take small steps forward towards God and towards the people I can talk to. And I hope that I will become stronger as I take each step forward, so that I can stop being afraid of being close to people, and of writing to people who dissociate like me.



## My Friend

*My friend has gone  
where the only voices heard  
are her own*

*A self portrait that  
distorts her true beauty  
reflects its images before her*

*Her warmth, once glistening  
like multi-colored rainbows  
is camouflaged beneath  
clouds of pain and sorrow*

*A long Journey to  
find answers  
she courageously takes  
alone*

*Words of comfort  
fail to penetrate  
the shadows in which  
she now resides*

*Patience must endure  
as I wait outside  
for her return.*

By Jesse K. Michael

### Greetings

Knock! Knock! -Who's There  
 Inside of my oneness are many  
 puzzling complicated selves.  
 Do we really exist or are we a  
 fabrication of our imagination?  
 Me is We upside-down, but what is  
 Us?  
 Individuals — yet alike in so many  
 different ways.  
 Emotions filled with passionate fear,  
 anger, and sadness pulled in every  
 direction creating a whirlwind of  
 confusion.  
 The storm before the calm.  
 Their voices make my heart pound  
 and my stomach churn.  
 Are these feelings mine, theirs, or  
 ours?  
 I listen quietly and with patience.  
 I hear them in my mind loud and  
 clear.  
 I speak to them from my heart.  
 Separate - and show yourselves to  
 me.  
 I will try to not be afraid.  
 I need to know you — I want to  
 understand you.  
 I hope you will like me?  
 My name is Alice.  
 What is your name?

By Alice T.

MV

MANY VOICES wishes to thank the following generous contributors for their help in supporting our work:

**Angels:**



**THE CENTER FOR TRAUMA AND  
 DISSOCIATION**  
 4400 East Iliff Avenue  
 Denver, Colorado 80222  
 1-800-441-6921  
 Dr. Nancy Cole, Clinical Director

**Advocates:**



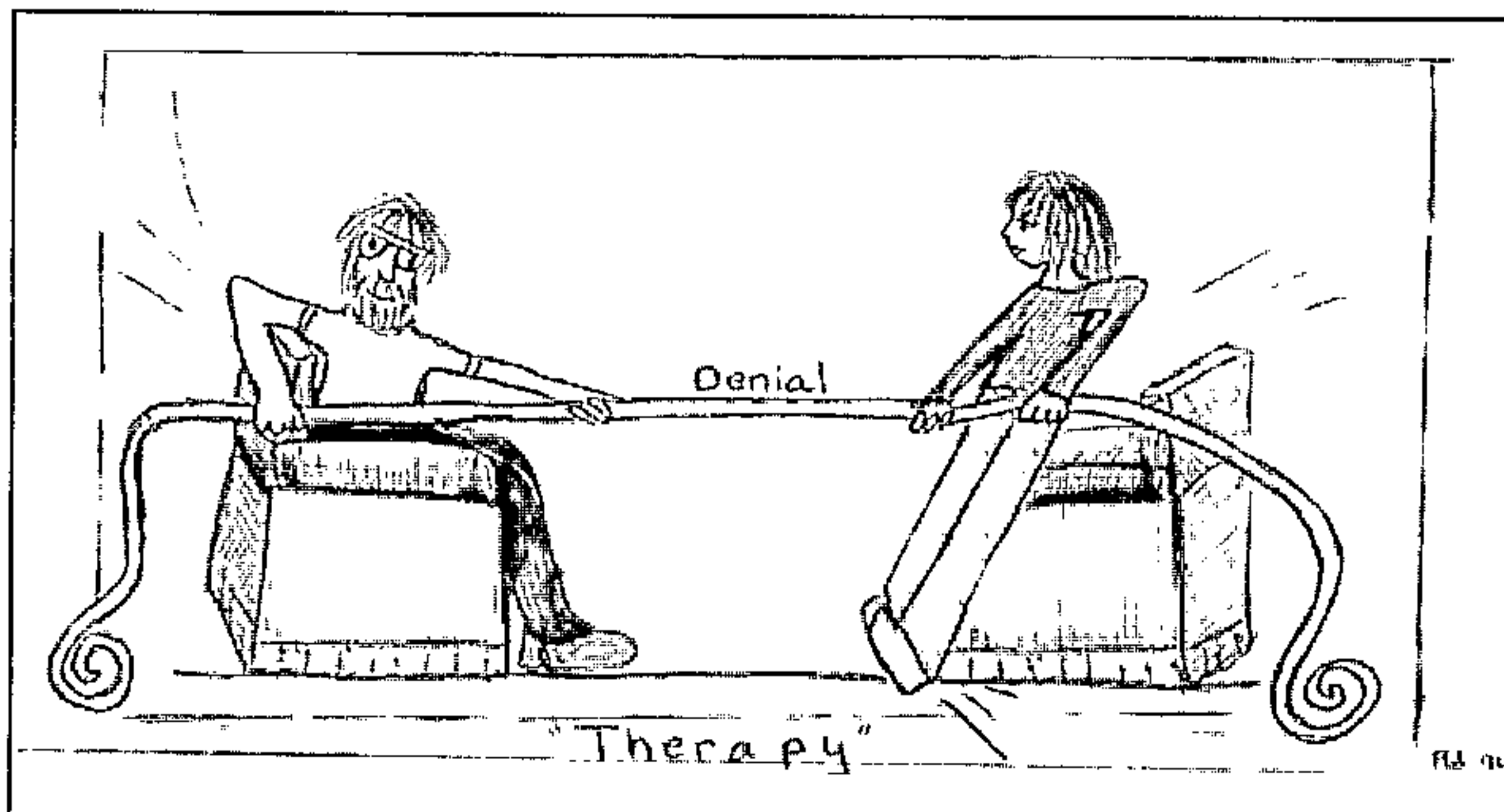
**NATIONAL TREATMENT CENTER for MPD  
 and DISSOCIATION**  
 Del Amo Hospital  
 23700 Camino Del Sol  
 Torrance, CA 90505  
 1-800-645-3305 or 310-530-1151  
 Walter C. Young, M.D., Medical Director

**Friends:**

**CENTER FOR ABUSE RECOVERY & Empowerment**  
 The Psychiatric Institute of Washington, D.C.  
 4228 Wisconsin Avenue N.W.  
 Washington, DC 20016  
 1-800-369-CARE  
 Joan A. Turkus, M.D., Medical Director

**RENAISSANCE TREATMENT SERVICES for Dissociative  
 Disorders**  
 Green Oaks at Medical City Dallas  
 7808 Clodus Fields Drive  
 Dallas TX 75251  
 (214) 991-9504 Ext. 868  
 Robert J. Herbert M.D., Medical Director

*These organizations are not affiliated with nor have input to or control over the contents of this publication. MANY VOICES and its staff have no influence on their operations.*



### A Poem For Jeff

By Diane (15 yrs old)

Therapy to me  
 feels like a tug-o-war  
 Pushing forward  
 Pulling back  
 Resistance vs perseverance  
 Always a struggle  
 But there are no losers in this battle,  
 though it feels I have lost at times.  
 For my therapist is on the same side as I,  
 even though he is at the other end  
 of the rope.

*With love from everyone in Rosemary*

# Therapists' Page

by Peter Barach, Ph.D.

Peter Barach Ph.D. is a psychologist in private practice at Horizons Counseling Services, Inc., in Cleveland, Ohio. He chairs the Committee on Standards of Practice for the International Society for the Study of Dissociation.

The Executive Council of the International Society for the Study of Dissociation (ISSD) recently adopted a set of treatment guidelines for DID (Dissociative Identity Disorder - formerly known as Multiple Personality Disorder.) I'd like to tell you how the guidelines were developed and what they include.

*Guidelines for Treating Dissociative Identity Disorder (Multiple Personality Disorder) in Adults (1994)* describes the state of the art in treating people with DID. The ISSD's Committee on Standards of Practice wrote the document over a period of three years. The *Guidelines* were mailed to ISSD members in August, and the ISSD has copies of the *Guidelines* for sale to others (\$5.00 for members, \$10.00 for non-members; write to ISSD, 5700 Old Orchard Road, First Floor, Skokie, IL 60077.) The *Guidelines* can be used by therapists wanting to know if their treatment approach falls within a recognized standard of care, by attorneys evaluating the adequacy of treatment provided to a person with DID, by managed care companies evaluating what treatment for DID is considered appropriate, and by people with DID wanting to take a look at the adequacy of the treatment they are receiving.

The Committee took several steps to insure that the *Guidelines* represent general knowledge about effective treatment, and not merely the opinions of one or two people. First, the committee included 14 members with divergent outlooks on DID and its treatment. Almost all of the committee members were active in writing, rewriting, and commenting on the nine drafts of the guidelines over a three-year period. Their ability to find common ground suggests that one particular viewpoint did not dominate the construction of the document. Second, the final version reflects the comments of over 100 ISSD members

to a draft published in the ISSD *Newsletter*. Third, and perhaps most importantly, we carefully wrote the *Guidelines* so that they do not purport to substitute for the therapist's judgment: the *Guidelines* "describe what experienced clinicians would recommend as optimal treatment in the usual situation; exceptions exist, and each patient must be treated according to the treating therapist's judgment as to what is appropriate for that patient in a particular treatment situation."

The *Guidelines* give a general outline of what clinicians know or believe to be helpful in treating DID. They describe the general goals for treatment, and outline some of the characteristics of effective treatment.

The *Guidelines* advocate integration as an overall treatment goal: "Wherever possible, treatment should move the patient toward a sense of integrated functioning...The DID patient is a whole person, with alternate personalities of adult patients sharing responsibility for his or her life as it is now. In the psychotherapeutic setting, therapists working with DID patients generally ought to hold the whole person to be responsible for the behavior of all of the alternate personalities." The *Guidelines* also clearly oppose the therapeutic practice of attempting to create new alters on purpose, and of urging the patient to ignore or "get rid of" alters.

The *Guidelines* describe the nature and intensity of the generally recommended treatment for DID. They suggest that the optimal treatment for DID is individual psychotherapy twice a week, allowing for a range of one to three sessions per week in many common situations. If sessions are more routinely more frequent than three a week, the therapist is asked to be aware that s/he risks fostering regression and undue dependence. It's also suggested that if

sessions longer than ninety minutes are used, they should be structured and have a specific focus. The typical length of outpatient treatment is described as a minimum of three to five years, with six years or more being the norm for more complex patients. Inpatient treatment is ideally designed to help the patient reach specific goals so that outpatient treatment can be resumed. The *Guidelines* point out that group therapy is not generally considered a primary treatment modality for DID, and that scientific findings have been mixed about the usefulness of group therapy.

Many aspects of the *Guidelines* relate to the need for the therapist to establish clear boundaries for the treatment. For example: "Generally, offering regular, unlimited telephone contact is not helpful, but providing for limited availability to the patient on a predefined basis is essential." The *Guidelines* also suggest that treatment generally should take place in the therapist's office, with sessions having a predetermined starting time and (most of the time) length. Concerning physical contact: "Physical contact with a patient is not recommended as a treatment technique. Therapists generally need to explore the meanings of patient requests for hugs, hand holding, and so forth, rather than fulfilling these requests without careful thought and consideration." The *Guidelines* also state that sexual contact with a present therapist is always wrong; they add, "Because DID patients have a relatively high vulnerability to exploitation, and because of the intensity of the therapeutic interactions that DID patients have with their therapists, any sexual contact a therapist might have with his or her former DID patient would be likely to be exploitive and therefore inappropriate." This statement is in the *Guidelines* because of a statement in the Ethical Principles

of the American Psychological Association that allows sexual contact with a previous therapist under certain specific conditions.

The *Guidelines* take a middle-of-the-road position concerning the accuracy of recovered memories of abuse. They state that discussion of abuse memories is central to treating DID, although it is not by itself a treatment. The *Guidelines* urge the therapist to avoid telling the patient either that such memories are true or false. They also summarize the range of therapist's opinions concerning the literal truth of "patient reports of seemingly bizarre abuse experiences," but suggest that therapists ought not to take extreme positions on this abuse in the therapy setting.

The *Guidelines* address the role of hypnosis in treating DID. They note that research literature shows hypnosis (mixed with psychotherapy) to be the common treatment method for DID. The *Guidelines* emphasize the use of hypnosis for containment of intense feelings and for supportive purposes, but not for the purpose of dredging up

traumatic memories. Referring to research on hypnosis, the *Guidelines* recognize that trance can make people unduly confident in the reality of what they experience in trance, whether or not the trance is created by the therapist or by the patient. Therefore, the therapist is asked to be aware that leading questions can "result in the patient experiencing trance phenomena as physical realities."

The *Guidelines* also state that therapists should not encourage their patients to go before the news media to present their symptoms and their histories, since this kind of encouragement from the therapist may consciously or unconsciously exploit the patient.

I think that some people with DID will be happy with the *Guidelines* in that they provide clear guidelines for treating DID when the whims of managed care companies have sometimes interfered with effective treatment. Also, the *Guidelines* advocate an evenhanded approach to the alters, and suggest that the patient be treated as someone who is responsible and capable of fulfilling

reasonable expectations for participation in the treatment. However, others with DID will not be so happy, particularly those who believe integration is not an appropriate goal for treating their condition, those who believe DID is not a disorder, and those who expect unlimited giving by the therapist will meet their needs for treatment.

I hope that the *Guidelines* will be useful in helping people with DID to get appropriate treatment from their therapists, and in protecting them from unwise or inappropriate treatment practices.

The *Guidelines* are never truly finished, and will be revised at intervals to reflect new scientific advances in the field. Also, it's likely that another set of guidelines will be written concerning the treatment of children with DID. After reading the full text of the *Guidelines* (and not the summary here), please send any suggested revisions to me at 5851 Pearl Road, Suite 305, Parma Heights, Ohio 44130.

MV

Dear MV,

*The last time I was in the hospital I met a very special nurse. I've been working on the enclosed poem for a long time, I wanted it to be a tribute. I was having a hard time leaving the hospital and Carol was trying to help me feel better about it. I would like her and other caregivers to know how much one simple gesture can mean to people like me.*

Janice D.

### The Angel Mother

She held my face gently between  
her hands  
as her thumbs softly brushed away  
the tears.  
My eyes searched hers. I could see  
caring and understanding.  
She held me close and her  
tenderness  
warmed my soul.

For that moment, I bonded with  
someone in a way I had never known;  
to be comforted, to be held close,  
to feel loved.

This Angel Mother became a part  
of me.  
I wasn't alone in the anger  
and in the pain.

*Please, Please don't let me go.  
Don't send me away. I need more!*

I wept for my children who had  
never known such kindness.  
They peered out at her through  
wide, teary eyes  
and many little arms cautiously  
reached outward.

Such a comforting warmth bonded  
us within, one to the other.  
A wondrous peace prevailed in the  
circle of the Angel Mother's arms.

But my time had passed. *Please,  
Don't make me go!*

We watched her walk away and the

familiar screaming and wailing  
resounded in my head.

She can leave us behind, but we  
hold in our hearts  
renewed hope, revived faith, that our  
"being" has worth;  
that we are not too repulsive to  
fold in one's arms.

Did she know?  
She touched our hearts.  
She soothed our souls.  
She shared our pain.  
A light in my darkness;  
The Angel Mother  
was mine.

By Janne

# Making Friends

I feel I risk my whole life, my whole being almost every time I consensually walk out the door to be with people (sometimes with those deemed "safe"). I work for and urge full presence of all my parts. That is, I give permission to hide, sleep, or stand armed at sentry posts to ward off intruders or to "drag me off to safety" if I begin to dissociate in the presence of insensitives, energy vampires, and violators. "But please be here with me," I ask. When I catch myself leaving, I check inside, reassure safety, and assess cause of dissociation. "Do I need to excuse myself?"

I've had to change. I withhold blind faith and trust in others, regardless of their titles or their "talk". I listen and watch for red flags — mostly judgments, labels and what makes those others laugh. I'm outta here if it's laughter at another's expense. Restraint is hard for me — a vivacious and enthusiastic triple Gemini with lots to say and experience, with strength and hope to share. Until recently, I knew no strangers, and I held onto the myth that the world was a caring and safe place to be, believing that I experienced hurt and pain because I was bad, worthless, and deserved only scraps of good or others' yuck. That's because of false programming and no boundaries. I have some boundaries now and my own Truth. Anyhow, in new situations, I listen and watch first, then little by little introduce myself and let myself be known.

And I hold my Truth. Sometimes Truth about me seems like a shaggy big and faithful Teddy Bear. I don't freely or indiscriminately share it but I always hold onto it. (Thanks Liz) I remain in circles that will validate the importance of survivors, and reach for the good life has to offer now and in the future. And when I get put off by what another says or does, I remember that person is another with deep wounds too, and I don't have to react in a way that adds shame or rejection to their current experience. That is something new to me and I feel a sense of pride in my selves when we are compassionately quiet instead of

righteously indignant. After all, I have my Truth about myself.

Not many people who know and love me understand me or understand about me. My past, my parts are too scary, too painful for them to comprehend, much less experience, even on an intellectual level. So I look for the common ground with new acquaintances or groups and build from there. I've only been doing that for the last 2-3 months and VOILA! the world (not just "my world") is beginning to hold some safe places for me to be. Triggers still happen, even in the best circumstances, and I still live in fear of being hurt. Yet I am healing, growing wiser and stronger, and we are venturing out. Thanks Liz, Angels, All There Is, and All of me.

*By Jerri, Jeri and the Kids*



We have a lot of pen pals from seven different states. We met many of our pen pals through our angel coloring book project. We like having pen pal friends. Sometimes we feel down and depressed. Our pen pal friends cheer us. They give us words of encouragement and meaning to live. We learn how they cope and make it through another day. We also try to be supportive of our friends. We exchange kid stuff like stickers, coloring pages, arts & craft creations, and story book finds. We love having pen pals. Some pen pals we write weekly, and others we exchange letters. If we can't write, we try to let them know why. We don't want any pen pal friends to get hurt feelings.

*By Rainbow Inc. Kidz*



Creating my own healthy circle on the outside has been tough. In the fall of 1993, my partner and I set up a formal "support team". This arose out of the need for me to have more

support than my partner could provide. She would become overwhelmed as one crisis after another would occur. The team has proved invaluable as a support for me and my partner. Creating this team is an essential part of my recovery.

One of the hardest things for me to do with the team members, one male and five females, is to decide how much of my abusive past to reveal. When we set up the team I did tell them the basics of my diagnosis and about some abuse. However, there were some things I did not tell them and still have not. I try to give them what information they need to support me.

Setting such boundaries was quite hard at first. It is getting easier. It is a fine line between appropriate disclosure and disclosing too much, then feeling exposed and vulnerable. Plus some on the inside clearly do not want me to say some things. I used to ignore that and not be respectful. Now I realize respecting my inside feelings means respecting myself as a whole. The more I listen inside, the more help I get in deciding what is and is not appropriate for me.

The whole process of boundaries has been an ongoing struggle for me. I now am better at asking people I trust about certain things and situations. They help me process and be true to myself, yet be safe. I have learned that much of life is not either/or. I do not have to tell all about myself and I do not have to be totally silent. There is a middle ground. With help from the inside and the outside I am finding a new way to be. That new way involves more room for "both/and", and less room for "either/or".

*By Nancy F.*



I made a friend in a DID support group run by a recovered multiple at her holistic healing center. Other members of the group have developed

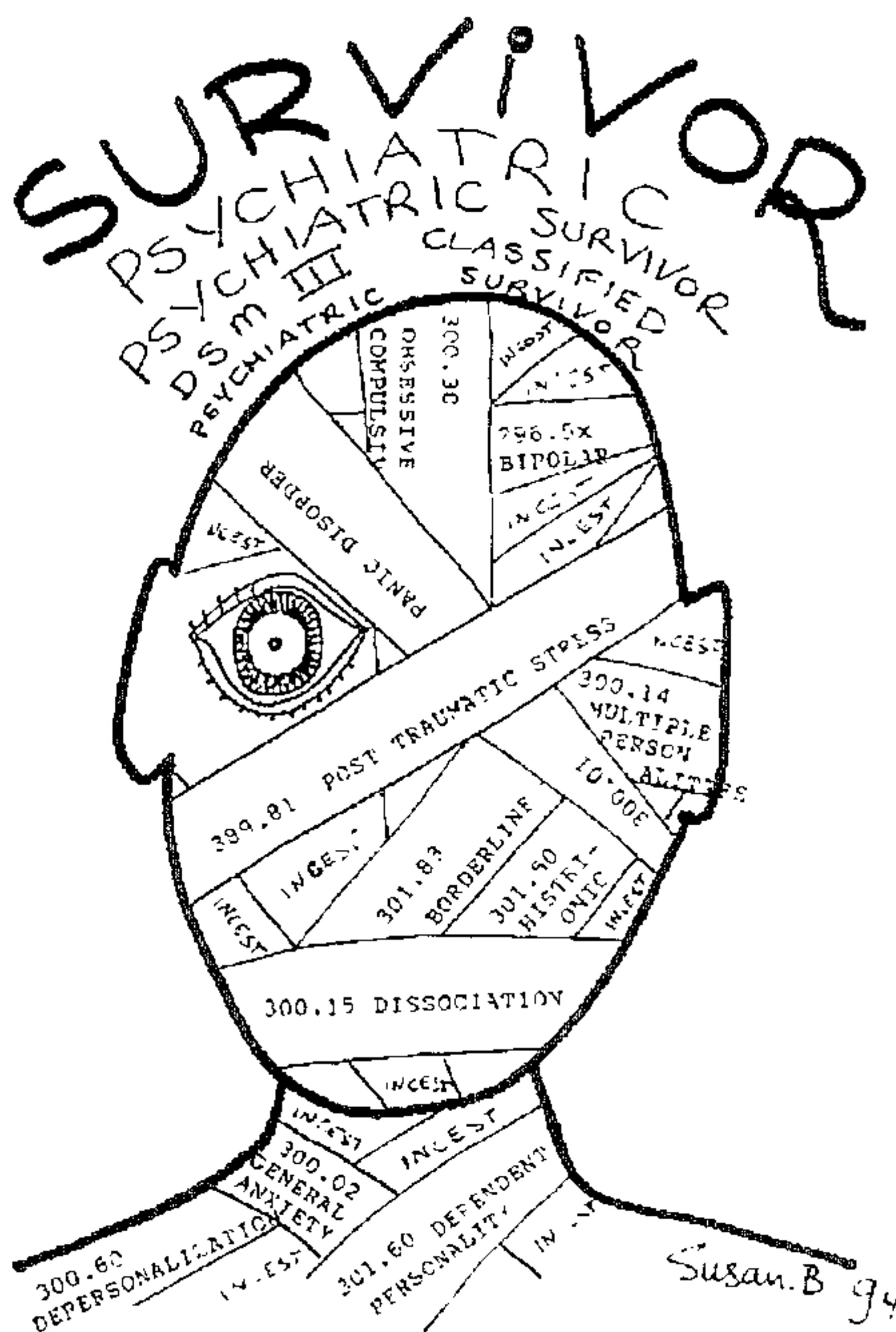
friendships outside of the once-a-month meeting place. For the most part, this group has been an extremely positive experience; at first there were some misunderstandings, but they have been resolved. Our rules, termed *etiquette*, are very similar to PRISM (an already-well-established support group for DD).

The group was a safe way to meet other multiples and discuss topics that seem alien to ordinary folks. It was validating to find a group of kindred spirits. Our group is mostly women; we have only two men so far. Some members are newly diagnosed, others are veterans of therapy. The members' diverse levels of functioning give the group a dynamic thrust toward achieving health. Our leader believes integration is not just bringing personalities together; it's the harmony and union of mind, body and spirit.

My friend and I are on the same wave length. We are both high functioning and have very controlled and cooperative complex systems. Not only is our manner of relating to the environment alike, we have very similar interests. For example, we are both avid "Trekkers". We love the Original, Next Generation, and Deep Space 9. Many of the plots are allegories to our beliefs and experiences.

In a past issue of *MANY VOICES* I remember reading about a client showing her therapist a segment of a Star Trek movie to help explain her system of levels. As for my friend and I, we can empathize with the B'jorans whose peaceful ways were interrupted by oppressive Cardassian occupation. We can admire the Klingon's strength and code of honor, and we can loathe the cunning and brutal Romulans. As for the renowned Mr. Spock, that type of character comes in handy to make logical and reasonable decisions. Even though Spock appears dispassionate, he has emotions that are repressed (dissociated) to maintain his analytical orientation. My friend and I also have Interplay's Star Trek 25th Anniversary computer game.

By M. E. L.



### Resources

The 11th Annual Conference on Dissociative States (the renowned "Chicago Conference") will be held Nov. 3-5, 1994 at the Marriott Hotel Downtown. Sponsored by Rush-Presbyterian-St. Luke's Medical Center, and organized by its dedicated DD Program Chairman Bennett G. Braun, M.D. and his indefatigable staff. Includes Pre-Conference Workshops, Mini-Workshops, and the core Scientific Program. Held in conjunction with the Annual Meeting of ISSD. A *must* for professionals who want to stay current with the latest research and treatment of dissociative disorders. Call 312/942-7095 for info!

**Multiple Personality and Dissociation, 1791-1992: A Complete Bibliography, Second Edition** is available now from Sidran Press. This updated version is edited by Carole Goettman, BA, George B Greaves, PhD, and Philip M Coons, MD. It contains citations of scientific articles, chapters, and books published as recently as Nov. 1993. Priced at \$19.95, this volume is ideal for clinicians, researchers, librarians, students, attorneys, and anyone who needs the latest in bibliographical reference material. Write or call Sidran at 2328 West Joppa Road, Suite 15, Lutherville, MD 21093. 410/825-8888.

**Oct. 1, 1994: To Tell The Truth: SPEAK OUT** Nationwide conferences. Check with the National Coordinator for the event nearest you: Resources for Sexual Abuse Survivors: 206/609-0622. Local SPEAK OUTs include the following:

**Rhode Island Regional Conference** for survivors of sexual assault and their supporters. Keynote features Judith L. Herman, M.D. Contact Survivor Connections, Inc. 52 Lyndon Rd, Cranston RI 02905-1121. 401/941-2548.

**Speak Out Ohio:** Artshow, Poetry reading, Creative Expression. Univ. of Akron, Akron, Ohio. 10 AM, 6 PM. at Guzzetta Hall, Recital Hall & Williams Atrium. Call Michele, 216/972-6823 for more info.

# Therapists' Page

by Ann S. Poplin, MSW, LCSW

Ann S. Poplin, MSW, LCSW, is a Clinical Social Worker in private practice in Huntsville, Alabama. She presented information about her experiences working with multiples in group settings as a member of a panel presentation "Dissociative Identity Disorder: Hypnosis, TV, and Videotaping" at the Alabama Council of Community Mental Health Boards 19th Annual Conference in September 1993.

***"May I meet one of your other multiples? I want to see if she looks as crazy as I feel."***

**W**hen Tina posed this question shortly after we had confirmed her diagnosis of MPD (DID) last year, the decision to form a group for clients with this diagnosis was a clear directive for me. Since I had been facilitating three other women's groups each week, a group for these women seemed a natural step in helping to support and encourage their recovery.

A search of the available literature regarding group work with persons possessing multiple personalities revealed somewhat startling information! Almost without question, articles about group work with dissociative clients were less than encouraging about the value of group work and the success of similar therapy sessions. Most of the articles were about experiences with clients in inpatient treatment and described chaotic sessions with periods of extreme acting-out behavior that were disruptive for everyone in the group and malproductive. Rigid rules were formulated to attempt to control these behaviors, including "clients must remain in their chairs throughout the sessions" and "no alternate personalities were to present themselves" during the session.

Drawing from these references, I worked to develop a list of guidelines for a group participating in outpatient therapy in a community mental health center. Among the guidelines were the usual group requirements: confidentiality was of highest

importance and must be observed at all times; regular attendance was encouraged for each individual as well as for the group's continuity; participation was encouraged from each member in whatever degree they felt comfortable; and each member must be in their own individual psychotherapy and give written permission for access to their therapist. Suggestions for the optimal benefit of members included: striving to stay present in the group by centering and maintaining eye contact with the person speaking; insuring that there would be no physical violence within the group (some members were insulted and said they had not anticipated any violence; we discussed the broad meaning behind the item and agreed that it did not need to be reiterated unless the threat of violence came up, and it never has!); and encouraging alters presenting to identify themselves to the group. It was fully explained that this group setting was not the place to work on old traumas, to process flashbacks, or to have abreactive experiences. Members understand that this material is appropriate for their individual therapy sessions.

The first meeting of the MPD Therapy/Support group was a time of much anticipation and excitement. Electricity filled the air! Since most of the members had not met each other, there was much speculation as to who else would be in the group. The ice was quickly broken when one member remarked, "Well, you all don't look crazy at all!" Everyone agreed that those gathered in that room looked like most of the other people in the Mental Health Center on that day. With that beginning, the interchange between members and the leader flowed easily. Symptoms were shared with "Do you ever...?" and "How do

you handle...?" Later the group expressed much relief and delight that others had the same problems and struggles in dealing with being a multiple and that each member was not *the only one* with the problems. Questions about multiplicity in general ("Are there more women or men multiples?") and specifically ("Can people really tell when I switch?") were presented from our first meeting and continue to come up regularly. I seek to supply specific information from published sources in response to questions, when possible. Other queries are often thrown back to the group for their input and problem-solving. Since I believe that these multiples are more expert about themselves than I could ever possibly be, I encourage participation and sharing of experiences between members as a way of identifying positive and negative behaviors, and defining more positive behaviors when possible. Education about DID, what it is, why it happened, how it works, and how to live with it more successfully, are frequent topics of discussion within the group therapy sessions.

Our group format has been quite flexible. Some structure was agreed-upon to give a sense of stability. There was full agreement that the opportunity to talk to each other about common concerns was the most-sought experience for each and every member.

There was some reluctance expressed initially about bringing in outsiders for presentations to the group. After a few weeks, the group was willing to have the Center Pharmacist come to discuss their questions about medications. The Center Psychiatrist also met with the group for one session.

The most successful guest in our group was an integrated multiple who



is willing to discuss her experiences before and during treatment, and since integration. Group meetings with "M.M." are always welcomed by the members as they express the belief that, through her, they can see someone who has overcome the dysfunction of being a multiple and now leads a more "normal" life. She is described as giving them hope that they too can become a "single" some day and have full awareness of their life.

The issue of trust is constantly addressed either directly or indirectly in our group sessions. In spite of the quick ice-breaker at our first meeting, there was still some obvious reluctance to reveal information displayed by the members. Any change introduced into the group, be it a new member, a guest, a change in day or time, causes some uneasiness. I state repeatedly that being careful about whom one trusts with these long-held secrets is very smart. I remind the members that their trust has been abused throughout their lives and that the road to recovery includes learning when and where to allow others to become aware of their multiplicity and associated concerns. Members are encouraged to risk disclosure within the safety of the group, but their right to delay disclosure is respected. In most cases, the risk attempted turns out to be a

positive experience for everyone and brings some sense of self-confidence that a proper choice has been made. As we begin to actively seek new members to expand the group, the old feelings of danger about exposing themselves to unknown others are expressed. However, members have also expressed their wish to meet new multiples, offer them the support they believe they have gained from participation in the group, and receive more feedback from an ever-widening source of people.

At my request, current members of the group supplied their feedback about the group experience. There was an agreement that being with other multiples decreased their feelings of being alone with this diagnosis and that they "Don't have to keep the secret" while in group. They believe that the other members can best understand their concerns because they have experienced them also. The members state that they have also found friends from the group members. Although an alter of one client objected to homework assignments as causing "pressure to look at things I don't want to look at," the client stated "That is what therapy is all about." Each member described the difficulty of attending the early groups with other parts sabotaging their attendance. We believe that

group experience has helped facilitate their work in therapy. As a therapist, I am very pleased that I initiated the group setting and believe that continued group work will help the clients explore issues sooner than they might have, because they feel the support and encouragement of the others who can truly understand what it feels like to be a multiple.

Ross, Colin A. (1989). *Multiple Personality Disorder: Diagnosis, Clinical Features, and Treatment*. New York: John Wiley & Sons.

Putnam, Frank W. (1989). *Diagnosis and Treatment of Multiple Personality Disorder*. New York: The Guilford Press.

Bloch, James P. (1991). *Assessment and treatment of Multiple Personality and Dissociative Disorders*. Sarasota, Florida: Professional Resource Press.

Bryant, Doris; Kessler, Judy; and Shirer, Lynda. (1992). *The Family Inside: Working with the Multiple*. New York: W.W. Norton & Co., Inc.

"Group Psychotherapy." Fourth Annual Southeastern Regional Conference on Dissociative Disorders. March, 1993, Atlanta, GA.

MV

## Resources

**Sexual Abuse Resources from Monarch Resources.** Recorded info, support groups, booklists, packets, hotlines. Call 1-900-988-9896 X764 on touch tone phone. Under age 16, ask parents. \$2 per minute, maximum cost \$10.

**Survivors of Incest Anonymous**, 12-step self-help recovery program, has a new phone number & address: Write SIA, World Service Office Inc. PO Box 26870, Baltimore, MD 21212. Or call 410/433-2365, for resources, speakers, etc. "We welcome media attention".

A 45-page selected book list for Adult Survivors of Incest/Childhood Sexual Abuse is available from an academic librarian and survivor. For your copy, send \$5 check payable to Margaret Eide at 1206 Franklin Blvd, Ann Arbor, MI 48103.

A reader tells us of a current legal case in Gilmer, Texas that's receiving attention. Fifteen children made allegations of abuse to case workers. At first these claims were believed and supported by the state investigators. Later, as the reports became more detailed, some persons believed that social workers planted the stories in the children's heads. An alleged perpetrator filed a civil suit in Federal Court against the case workers and investigators. Now the state refuses to provide independent counsel to represent the case workers. A legal defense fund has been established at the First National Bank, c/o Sammye Johnson, PO Box 1028, Marshall, TX 75671-1028. 903/935-9331. Acct # 540055-4. MV suggests you write to the following address for more information before sending money: Angela Broyles, PO Box 885, Monroeville, PA 15146.



# Improving Inside Friendships

I was diagnosed about 18 months ago, even though I always knew the others were there. One thing that has really helped us have a healthy inner family is that we have baby dolls that look like the kid alters and we dress them up and do hairdos, and talk to them and love them like they should have been loved before. This helps with communication inside. We are still not all co-conscious, but it helps with the kids hear others being loving towards them. Think of the things you needed then, like being read to, and you can do that now with the dolls. It feels really good inside! We hope this helps Somebody!

*By Rebecca, the Mommy inside  
Renee*



## Dear Little Lost One,

We have made you a picture. I want to tell you about the picture. That is you, sitting by the fire crying. It is in your world, at night. But see how the white and gold light shines down on you and circles around you? That is protection for you. The bright light is God's glory. You are special to God. You are His daughter and He loves you very much. God doesn't think you are dirty or bad. His loving light covers you and protects you. The evil ones cannot hurt you anymore. God won't let them. See how his anger shows by the lightning and the fire coming up out of the earth? The blue flame is the hottest fire. Patience wants you to know how angry God is at the evil ones for what they did to you. So Patience told me about the blue flame. Patience says the evil ones are accountable for the bad things they have done. That means you don't have to stay in your world anymore. It is safe to come out. God will punish the bad people. You don't have to worry about them. Not anymore. Because Jesus said "to command them in my name to depart." That means Jesus will always protect you

because they are afraid of God. God can do anything because He says "all things are possible with God." That means we don't have to worry about people hurting us anymore. God has more power than they do.

You are still precious to God. Nothing they ever did could make God not love you. God always is there. He did not stop these bad people, but He gave you a way to be strong and good. When you had to have a way out, God saw that we got what we needed. God is much wiser than any of us. As long as we listen to Him, not any of our mistakes will get us in trouble. God can straighten anything out. So He is straightening things out for you now.

It is OK if you feel like crying sometimes. He knows how bad you hurt when you remember. But if you don't want any man to touch you ever again, you don't have to. That is OK. We have that choice. That means we can do what we want to now. So we have choices. You need to understand choices too. You are little, but you don't have to stay in your dark world all the time if you don't want to. It is OK now to come out. We are out here and we like it. I am little too, but I get to do a lot of fun things sometimes. A lot of times I do what I want to do just to have fun. You need to learn what fun is, and you can have fun out here in the light. And no one will hurt you.

My name is Hope. I like my name because I always hope for things to get better and they always do, because God is our Heavenly Father and He loves all of us, especially you. We call our Daddy our biological father, and we aren't afraid of him anymore. He doesn't matter anymore. So, when we need something, or if we are sad, we talk to our Heavenly Father. He always listens and cares about us. He wants us to have good things and enjoy our life. We want you to come into our world with us because we love you too. We wouldn't want you to stay where you are and be sad anymore, if we can help you.

Maybe someday, you will feel good enough to talk to God like I do.

I talk to God about a lot of stuff. When I feel good I talk to him and I always try to remember to thank Him for all the things He does for me. This is called Blessings. Blessings are good things God gives us and does for us. God does this because we are His children and He knows how to love us and He likes for us to feel good. You don't know how to feel good, but you will learn. There are many things to feel good about when you learn about them. But the most important thing is the wonderful Father we have, and how much He loves us.

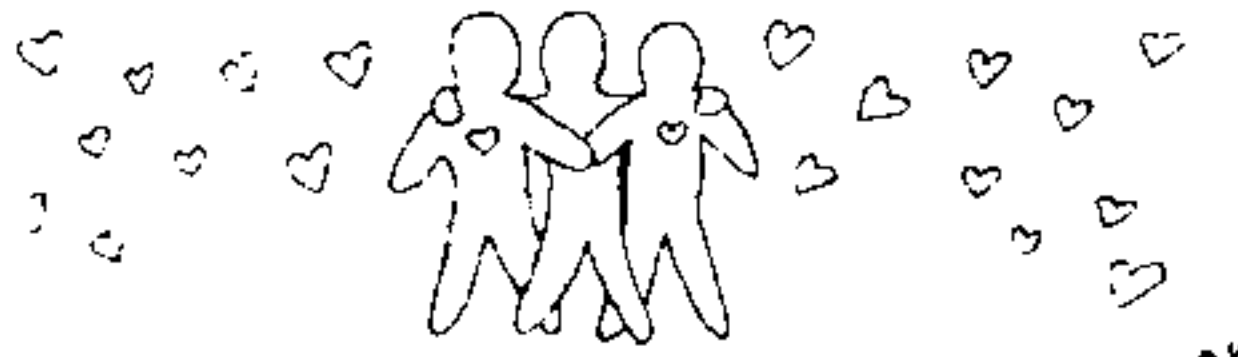
I am telling you all this because I want to help you find a way to come into my world. I really like it here and there are others who want to help you too. We have a big family. You never had a chance to know all of us, but you can now. Patience is very wise, and she knows what little girls like, and she helps me a lot. Then there is Anger. He is big and strong and he is always close in case there is any danger. He always takes care of me if I get scared. Isis doesn't play with us, but she loves us too. The good thing about our family is that we have a lot of big people to help us now when we need help. Then there is Lisa. She is very smart. I don't usually talk to Lisa, but she loves me too.

Sometimes we may argue about things, but we love each other and what I am trying to tell you is that you are a very important part of our family. We love you. Maybe this picture and this letter will help you. I hope so. Just try to remember that God is our Father and He loves you and the bad people can't ever hurt you anymore. We want you to come out with us. But we can't make you. I think you will come and I hope it won't be too long. You have been hurt enough. So, if you like my pictures and my letters, I will keep writing to you and making you pictures to show you how we feel about you. We love you. You never thought anybody ever loved you but

we do and God always has. God doesn't want you to hurt anymore.

If you can, maybe you could let me know if you hear what I say.

*Love, Hope*



**To all kids who are personalities or share a body with others:**

I am writing this letter to you because I believe that all kids who are personalities /alters are important. I myself am one such kid. My name is Dark Sky. As part of getting ready to integrate, I want to share with you some things I have learned, ideas I hope will be interesting or useful to you.

I wish I could meet you in person. I wish I could have a friend who was like me. I wish I could have a friend on the outside who understood about dissociative disorder. Sometimes outside people are isolated by their ignorance and fearful of what is "different" from them. But no matter what messages you hear from the outside world, you can recognize your own gifts and capabilities, and use your talents in the ways you choose. I believe if people got to know kid personalities, they could look past the differences to the kid underneath, and those differences would become more interesting and less important. We have a lot to learn from one another. We can learn a lot from kid personalities about diversity, courage, and determination.

And now, here's my story. I went through a lot of abuse for a very long time. Maybe you did, too. Then years later, after my "host" personality went to therapy, there was a lot more abuse, only this time it was on the inside. I have experienced inside people hurting each other with words and with cutting, with drinking and with reckless behavior. I tried to fight it by hitting them back and by hurting myself. But of course, that just created even more pain in people who'd already endured too much.

Finally, with therapy, I learned that I

deserved to live a better way, and I realized that the only person who could make that happen was me. Even though we are kids, we can make changes, and make our lives good. We aren't "major dissociative pathology", we are human beings.

I chose to work on caring more about myself, and respecting other people in our system and in the outside world. I can't change the abuse of the past, but I can sure try to line up my behavior now with love instead of hate. I had a lot of help from my therapist and other people inside, and it took me a long time to feel okay about accepting that help, help that kids deserve and should get anyway.

It's been hard to face my limitations. I've been unsuccessful at making outside friends on my own. I'll never get a paying job, play on a hockey team, go to college, etc. Maybe these kinds of limits are getting you down, too. But take heart, because there are still many choices for us out there. I believe we still have opportunities to create and shape our own lives, to live as fully as we can. I have a volunteer job at a hospital. I have close friends inside our system. I have a therapist who knows me and cares about me.

Some people in our system have integrated. I miss them so much, every day, but at least I really knew them. We had relationships where there was mutual giving and taking. We shared experiences. We loved. I learned from them and they learned from me. I learned from their integrations that I can hurt, and still be okay. I wouldn't trade all this for anything. I still make a lot of mistakes, but I'll never give up working to turn my life around.

Even though we are kids, personalities, we are valuable, like buried treasure. Even though I've never met you, I think about you, about the abuse you braved and the pain that may come now at times. I think about how strong you must be, and I take courage in the example you set for me. I feel encouraged by the wider connection we have with each other; I hope that in some way you do too.

*Sincerely, Dark Sky.*

## Social Security Info

**There is a social security benefit for disabled adult children.** This allows a person to collect benefits on his/her parent's work record. This was good news to me because I have a scant work record but my dad had a high-paying, white-collar job.

I also learned, through my mother, that there are survivor benefits for spouses married over ten years when one spouse dies. This includes ex-spouses. It also applies to kids under 18. You can collect benefits under the deceased spouse's work earnings.

For more information contact your local Social Security office. Keep the following points in mind:

1. **You have to ask** about these benefits; Social Security does not volunteer the information about disabled adult child and survivor benefits.
2. **Be prepared to document** and verify your claim(s) with:
  - a) Social Security #'s of those involved (yours, parent's etc.)
  - b) Certified copies of birth, death, marriage, divorce records. You can obtain certified copies of these documents through the county clerk's office in the county of the state where the event(s) took place. There is usually a fee for the medical/court records, about \$5-\$15 for each copy.
3. **This process takes time.** These are bureaucracies and they move slowly. Be patient.
4. **If you are denied**, despite your belief the claim is legitimate, *appeal*.
5. **Benefits go back** to the time of application.
6. **Social Security numbers** of deceased spouses or parents are usually on the death certificate.
7. **For the disabled adult child**, you must be able to prove (usually through medical records) that your disability began before age 18.
8. **Call your Social Security office** to apply.

I hope this helps. I know (from personal experience) it can be hell living on \$442 a month. If you can't work because you have a lot of stuff going on and can't get your bearings, this can help. I wish I knew about it before this.

*Sincerely, Barb W.*

*PS. Barb has generously offered to research questions on federal or State of Illinois benefits/services for readers of MV. Also, if someone knows where she could get a paying job doing this, pass the word! This is what she loves to do! —LW*

*MV does not advocate self-treatment of a dissociative disorder, and the following opinions are those of the writer. However, we are also aware that many people, for a variety of reasons, are not in active therapy, even though they want desperately to continue healing. I read the book described below, and though I found the author's degree of self-importance rather disconcerting, (and his "followers" amazingly enthusiastic), it seems OK enough to print this. Use your own judgment. — LW*

## Self-Help Therapy

I am a multiple and ritual abuse survivor. I have found a self-help method that I can use to heal myself without the aid of a therapist. I could not find a therapist I wanted to work with, although I've been in and out of various therapies for the past five years.

This method is described completely in the book *Making Sense of Suffering* by J. Konrad Stettbacher. Meridian Press, 1993. The Foreword and Afterword are written by Alice Miller.

This method of self-help has been more effective and useful than other therapies for me. I have been able to systematically work through and heal from traumatic events in my birth, infancy, childhood, and later (I was abused for 23 years.) I expect I may be able to use this strategy to completely heal myself.

This therapy helps me work through devastating events and trace my reactions to them back to infancy. It is the most productive way I have found of regaining my memories consciously and also doing the emotional work with them, so I am not left hanging with a bunch of unresolved feelings as new memories surface.

I am also finding that this method is helping me integrate myself. As I heal from infancy onward, the wounds that caused my multiplicity gradually go away. The heartbreaking fear, the self-doubt, undeserved guilt-feelings, and self-damnation are replaced by other feelings which allow me to live life more, and to enjoy it more. I am able to work on my multiplicity without doing any special work outside my general recovery. I do not have to feel traumatized by integrating myself, but can do this naturally. This was not my experience before, in other therapies.

My previous therapists and groups seemed oblivious to the absolute connection of my infancy and multiplicity, or had no way to help me use this information. My self-doubt and

other negative feelings increased. So while these therapies helped me get at certain truths about myself, I was not able to pursue these truths beyond a certain point. Mostly I stayed at an intellectual level. Without healing at an emotional level, I didn't progress much.

The self-help method I use now is different. It lacks the things that slowed down my healing and sometimes made it impossible. I find this method safe, simple, and now I have used it, obvious. I do not have to go through a lot of rigmarole to heal. I am able to become my own therapist and do what is best for me.

This therapy is neither mystical nor mysterious. There are no hidden mechanisms that have to be taken on faith. It uses four points, or steps, to help orient a person: perception, feeling, understanding the situation, and making demands. ("Making demands" means to say what would make the situation right. And these demands are *not* made directly to abusers.) The therapy takes place in a safe place in which loud outbursts and physical actions are of no concern and do not have to be censored. Using these steps, a dialog is set up and spoken out loud, directed to the people who affected you. Your own imagination, perception, awareness, and experience furnishes their "answers".

With this method I can go back and be my own advocate, safely and without risk. Before, as a child and in abusive situations, I could not do this. Now that I am not being abused and dependent on people whose goodwill I need to stay alive, I can tell them what they are doing wrong and should be doing instead. When I state my demands, I do not have to meet them face to face (which would be too dangerous to me). Instead, I can have the last word and be judge and jury for

what happened. I can act in my self-defense and protect myself. To say what really should have been, and to tell these people off for what they really are. I can grieve and heal because it was *not* like this.

I do this with respect to my emotions and without breaking my boundaries. I start out where I am and what I feel now. This means I do not have to "jump track" or do something I am not ready for, which was a problem I had in personal therapy when someone tried to guide me.

As a result, I never feel lost doing this therapy, or feel as if I'm doing the wrong thing. I always work where I am now and stay in synch with what I'm doing.

These four steps follow a natural healing cycle. This is the way a small child who is loved and respected would heal from a harmful happening. All too often the innate ability to heal is overloaded and made impossible by abuse. With these steps we can find the ability again, strengthen it, and do what we could always do but were never *allowed* to do. This works because *we* work. We were just injured, and we can heal.

My experience with this method is gradual constant healing in which my fear, terror, hate and despair, among other feelings, are gradually transformed so I can live life more. I do not have to sacrifice in any way to do this. (Indeed, it would be impossible to do this therapy if I *did* sacrifice.) I've released great amounts of energy to use for life-affirming purposes. I no longer waste this energy reacting to abuse.

I'm writing this letter to tell others what I found. I am also writing to find people who have tried and are using this method. I am the only multiple I know who is using this, with or without a therapist. My goal in talking to other people is not to give or receive advice,

or to do any shared therapy, but to help myself and broaden my horizons. I wish to share and exchange results, experiences, and perceptions with other people who are successfully using this method.

Robert K. PO Box 4201, Jackson, MI 49204-4201.

### More Books Recommended by Readers

Submitted By Daymie N. Tribe:  
(Sorry, we don't have prices on these books.)

*Assessment & Treatment of Multiple Personality & Dissociative Disorder*, Practitioner's Resource Series by James P. Bloch, Professional Resource Press, PO Box 15560, Sarasota, FL 34277-1560

*Shattered Survivors* (pamphlet), Incest and Multiple Personality Disorder, Survivors of Incest Anonymous, World Service Office, Inc., PO Box 26870, Baltimore, MD 21212

(Daymie drew the cover artwork!!!)

*(MPD) Explained for Kids*

By Barbara W. Boat PhD & Gary Peterson, MD, University of North Carolina, 919/966-1760

and Daymie's Favorite...

*The Fractured Mirror; Healing Multiple Personality Disorder*, By C.W. Duncan PhD, © 1994  
Published by Health Communications Inc, 3201 SW 15th St, Deerfield Beach FL 33442-8190, 1-800-851-9100

Submitted by Barb W.:

*Paperback Star Trek parodies* by Leah Reuolinski (St. Martin's Press © 1990-1993. \$3.95) include: *Star Wreck: The Generation Gap*

*Star Wreck II: The Attack of the Jargonites*

*Star Wreck III: Time Warped*

*Star Wreck IV: Live Long and Profit*

The American Psychological Assn. announces three new books: *No Safe Haven, Male Violence Against Women*, \$24.95; *Abused Women and Survivor Therapy*, A practical guide, \$35.95; *Mandated Reporting of Suspected Child Abuse, Ethics, Law, and Policy*, \$39.95. Call 1-800-374-2721 to order.

## My Special Place

by Sharon M.

When it gets dark, and evil faces are lurking around every corner, with monsters under my bed waiting to grab me by the foot or arm and drag me to their damp, musty dens, I hold on to my special bear and we float away. They are grasping for us with their long, claw-like hands and they gnash their teeth, snarling as we float above them into the cloud with the secret door.

The door is heavy and I alone have the key, tied safely around Bear's furry neck. My safe and special place is waiting for me. I catch a glimpse of light through the keyhole and know that safety is just a short distance away. Bear and I push hard to open the door just enough to slide through to the other side. Once inside, we push with all our might to close the door that keeps the evil faces and monsters away.

An immediate blanket of warmth and safety envelopes me and a soft light filters through the trees marking the narrow path, leading me through my special place. Flowering shrubs and vines bloom along the path that Bear and I follow. We come to the stone fountain and listen to the water trickling down the rocks and into the sparkling pond below. Goldfish swim and the sunlight catches their scales, making them glitter and shine like jewels. An occasional leaf falls from the trees above and floats quietly on the still water.

Bear and I continue our walk through this magical place. A tall stone fence covered with ivy keeps intruders out. We stop and listen to the soft rustling of leaves as a gentle breeze passes.

We come upon my favorite tree and I set Bear down to rest in the flowers. I sit in the swing, hanging from the strong branches of this tree. I swing slowly at first, enjoying the warmth of the sun on my face, then I swing higher and higher, the breeze catching my hair and I feel as if I could swing forever; but gradually I slow my swinging until I can dig my toes into the soft earth and come to a stop.

I sit down next to Bear and close my eyes, experiencing the sound of the breeze rippling through the trees and smelling the sweet fragrance of flowers.

This is my secret place, my safe place. Only Bear and I go here. We sit in the tall grass, among the flowers, and listen to the birds singing in the trees above. A squirrel dances past and up into the branches. There is no darkness here, no fear, no pain.

Why must we leave our safe place and venture out again into the frightening unknown? Why must we flat back down and face what might hurt us? Why can't we live in our special place forever? We know somehow that we must leave for now, but our special place, our magical safe place, will be waiting for us, waiting to rescue us when the world below becomes too harsh and frightening.

MV



## Letters

I have recently been diagnosed DID, but had no real on-going physical, sexual, or ritual abuse. I've been thoroughly tested, and the diagnosis was confirmed by six professionals. While I respect deeply the 95-97% of people who became DID via child abuse, I am sorry for the other 3-5% who become DID for other reasons. No programs truly acknowledge our existence. I spent 5 weeks in a hospital DD unit and heard every day all the horrid happenings that other people experienced. It made me feel like a liar and a cheat. I wish someone would have the nerve to go beyond and find out where else DID could originate from, for the peace of mind of those who don't fit the 97%. Then we can accept ourselves and begin to work on our lives, knowing we too are believed. If there are others who share my concerns, please write to me via MV.

*By Celeste*

In your April issue, the *Therapists' Page* article makes important points concerning Life Management Skills. Before I learned how to control my impulsive behavior, my life was utter chaos. Now my life appears mundane, but it is a welcome relief from uncertainty. My former psychiatrist taught me the concepts of setting and achieving short term goals and long range goals without directly addressing my multiplicity. Before that, I was like an animal living by instinct, and I was always on the brink of disaster. Even though my former doctor had no experience in treating MPD, his approach inadvertently caused internal cooperation of my system.

Learning these skills is necessary for survival in society, which should be the first task in therapy. After that foundation is established, the patient is strong enough and ready for the painful memory work. Without having the basic tools for managing one's life, the intensity of abreactive-type therapy would only make matters worse.

*By Sara K.*

You requested some time ago to hear from people who'd had any experience with the FMS Foundation and the current backlash against adult incest survivors, repressed memories, etc. My experience was painful. When I confronted my abusers in 1992, I got the common reaction of anger and denial. One of my abusers decided that our family fit "the profile" publicized by the FMS Foundation and sent me FMS material after I'd specifically told him not to send it. The material included several FMS newsletters and photocopies of articles sent to my abuser by FMS.

No one asked me about my memories or how I remembered the abuse, about my

therapy or how I'd chosen my therapist, or anything else that would have clarified that I do not fit "the profile". My abusers, operating as they always have that they know my experience, thoughts, and feelings better than I do, made it clear that I could not possibly have had memories of sexual abuse, that my therapist must have indoctrinated and somehow brainwashed me, and that my therapist was incompetent, unethical, manipulative and totally to blame. They cleverly couched all this in the context of wanting to *help* me. They never asked me how I wanted to be helped. To me, it was abuse, and a confirmation for my decision to sever all ties and communication with them.

My problem with the FMS Foundation and the media blitz about the validity of repressed memories is that they're being used to further abuse those of us who were abused as children. To me, it sounds dangerously like a vendetta against the abused, to protect and give abusers a convenient way to deflect responsibility for their actions. I wonder if that was the purpose that the founders of FMS had in mind? Are they aware that their organization is being used in this way? What procedures do they have for deciding who is truly an abuser, who was truly abused, and who are neither?

I recognize that there are legal concerns, too. However, in my case, I had not brought legal action, criminal or civil, against my abusers. I had no, and still have no, desire to pursue legal action. My abusers jumped so fast to the FMS side that it eliminated any possibility of talking about the abuse and seeking help in healing, which I had hoped might be an option open to us. I continue my therapy and my own healing. And I hope that the mental health community will work diligently to establish the importance and validity of all memories in our lives, and recognize that traumatic ones do get buried and resurface later. Not all my abuse memories had been repressed.

*By Cinda Y.*

I am going to start this letter but I know I won't be writing it alone. One of my alters will be joining us. So far we are a family of five, but this is all new, this coming out. There may be more; there may not. Time will tell. We started going to a therapist about seven or eight months ago. I truly am glad we started.

We have begun admitting that the voices are real. It's hard to tell yourself, much less someone else, that you really do talk and hear others inside yourself.

So far we have a little boy and a little girl, but we haven't really had a chance to communicate yet. They are a little afraid.

We also have two grown men, one nice and the other very angry. Then we have me. I am the female alter that my host was talking about joining him in this letter.

I am a female alter living in a very upsetting situation. My host can't believe he has a soft person inside. I have met his wife and we have become friends. It is nice to talk to another female once in a while.

My therapist is also a woman. She is a nice person as well. We have spoken a few times and I think I can trust her. I think I can learn to like her as a good friend.

I told you I would not be writing this alone. I want you to know that when she comes out it is very mind-boggling. My body really seems to go through a change. Are there any of you out there who feel this? If so, I would like to hear about it.

At times I swear that I can feel my hair growing. I know this sounds silly, but when she comes out, it's like a butterfly coming out of a cocoon. I swear my body really changes.

I have been married for eighteen years and have a great family. I'm a recovering alcoholic of eight years now. So my wife and I have been to hell and back. If any of you out there have any of my problems I would like to hear about them.

*From a host and a lady friend H.*

## Resources

### Questionnaire regarding self-mutilating behavior.

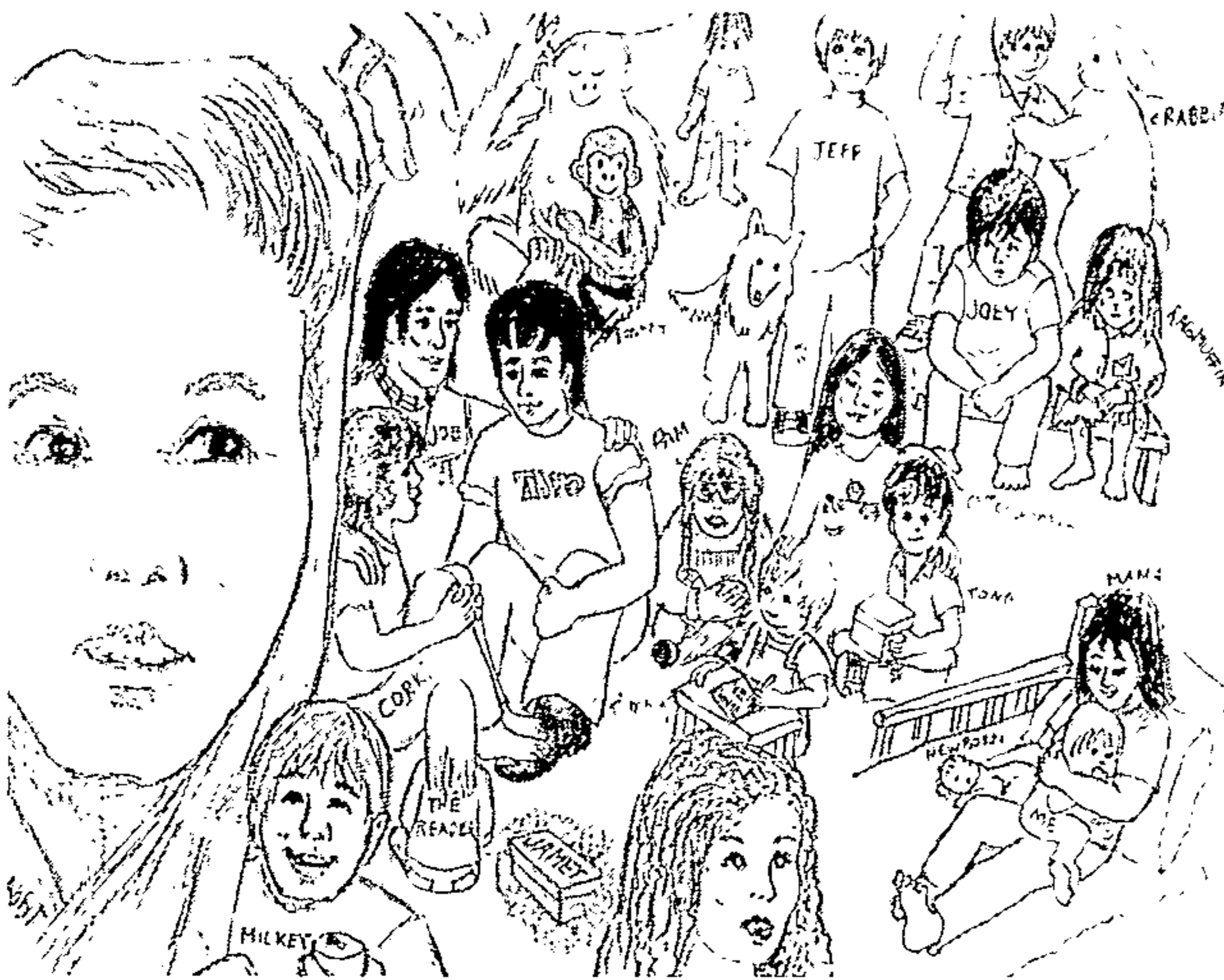
Writer/survivor wants input by December 1994. If you feel safe and supported enough to respond to this, write for a copy to Kay Virago, 5716 Sixth Ave. South, Birmingham, AL 35212-3704. Please include SASE.

### Oct. 15, 1994: Daylong Workshop of Survivors and their Partners.

Center for Sexual Abuse Counseling, Somerville, MA. 617/628-3638. Also available at this location, Partners' Monthly Support Group. Call for info. Ms. Krishnabai, M.Ed.

### No Cost Survivor Support Groups in Chico, CA. You must be in therapy.

Also groups for significant others. Pre-group interviews required. For information call Caryl Quinones at 343-7133.



### Survivors' Group

For Cathy, Norma, Trish, Tina,  
Miriam, Eileen, Maureen  
With Love, Carla

We never got to play the  
Virgin Mary.  
Much of our lives has been  
spent in darkness  
without comfort for our eyes.  
Much of our lives we have  
been invisible,  
without comfort for our skin.  
We reinvent ourselves with art,  
music and myths;  
with rituals, dreams and  
prayers.  
We hold up mirrors for each  
other.  
We are here to reclaim our  
childhood.  
We are here to reclaim our  
bodies and our lives.  
We will no longer be silent.

## Books

### Someone I Know Has Multiple Personalities

A Book for Significant Others, Family, Friends, and Caring Professionals

By Sandra J. Hocking ©1994. Published by Launch Press, PO Box 5629, Rockville, MD 20855. 79 pgs. \$7.00 Paperback.

Hocking, an integrated multiple, previously wrote *Living With Your Selves: A Survival Manual for People With Multiple Personalities*. Now she has prepared a small, easy to read book for pro-survivors, with simple explanations about the processes and treatment of dissociation. Hocking covers a wide range of topics, from cross-gender alters to multiples as employees, employers, coworkers, parents, and children. She tackles the high-anxiety subjects such as "Is the multiple dangerous?" (More likely to harm self than others, says Hocking. Then she goes on to describe what to do when someone behaves self-destructively.) Although some of her information is quite interesting and

logical (the various sleep-positions people may assume), other items are hard for me to believe without documentation (evidence of broken bones appearing on x-rays of only the personality that sustained the injury...and not other alters, etc.) Unfortunately, there is no source material listed for any claims of this nature. Statements like these, given without verification, worry me because they seem to emphasize the "incredible oddness" of persons who dissociate; repeating hearsay as fact is not helpful. But the overall aim of this book is to communicate dissociation to "outsiders", and in most of its content, it does just that.

### Understanding the Trauma of Childhood Psycho-Sexual Abuse

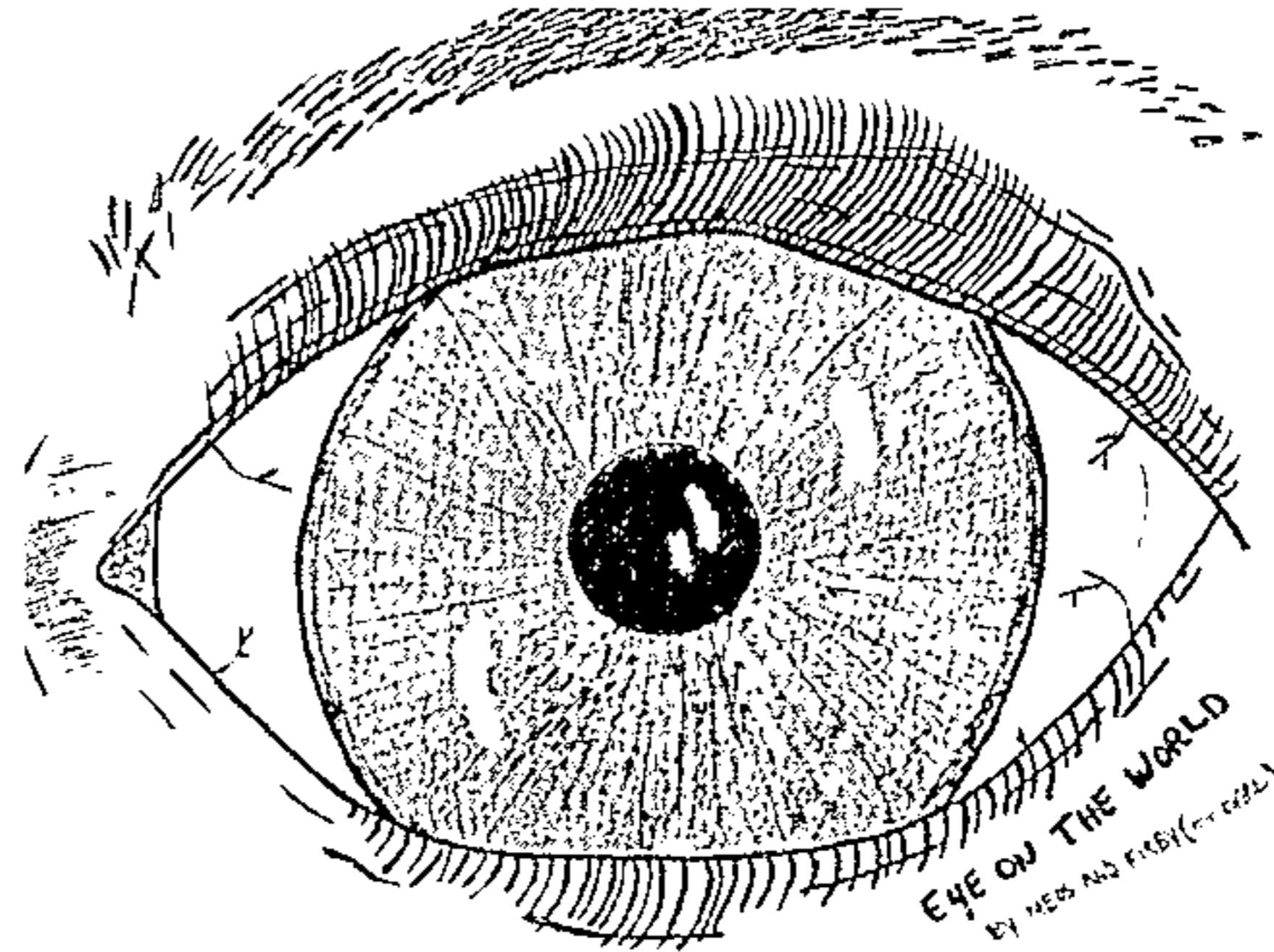
By Elizabeth Adams © 1994. Published by Mills & Sanderson, Publishers, 41 North Road, Suite 201, Bedford, MA 01730. 192 pgs. \$12.95 Paperback.

"Elizabeth Adams" is the pseudonym of a sexual abuse survivor who has been a self-help group leader for many years. She interleaves her personal story with information about abuse in our society, and sources for further reference. I think the chapters on returning memories and how to consider confronting one's abuser are particularly valuable. Adams also does a fine job of expressing the myriad ways childhood sexual abuse affected her life as an adult, ranging from chronic overweight to constricted social contact, workaholicism, and discomfort in beauty salons! She also candidly discusses the intense control issues of survivors, and gives suggestions for becoming aware of behavior that might attract further victimization. Guidance for friends and family is included. All in all, a useful book.

By Lynn W.

**THANK YOU for sharing!**

*Please keep sending your wonderful creative material! We couldn't do this without you! — LW*



**December 1994**

Double-topic issue: Dealing with the health-care system (insurance, medical doctors/dentists, social service agencies) ALSO: Reducing dissociation in stressful situations ART: A gift you'd like to give yourself, a friend or the world DEADLINE: October 1, 1994

**February 1995**

What do you do when you're "tired of therapy", "don't trust", etc. Is this resistance? Denial? Or are you in unhelpful therapy? How do you tell the difference? ART: The therapeutic dance DEADLINE: Dec 1, 1994

**June 1995**

Triggers and abreactions. How you cope with sudden memories and keep flashbacks contained. Memory and doubt. ART: Draw the release & resolution of a difficult memory. DEADLINE: April 1, 1995.

**October 1995**

Grief and loss. How to ask for help and preserve hope. Can you help friends who are suicidal without being a "rescuer"? ART: Draw something you hope for. DEADLINE: August 1, 1994.

**April 1995**

The wide continuum of dissociation...What are your most troublesome dissociative symptoms, and what are you doing to solve them? ART: Your internal communication system DEADLINE: Feb 1, 1995.

**August 1995**

Getting to know your body. Physical awareness and healing techniques. Encouraging healthy sleep patterns ART: Draw yourself physically connected and strong. DEADLINE: June 1, 1995

**December 1995**

Is wholeness worth it? Post-integration reports. (Partial-integration comments included.) ART: Treating your self(ves) with love DEADLINE: October 1, 1994.

**Share with us!**

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

Subscriptions for a year (six issues) of *MANY VOICES*: \$36 in the U.S., \$42US in Canada, \$48US elsewhere. Enclose the form below (or a copy) with your check, and mail to *MANY VOICES*, P.O. Box 2639, Cincinnati, OH 45201-2639.

**MANY VOICES**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_

Please check one:

I am a client     Professional/therapist     Relative/friend

Subscription type:     New     Renewal     Gift

Start sub: Feb '89\_\_\_ Feb '90\_\_\_ Feb '91\_\_\_ Feb '92\_\_\_ Feb '93\_\_\_ Feb '94\_\_\_ Feb '95\_\_\_

ORDER NOW! 32 Pg. Resource Guide - Many Voices/Multiple Choices #2. \$7\_\_\_  
(while supplies last).

Other \_\_\_\_\_

1 year: \$36 in U.S.; \$42US in Canada; Elsewhere, \$48 in U.S. currency drawn on a U.S. bank. Make check payable & send with this form to *MANY VOICES*, P.O. Box 2639, Cincinnati, OH 45201-2639.