

MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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Inside the Dissociative Experience: Dealing With Troublesome Symptoms

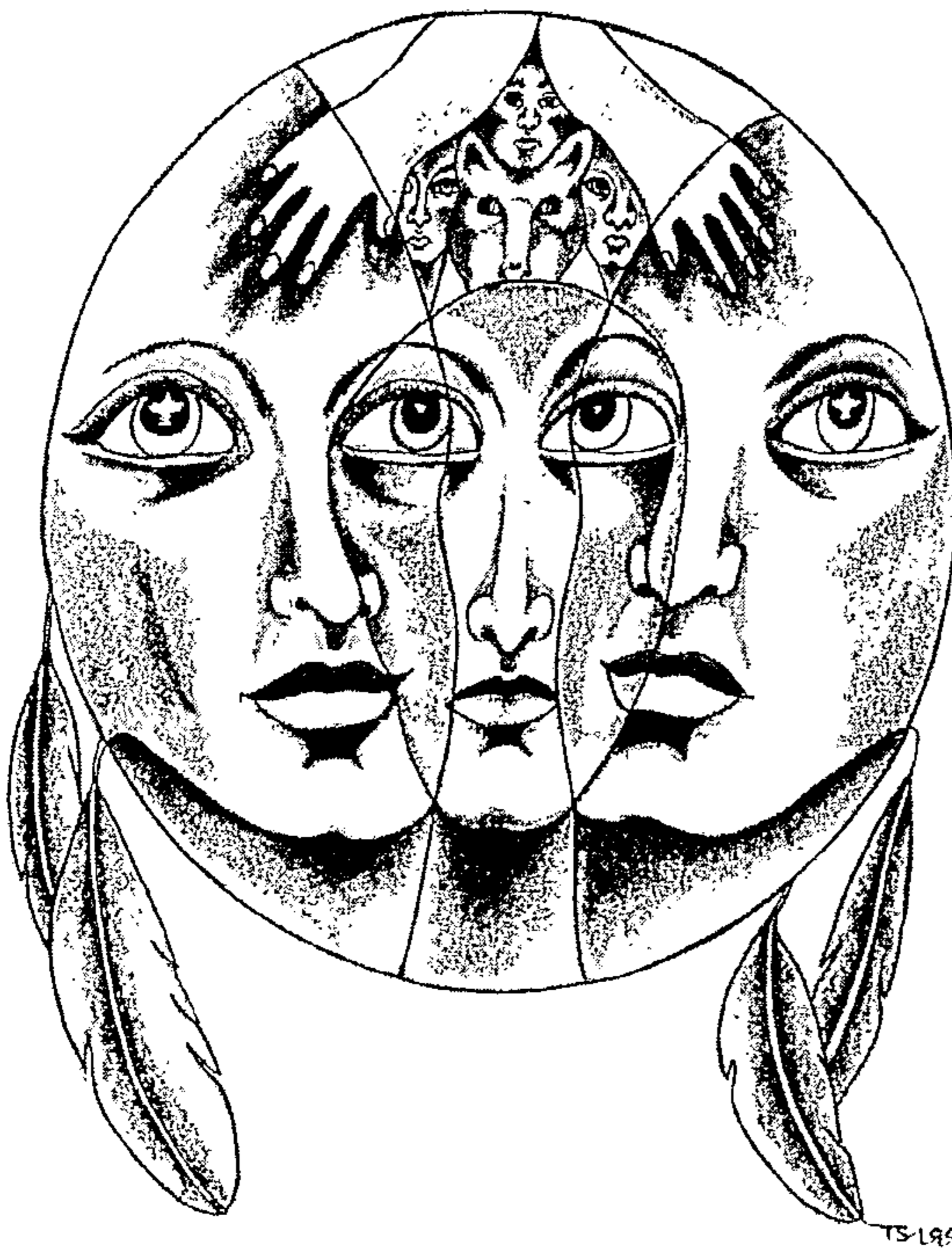
*“Come now;
and let us reason.”*

That biblical phrase sets the tone for an exciting opportunity for therapists: a conference on Family Mediation and Sexual Abuse, May 12 and 13 at the Meydenbauer Center in Bellevue, WA. *Beyond Confrontation and Mistrust: The First Northwest Conference on Family Mediation for Families Torn by Allegations of Abuse*, is jointly sponsored by Family Psychotherapy Practice of Seattle, and *Treating Abuse Today*. This innovative conference will focus on private alternatives (not the legal/legislative route) to deal with issues of memory which profoundly affect family relationships.

David Calof, editor of *Treating Abuse Today*, points out that the need for family mediation emerged directly from the current debate over “false memories” in sexual abuse allegations. “Most people caught up in the backlash are families shattered by allegations of child abuse... We might easily fall into the trap of seeing these shattered families as the enemies waging war on our profession, but our only real enemies in this fight are self-serving researchers, academicians, and poorly informed clinicians who spread obscurity and confusion among families already shattered by the darkness in their lives,” says Calof. “Many of these families see therapists as exploitive or as the enemy... because we seem to turn a deaf ear to their concerns. We must learn to hear them better.”

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Internal Communication



How We Work With Our Dissociation, Instead of Struggling Against It

By Willow, for all the folks, the Team, & the Little Ones

When I have insomnia, I say inside: "Ok. I need to get to sleep now. Could those who want to stay awake, go somewhere else now?...Great! I'm sleepy now. Thank you! Thank you! Thank you!"

At the dentist, I say inside, "Oops! I forgot to ask you all when we were getting the shots. Those who took the shots, please come back. ...Thank you! Thank you! Thank you! Please stay here as long as the body is in the chair. We'll have a treat when we get home. Ok?" (They hate being there so much that they — and the novocaine — always leave unless I ask them to stay.)

When I can't see clearly: "I need those who can see through these glasses...Thank you! Thank you! Thank you! That's great!"

Any time: "Those who don't want to be here, if I don't need you, you can go somewhere else."

As I park at work: "Ok. From now on, until the body is back in the car, can the body's lips stay still when we talk to each other inside? You all can talk out loud as much as you want when the body is back in the car again." It works great! As soon as we are back in the car, the lips start moving with chatter. (They seem to have this pretty well now. I don't have to ask very often.)

Before we developed this way to cooperate, I had thought that I could never develop any system management until I identified who was who. And that seemed hopeless because everybody inside is still terrified of being known or named, even to me, for fear of being called out and brutally killed.

Now we have a great system of cooperation going! Requesting, not dictatorship. They can make the decision whether to cooperate or not. Here is how I/we do it:

1. I always thank them as soon as I can: when the novocaine kicks in again, when my vision clears, when the information pops into my head, etc.

2. I don't ever ask any "who?" question because that scares them. I say, "Those who..." — Those who

can drive, those who know how to use the computer, those who remember about this, etc. They know who they are, and they make the decisions.

3. I always word the request in the positive — without using not or don't or any negative words, because they get confused by negative words.

4. I ask for them to come (or tell them they can leave) right at the time they are needed, not an hour ahead or a day ahead, because they don't understand anything except present.

5. I tell them how long I need them by telling them "as long as the body", or "until the body" statements. ("While" doesn't seem to work.) Before I learned that, I had to keep asking "those who took the shots" to come back, again and again.

And I have learned to explain things in simple words to those inside:

At the dentist: "Ok. She's taking all the bad stuff out of our tooth so it won't hurt and it can be better. It's Ok. She's doing something good for us. She's a good person...Ok. She's done with that. Now she's putting good stuff where the bad stuff was."

When the car starts veering off the road: "Ok. If we run off the road, *all* of us will be dead-dead. I know you've been tricked into thinking that if you kill me, only I would be dead. But we would *all* be dead-dead. Do you understand? Are you okay with that? Can we all be safe? ...Ok. Thank you. Thank you. Thank you." (Dead-dead means actually dying, not a fake death.)

Early in developing this cooperation, I learned how important timing and speaking in the present are. I was sitting at a red light at an intersection that I had taken many times, writing down a great idea that I was going to use that night:

"I am going to ask all those who work at the library, and all those who love computers, and all those who can listen and understand, and all those who are good students — to get a good night's sleep and go to the class tomorrow."

When the light turned green, I was totally disoriented. I knew I needed to drive, but I didn't know how; most of

my drivers had gone to sleep. I actually drove down the wrong side of a six-lane street, wondering where I was and why the arrows on the pavement were pointing toward me. When I realized that a whole bunch of my team had gone to sleep, I called out, "Come back! Come back everybody! I need you here now! ...Thanks! You're great! Now let's make a U-turn and get back on the right side of the road."

When we were safely back on the right side of the road, I said, "When it's really time, I'll explain it to you again. And, when we get to the library, I'll tell you all about what we are going to learn."

That worked wonderfully. I was so sharp at the four-hour class (and so exhausted afterward). There was just one glitch. The instructor turned out to be somebody that "I" was scared of. So I said: "OK. If I don't need you for this lesson, those who are afraid of Jerry can go somewhere else." And then we were fine. (I often tell the people inside that they can go somewhere "if I don't need you.")

It's still amazing how wonderfully this all works (when I remember to ask), even though I don't know who's who — only a concept of how my folks are organized:

1. The Team: adults and older children, on a basketball floor in the woods, with a long bench for inactive players. We have at least five active on the Team at any time, and we make substitutions in the Team when a skill is needed or someone gets scared — not the switching that many multiples do.

2. The Little Ones (who are too young to be on the Team):

A. Twenty-one infants sitting/lying in an oval (not a circle) in the woods where they constantly cry a big pool of tears. (I know the number only because it always gets drawn with twenty-one little blobs —without counting.)

B. Little animals and little children who live behind Winnie-the-Pooh type doors in a big tree in the woods. I think the tree is a nurturing parent to them.

3. A few isolated ones, here and there, who are in the woods near the Team and the Little Ones, but are not part of their groups.

LET US REASON, Cont'd...

Featured presenter is Mary Jo Barrett, MSW, internationally-acclaimed family therapist and founder of the Family Dialogue Project, a resource center in Chicago for families seeking mediation rather than legal confrontation. Barrett's approach involves the creation of a "third reality", a shared reality that transcends the adversarial positions of individual family members and encourages them to take responsibility for their part in the creation of intense family vulnerability. Therapists create the boundaries and safe containers which allow families to grapple with their conflicts and fears.

In a joint effort with the conference sponsors, Barrett plans to offer a continuing series of national seminars to train therapists in this new model of family mediation. Barrett stressed that she doesn't minimize the seriousness of child sexual abuse. "I'm just trying to find a way for families to rebuild new relations in the wake of sexual abuse allegations," she said.

The conference itself is restricted to therapists. However there will be a public lecture and discussion May 12 which is open to all. Affected family members are especially welcome to attend that session.

Conference organizers will also be distributing a directory of therapists willing to work in family mediation with families in crisis because of disclosures and allegations of child abuse. Anyone interested in more information about the conference or the directory, call (800) 979-8777 or (206) 748-2148.

MV is delighted to help publicize this event, and any others with similar goals and expertise.

It is a relief for me to see something constructive and potentially useful for all participants come out of the repressed-memory debate. I hope many therapists and families will avail themselves of this opportunity to learn more about mediation, and that this type of education will spread, nation-wide. —LW

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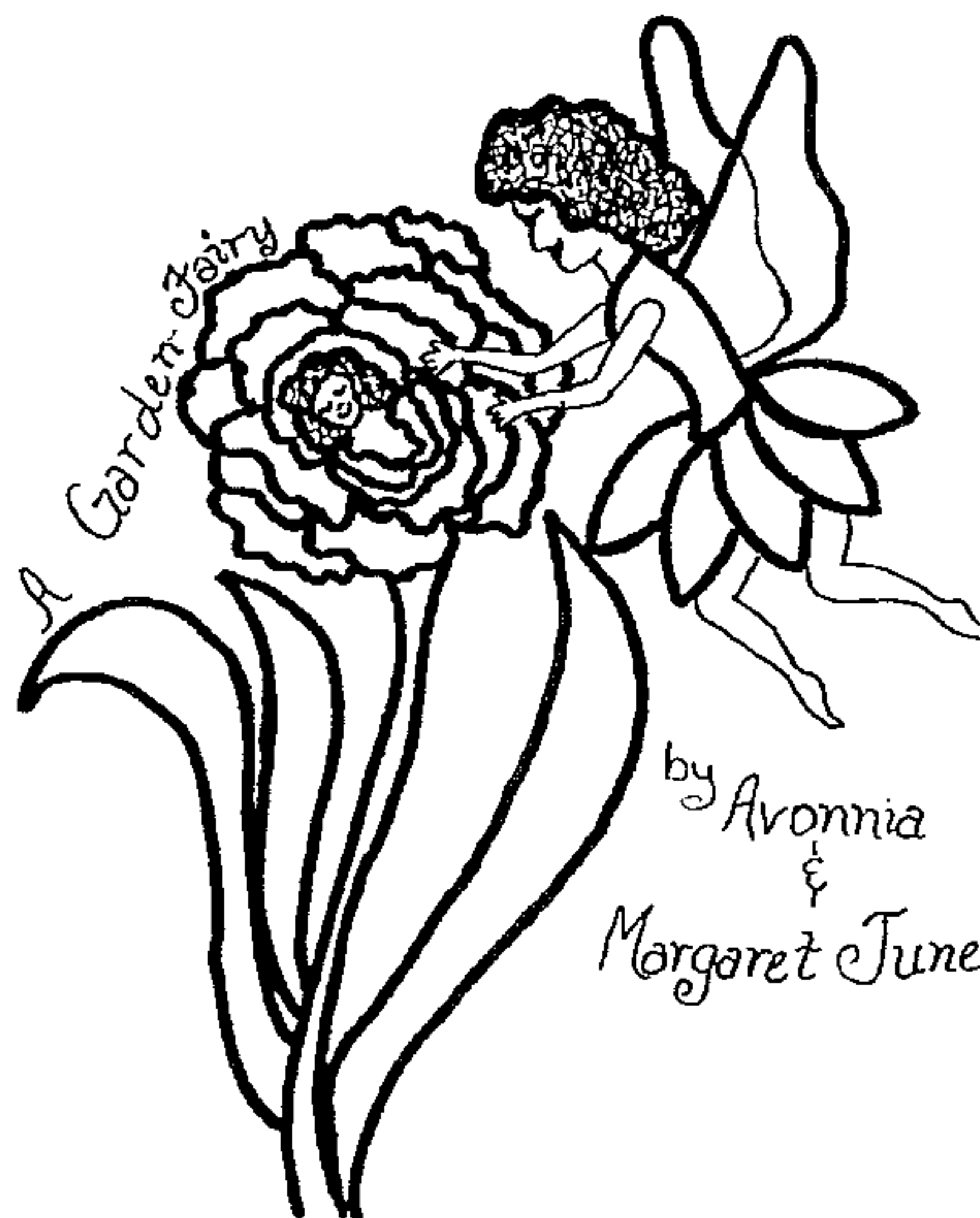
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What is going on in here?

Readers write about their frustrations with dissociative symptoms

I have written before concerning my diagnosis of Ego-State Disorder. I am also called DD-NOS or whatever the label may be. My frustration comes from not being able to connect to another person with this diagnosis. Although I have heard I am first cousin to an MPD (DID) I cannot really identify with them. I believe the problem is that ESD (or NOS) people do not suffer from clear-cut amnesia. We have trouble with our awareness but our time is not "lost". We do not suffer the same degree of separateness that appears in DID and our symptoms are different. I always know I am Tammy but I can feel the stress of other parts without the emotional connection to them. I don't feel like other people. I didn't dissociate my memories, but my feelings were dissociated. I try to say the name (ESD) doesn't matter, but it does. I am learning a great deal about myself and I wish other people would take the time to learn about ESD too.

By Tammy S.



I am not diagnosed MPD (DID) although I gave papers to my doctor and therapist with descriptions of some MPD-like things I felt. But it was never so extreme as in the books. There were dreams, first of a 12-family-house, then after some heavy crashes with my therapist, of 12-terrace houses hidden in one-way-streets. I am sure this is how the system works in me. At the moment it seems that only three go to therapy, and one secretly. It is painful for me to know, that I got to know seven of them by hearing me talking in strange or contradictory ways but I lost them in the last half-year. What is left is the frequent experience that I cannot do something, or I do much too much without being able to stop, as if somebody different is managing everything, and I am asking myself "why?" because I know that it is brainless. I think they are acting in a

secret-post-system: one from house 5 gives to house 6, this to house 10 and so on, and I am surprised, what comes out in talking or acting. I feel powerless because it seems that mostly the behavior of other people determines who shows himself. I am unable to show somebody other sides of me. I often feel the pain of being unbelievable. I cannot write more. I feel there is a struggle to tell more, but I do not get more information or examples: my remembering is boycotted, stolen.

By Heike W. and some of the rest



Like Celeste (Oct.'94MV, letters) I too have DID with many of the symptoms, but no memories of physical, sexual, or ritual abuse to validate my disorder. The worst ongoing abuse I can remember was going to parochial schools as a child, and, coming from a migrant family, experiencing many years of prejudice, cruelty, and torment from the other students and even some teachers. But this hardly seems drastic enough to produce DID, does it? Many people have experienced this kind of abuse and not developed DID.

To add to my bewilderment, I have several strong male parts who have fallen in love with some of my closest girlfriends over the years, and have created havoc in our friendships...I am often sad and lonely because I just don't seem to fit in anywhere. There isn't any one clear-cut category that applies to me. I don't lose time or have blackouts, and only occasionally have memory lapses or total take-overs. Other DID's I know have full-fledged symptoms, complete with memories and histories of big-time abuse. This makes me feel like a phony, a fraud, like maybe I jumped on the DID bandwagon to get attention, or to justify or rationalize my polarized behavior and feelings.

So then I go into denial about the whole thing, until my inside ones begin to yell and scream and cry. Then they riot—generating a breakout of unacceptable behavior. So I cannot deny or ignore their existence. They won't go away. I'm learning to work with them, celebrate them, for they are very real, even though I don't know where they originated or why. This is frustrating, but I'm trying not to box myself into any category or label. I'm working on accepting myself and my parts for who we are, developing our talents and strengths, and hopefully living a peaceful and productive life.

Recognition and validation that there must be other causes for DID besides physical, sexual, or ritual abuse would be such a relief. Then we could feel real. There must be others like us.

By Irma K.



The worst is when the parts are gone. I feel very empty inside. I wonder who "I" am. Many of the pieces that make "me" whole are missing. Sometimes they even go for as long as a few weeks and I wonder if they are ever coming back, or if they even existed in the first place. Maybe the other parts were all in my imagination? I see the kids toys or clothes in the house and feel bad as they remind me of the pieces of myself that I have lost. If I am in a store and see something that I know others would like, I am scared to get it because I worry they will never be back to see it and it will become another painful reminder of them being gone. There is an empty, lost depression over everything.

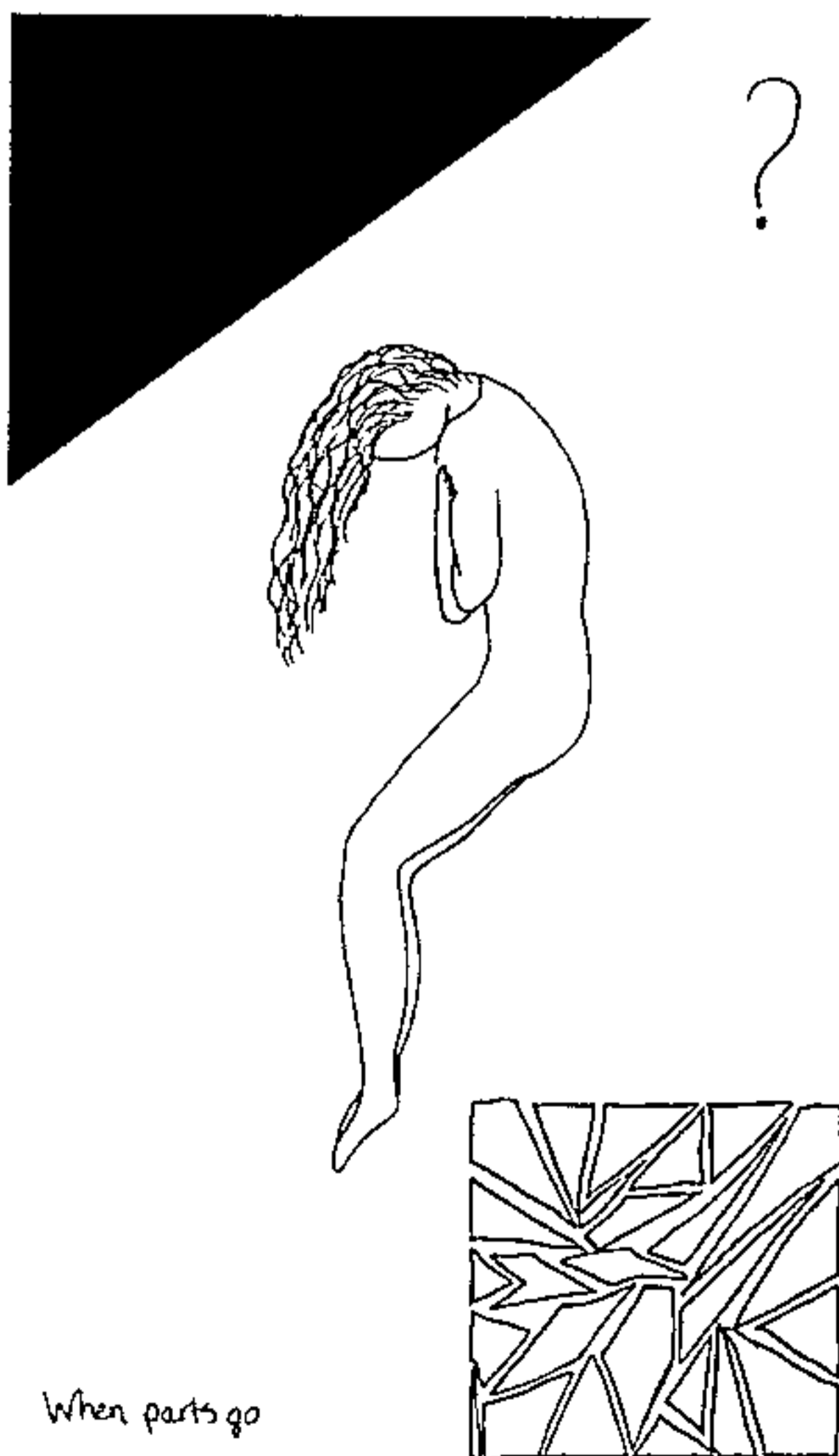
As I write this I am also remembering a time when I wished they were gone. I thought I had either monsters living in me or space aliens that came and took over my body. Now I understand better and know they are just parts and kids, nothing as scary and dangerous as aliens and monsters. I like them and

appreciate their uniqueness. There is one girl who likes to do enormous fake sneezes on the skytrain just for fun and to surprise the other passengers. It is so much more interesting having others around.

When the parts are gone what helps the most is remembering that this has happened before and they have always eventually come back. I try to figure out what happened that caused them to leave so suddenly. Then hopefully I can do things differently so I don't get left with empty lost depression and the other kids and parts aren't hurt. The last time they went it was started by our doctor asking disbelieving questions, treating us like we are weird, and not being very nice to one of the girls. I am very careful with that doctor now and take someone with me if I have to go see her. I am also looking for a new doctor who understands about having parts and will treat us with respect.

Once the original problem that caused the parts to go away is dealt with, the main thing left for me to do is wait. I try to trust that it will be ok and everyone will come back eventually when they are ready. So far they always have. I like it best when we are all together.

From a Grownup in Clue



Clue June 95



I'm not diagnosed MPD/DID, but I'm far enough down that continuum that MV is a real gift to me, and I often feel like I've got more in common with my multiple friends than with those who are "singletons". My inside kids have distinct personalities, likes and dislikes, and triggers. Although we all generally share the same memories, different kids seem to have more detailed memories of the things that happened to them than the rest of us do.

I/we have a lot of dissociative behaviors. Just "spacing out," staring off into space without really seeing anything, is one. For most of my life, I've used reading as a way to "fast-forward" through life, making the time go by without needing to really be there. I'm also very split off from my body: I tend to walk into furniture, doorknobs, etc., because I don't have a good sense of where my body ends, and it's easy for me to overeat, because I'm just not conscious of how my body feels. (Until lately! I'm making progress on that one!)

By Vicki & the kids

My most troublesome dissociation symptoms are not being able to do what seems simple : clean house, cook real meals, socialize, and keep track of conversations. I see other people do these things and get ultra-frustrated. My very worst problem is not being able to sleep longer than two-and-a-half hours at a time.

We recently began to integrate, so some of the problems are coming into focus. Two boys are integrating and it seems to be helping us to dream more naturally and sleep more rested. We don't know why these two are doing this but it's a welcome change from dreading sleep and nightmares. Some of our dreams are colorful and fun now.

Sleep has never been easy to us. Even as a small child we would wake up all hours of the night. So integration is going to be a big part of healing the "night terrors", as we call them. Monsters in our dreams are fading into nice things and adventures.

We have an independent-living-skills specialist who is helping us with some other aspects of our dissociation problems. She helps with housework, cooking meals, and soon, the budget. Trouble with socializing will clear up with the integrating. We leave notes to tell us what we need to remember or do. We post them on our phone so when we wake up they are right there. We usually call our best friend when we wake up to make our plans for the day.

We are careful in our friendships, so we can be honest and say, "Duhhh, I forgot or I dissociated it, please tell me. You told that to someone else." My friends are cool with that. We hope by integrating that we will have improved relationships and a clear memory system. We also hope we will be able to quit smoking, eat regular meals, and be a more normalized person.

But we do like some aspects of MPD. We can be interested in many many things that we share with various friends and family because any personality is welcome to join in. We like the ability to rest our minds while someone else is out, etc. So I feel some dissociation is ok. I never want to stop the fun daydreams. I just want to control *when*.

By Martha S.J.



It seems that our most troubling dissociative symptoms, presently, are less about the huge issues of love, trust and intimacy, and more about the seemingly insignificant choices we are forced to make at least a zillion times each and every day. This is what wears us out. See, we are all pretty closely connected, both to each other and to our host. Most of us are present most of the time. You may think this is great — co-consciousness and all — but let me tell you that it makes even the simplest act of choosing what to do, eat, wear, etc., impossible tasks in and of themselves.

Things are already complicated as soon as we get up in the morning and go over to the stereo to put on some

Continued on page 6

WHAT'S GOING ON, *Cont'd.*

music. The hand reaches out for a tape and we all sternly state our requests. Personally, I'm really into alternative rock, but our younger parts think it's too loud and want their nature/instrumental music. Our teenagers fight over pop/dance music and our feminist folk tapes. The olders want to put on the classical music radio station and end the whole ordeal. Our host just stands there trying to be the voice of equality, but we're pretty fixed in our specific likes and dislikes.

Next comes the dreaded having-to-get-dressed time. Again, our host stands motionless in front of the closet while we focus as hard as we can on the outfit that we want to wear. We send her images as well as all the great reasons she should wear *that* outfit over someone else's. This is when being the only teenage boy in a system of girls really stinks. I hate skirts! Eventually, we put something on, but inevitably we will end up changing it at least three or four more times as the day progresses.

By breakfast time we're engaged in our third major power struggle because — you guessed it — we all have our favorite cereals/breakfast foods. Older parts usually settle this one though, with something healthy and low-fat, realizing that we're running late for work. Meanwhile, a reminder: it's only 7 A.M., and we're exhausted!

How do we deal? Being co-conscious, but still being very much ourselves, is way hard. Sometimes we all scream a lot. Sometimes we get mad at our host for favoring another part. Sometimes we take turns and play nice. Structure in our life helps, with set times for different parts throughout the week, but who wants to live so rigidly? Not me! We are constantly making deals and compromises: i.e., *if I get to do/wear this now, you can do/wear this tomorrow*, bargaining for time and space to do what we like. For instance, "love and cuddles" time for the younger parts first, and then we can go socialize; or by alternating study nights and movie nights; and even alternating whose friends we see or whether we just have alone-time (which is what I

like best.) When one part is in distress, however, we all have to give. When memories come, everything changes. We usually have to cancel whatever plans we've made and stay at home, maybe a movie if we need a break. Yes, it's utter chaos, a lot of the time. It's also the most loving, energetic, caring family I've ever known.

By d.(15 years old) for t(s).

My most troublesome dissociative symptom is *emotional deafness*. I have bilateral nerve hearing loss, severe in one ear and moderately severe in the other, and I must read lips in order to understand speech. Suffice it to say, I was struggling before I ever knew what *feelings* were.

I am 45 and I've been hearing-impaired for 18 years. I have been in therapy for four-and-a-half years, and have often wondered if there are others with hearing loss and MPD.

In therapy I learned what feelings are all about and in experiencing feelings I've learned that I also have emotional deafness. I'm still not aware of it until it has already occurred but I'm making progress. Most of the time I am able to tell my therapist when I cannot hear anything. Since it usually occurs from overwhelming terror, it takes a lot of courage to risk making any sound, and often I just manage to squeak out "I can't hear." My therapist stops what he's doing and waits and always has an understanding look on his face.

I can hear a lot of sounds but I cannot understand speech unless I'm continuously looking at the speaker. That in itself is exhausting and requires a lot of energy to *think* and piece together what I hear until it makes sense. And we all know that therapists want us to *feel* not *think*. So it's another double-bind for me. It is hard to look at, keep looking at my therapist when he says things I don't want to hear or asks really embarrassing questions. My hearing friends say they turn their backs or look somewhere else in these situations. No such luck here! If my eyes stray, my therapist knows immediately that I'm running, not listening anymore.

They say the eyes are the windows to the soul, and I believe it. Looking into

my therapist's eyes seems to me to magnify whatever I'm experiencing. With intense feelings I stop hearing and often I can't see either. I know it used to be self-protection but now it frightens me, because I know how much terror it takes for these symptoms to occur.

Outside of the therapy setting, emotional deafness causes other problems. For example, I'm never quite sure if my audiology testing is accurate and how to have my hearing aids adjusted. Testing is done in a soundproof booth and just being enclosed in there makes me start to suffocate. Add to that the testing — missing all the words — and fear of failure, failure to measure-up, just escalates. I try to deal with this by negotiating with the parts to let the stronger ones go. Sometimes it works fair, sometimes it's a bust, because none of us wants to fail anything. I try to go in the mornings when I'm not as mentally tired.

At work (I'm a nurse case manager) there are times when emotional deafness is the last thing I need, but very likely to happen. For example, having to get up in front of groups and speak. Sometimes the only thing to do is to dissociate and find out later how it went. I'm usually surprised to find out I was very successful "We" tell ourselves to say *thank you* and shut up.

I've also found myself in the courtroom over the past four years, and again I was terrified, not sure what I would hear/understand. At the last possible moment "we" pull it off. I'm sure it's dissociation, but it works. Actually, I don't want to lose this ability.

I'm fortunate to have a therapist who, in four-and-a-half years, has never treated me with impatience due to my hearing loss. Believe me, that says a lot! He has noticed that sometimes I can hear and if he doesn't call attention to it, I can do it for awhile. I would love to believe that when this is all behind me I might hear better, but that's hoping for more than I'm willing to risk. For now, I hope to get past the terror and pain so that I don't need emotional deafness anymore. Then my hearing will be stable — whatever it is.

By Rita

Recovering

by Laura O.

Q: I've been in treatment for dissociation several years now and feel I'm making progress. I'm even starting to think I would like to date again! But I've never had a healthy sexual relationship. (It's not all that easy for me, even to make safe friends.) I haven't dated anyone for years. What suggestions do you have for a recovering dissociative person who wants to enter (or re-enter) the dating scene?"

A: First of all, congratulations on your progress! Your desire for connection with others is motivating you to venture past your current comfort zone — not an easy venture, but your courage is to be commended! You also possess insight from past experiences that will prove valuable to you. Your wisdom in this regard will make a difference this time around if you continue to stay aware of it and listen to it.

If we were sitting face to face, I would want to know more about your history: What exactly were some of the difficulties that you had in earlier sexual relationships? How do you view them now, in light of your dissociative diagnosis? It is not unusual for survivors to gain a clearer insight into their problems with relationships once they understand how their dissociative system operates.

For example, in my dating relationships, I found myself caught in a crazy pattern of behavior that was confusing and embarrassing both to myself as well as my date! Later, after coming to understand my system, I realized that certain parts of myself were being triggered. I now refer to them as my "SWAT" team; First, there would be the "professional one," followed by the "cute and sweet one,"

followed by the "seductive one," which gave way to the "scared one," which ended up with the "rageful terrorizer," who very effectively put an end to the relationship. Needless to say, my relationships did not last very long! (This is a rather simplified version of my process, but I think you get the idea.)

How was it for you? Were certain parts triggered in your dating relationships? If so, which ones were they? Another common relationship pattern for survivors is where one personality handles either the entire relationship or most of it. This one personality may have traits that make other parts feel unsafe, such as being overly seductive, overly compliant, or sadomasochistic. Without the helpful intervention of other parts, unhealthy sexual relationships and dangerous situations can result.

Now that I have suggested two common scenarios, what do you do about them? First of all, it helps to build as much safety into the dating situation as possible. Getting to know potential dating partners in the context of group activities is one good way to find safe people. Singles groups affiliated with religious or secular organizations are a possibility. Others include special interest groups, like the Sierra Club, charitable organizations, professional networking groups, and college classes. In group contexts, you can often develop a friendship with potential dating partners and get to know them over a period of time before you date. Another source that gives you a great deal of control are reputable dating services. Through these services, you can learn a tremendous amount about a person before you meet him or her, including values, approaches to sexuality, religious views, and personality characteristics. For situations like

these, I recommend that the first dates be in a public setting, like a restaurant, where you each take separate cars to the date until you feel safe enough with the person to go further.

Once you have created safety in the dating situation, what do you do about the potential for various conflicting alters to be triggered? I recommend having a "committee meeting" with your system to make decisions about how to approach the dating situation. Decide which parts would be best to be active or present during the date; these should include parts that can balance fun with safety and good judgment. Parts who are frightened or might sabotage the relationship with unhealthy acting-out could stay in your internal safe place during the date and perhaps get some extra help in therapy between dates.

If you tend to have one alter dominate the dating situation in an unhealthy way, you need to enlist the helpful influence of others in your system to provide safety and mature decision-making. Again, have a "committee-meeting" with your system, deciding which parts would be most helpful to the dating alter and enlisting their cooperation to be present during the date. Or you might even decide to have a different alter be prominent during the date, with the original dating alter agreeing to stay more in the background or in the safe place throughout the duration of the date.

These are a few suggestions but this is such a thorny question that I would like to hear from all of you! What dating challenges have you run into? What ideas have you had? What has worked for you? Perhaps we can have a followup column in the future.

MV

Laura O. is a therapist who is recovering from a dissociative disorder. She is "mostly integrated" and high functioning. Thank you so much, Laura, for your input! —LW

Internal Communication Systems:

Talking Within Ourselves

We have a place inside our mind that houses all our parts.

The bedrooms of the main ones who interact with the outside world are off the central hallway. We knock on each other's doors to gain permission to enter the bedroom. Anyone can meet in the meeting room, and this is where The Counselor talks to us. The little ones play in the Field of Flowers, and some can come inside to talk or play with others who are inside. Right now, the only one who goes in and out of the fog is Penelope, as that is a place for total quiet, rest, and healing.

The front, central viewing area is for any from the central hallway who need to listen or watch what is going on when someone else is interacting with the outside world. There are listening vents in the walls of that viewing area and they can be opened or closed by the unknown power that determines what is best for our system. I am a writer who lives in one of the rooms in the outside hallway. Those in the outside hallways can go into any viewing area, and can cross from one to the other using the steps and balcony. Those below cannot use this balcony, and cannot hear or see us. We can turn and face the central hallway from the balcony if we need to be aware of something going on in that area.

I must be cautious about revealing certain information here, as there is much that some aren't aware of, and too much information might cause internal problems at this time. Sarah was given the information to complete this drawing, as it contains areas she was not aware of.

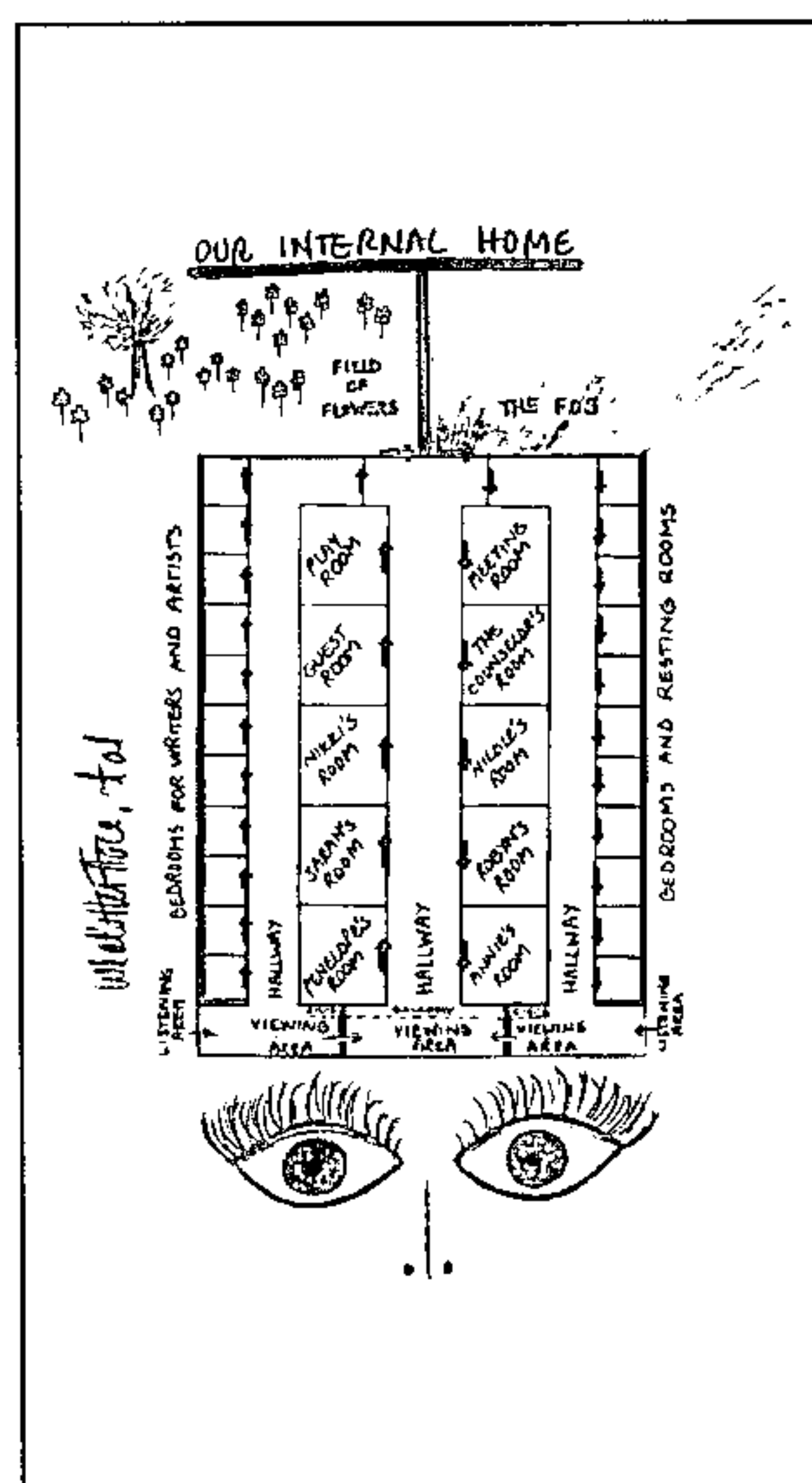
Not drawn at that time are the balcony areas and walkways located above the hallways and central rooms. Only those who have a need have access to these, as we often must observe others to gain information about the condition of those in our system. There are viewing and listening vents that those in the central rooms can't see. Our voices sometimes travel through these vents

and can be confusing or disturbing to those not aware of what is going on. I often put in writing what someone is thinking or feeling, as this can provide a way to make information available to others. Writing this is providing new information to those who read what is written.

We have lived in our internal home for over forty years, remodeling and expanding. There haven't been any major changes made for at least ten years. The number of rooms off the outer hallways represents the layout only, and does not indicate the actual number of residents.

All people who live as we do probably have some sort of internal home, although the ones in therapy may not be aware of much or any of it. Right now some of us are working with our therapist to see the relationship between our home and right brain/left brain anatomy and physiology. I interact with our therapist only in writing.

By What's Her Face, et al



When things get difficult we naturally dissociate. We try to fight it through our large co-conscious. We take turns until someone is strong enough to stay out and take care of the situation and maintain the system. Age is not always a consideration. Having a large co-conscious really helps in this aspect of our fight with dissociation. When someone, especially a child, is out they have internal helpers to help them remember and deal with being out. We play switch-off so that no one gets too tired. It takes a lot of cooperation to survive this way, but it aids in keeping life as normal as possible.

Panic is a major problem for us. We take meds for our panic disorder, and taking turns helps a lot, but too much stress causes us to rapid-shift, or brings a group of kids out who try to take the stress and keep us safe. They work hard and are very good at their jobs; we wish they would play more.

We have different groups who work to get tasks done during dissociative periods. These cell groups connect by relationships and authority. We have specialists and helpers who rally together to deal with crisis. At times, we use a reward system: when the kids shop for us (since we panic in stores) they get to pick out a treat. We try to use the things we learn in therapy to decrease trauma and dissociation. We have a mother-personality who is very close to being a therapist. She helps anyone who is in crisis. She works closely with our therapist to incorporate the things we learn in therapy. She used to be unstable and often suicidal, so we took her authority away, but let her keep her jobs. She has to ask for one of the leaders to assert authority over people. This works really well for all of us. We have two disciplinarians who assert the degrees of discipline and restraint.

This makes things less confusing. If it wasn't for 1985's lead personality, and the mother/therapist's personality, we wouldn't be so close to healing. They both saw/see the need for true

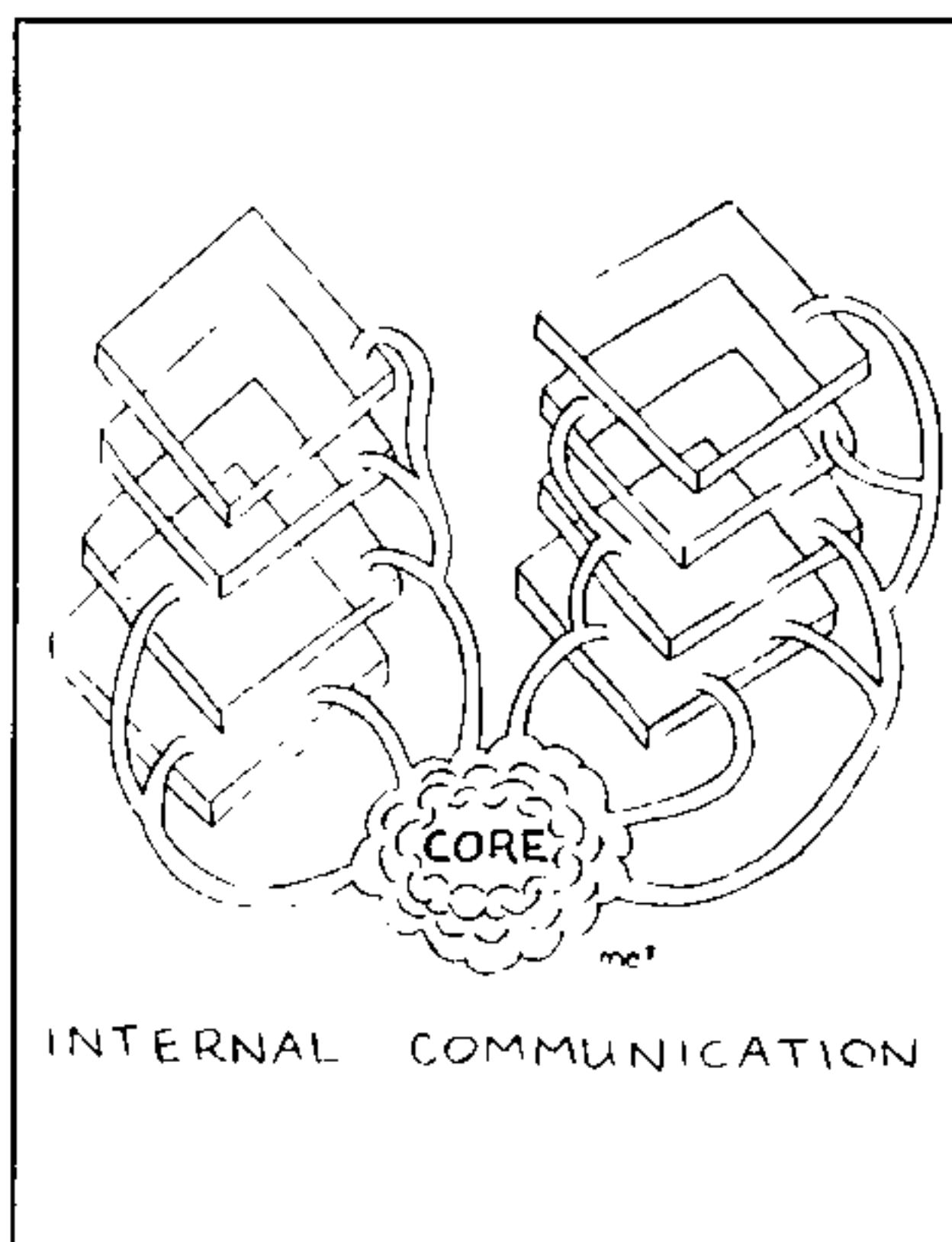
discipline and sought internal helpers to basically force people to toe the line and behave, or pay the consequences. We were in dictatorship in 1989. Our lead male forced us all to mind or get punished, bigtime. Now it's a step system that is tailor-made to our needs. Very few need punished anymore. This has all decreased our dissociation. The tough-love has brought cell groups closer together in their group, and has built bridges from group to group, making it easier to be multi-conscious. Anyone is allowed out or they can stay in to sleep or pal around inside in the world we created after our system failed in 1985.

We do see how some dissociation is healthy, so...it's a daily walk in trust and faith in God, and each other.

By Kristen

By integrating we are solving dissociation problems like forgetting or losing time. We use therapy time to work on and plan the integrating process. We use old internal relationships and similarities to group the people and ready them. We draw graphs and charts to show them what we need to do and where, with whom they belong.

This is helping to clear our mind(s) by consolidating people and opening



the groupized-person to more memory, ability, and utilization of information.

Our problems are in different areas of life: panic attacks, eating disorders, difficulty maintaining healthy friendships because we forget conversations, etc. We have trouble sleeping and have major migraine problems. As our co-conscious has grown, some of these problems have begun to resolve themselves. The headaches are not as strong. They have changed from agonizing torture to localized pain and pressures from stress and integrations. We often can

tell who it is now, and help them to find what is causing the pain, and resolve it. We work on the eating disorders by working on one at a time, being careful to not give any "disordered" person the upper-strength level in their group. This encourages everyone to eat. The panic attacks come into focus when we find who is affected, then we hunt for the reason why, and use prayer, internal support, and common sense to defuse the panic. We are on six different meds to keep panic and hallucinations in check. But we are confident by our co-conscious and integrations that we will get off meds.

We use natural talents to accomplish things. We draw and write well, so we write and draw for expression and resolution. We journal and we use art in therapy. By allowing self-expression, we defuse tempers, problems, and give everyone a chance for growth. We also use a tape deck for the kids to record their stuff if they can't express in writing. This all helps us to focus from our dissociation, because it helps build the co-conscious, and builds bridges from personality to personality. Like a dot-to-dot picture...connect them all and see what you have.

By David

MV

Resources

Backlash Against Psychotherapy is the topic of the current issue of *The Journal of Psychohistory*. You can receive this in depth analysis, plus three future issues for just \$24 (reg. price, \$48). Call toll-free (800) 445-2268 or write to *The Journal of Psychohistory*, 140 Riverside Dr., New York, NY 10024-2605.

Tapes from the *VOICES in Action 1994 International Conference* are available. Numerous subjects of interest to survivors. Call for list. (312) 327-1500.

The *Healing & Arts Studio & Gallery* in Boston, MA offers a variety of groups and activities for survivors and their supportive friends. 731 Harrison Ave., Boston MA 02118. Call (617) 859-9561.

Survivors or therapists negatively affected by false memory syndrome ideology are invited to submit material for a book on the subject. Confidential, but editors must be able to contact writers. For more information write D. Coates, PO Box

29064 Delamont Station, Vancouver, BC Canada, V6J 5C2 or call (604) 731-5243.

If you've been troubled by cutting or self-mutilation, contribute your experiences to a book being prepared by L. Morgart, 2875 S. Nellis Blvd. #A8-235. Las Vegas, NV 89121. Deadline July 30, 1995.

The *Movement to Stop Abuse (MTSA)* is a new anti-abuse educational organization. For info call (703)527-5300 or write to PO Box 28304, Washington DC, 20038-8304.

Ritual Abuse info and resource package is available through *The Stone Angels*, 369 Pearl St. #2, Thunder Bay, ONT P7B 1E9 Canada.

SOS News, for Survivors of Sexual Abuse. Survivor self-help newsletter. Also video: *A Conversation with the Selves*. Write for info to Lou Ross, Editor. SOS, 44 Brookpark Mews SW, Calgary AB T2W 2P3 Canada.

A new address for *Colors of Rainbows*,

a poetry book listed in MVMC#3: Send orders and inquiries to 867 Mt. Union Rd., Scottsville KY 42164.

New support group for partners of people diagnosed with Dissociative Identity Disorder (formerly known as MPD) is forming in Westmont, IL. Call Sylvia at Associates in Counseling & Psychotherapy, (708) 964-4917 for info.

Heart to Heart Ministry offers a variety of programs, resources and publications. Sr. Ave Clark, OP. is available for mini-retreats, etc. Call (718) 225-0326 or write 214-24 46th Road, Bayside, NY 11361.

New songs of recovery by Debbie Hicks. *My Journey...Recovering from Childhood Trauma* is available for \$10 plus \$2 postage from PO Box 561646, Orlando, FL 32856.

Catalog of psychology and recovery books from PsychDirect. Call (800) 331-3761.

Therapist's Page

By Lloyd deMause

Lloyd deMause is the editor of *The Journal of Psychohistory*. (See Resources, this issue.) Though trained in psychoanalysis, deMause does not have a clinical practice. Instead, he has devoted his life and career to researching the interface between psychotherapy and society. The following article is excerpted from a work in progress.

HISTORY AS A DISSOCIATIVE DISORDER

My psychogenic theory of history is based upon the central concept that history contains reenactments of childhood traumas.

Like other dissociative diagnoses, this view sees people as reenacting on the historical stage earlier traumas in such a manner that they seem to be happening to someone else, creating group-fantasies so intense and compelling that they take on a life of their own — a life that we imagine as happening in a dissociated sphere of our lives called "society."

Let us consider a real-life example. An anti-abortion demonstrator goes home at night after picketing an abortion clinic. He has trouble getting to sleep. He falls asleep, then wakes up from a nightmare in which he hears a fetus screaming out, "They're trying to kill me!" He gets up, gets a gun, goes out to the abortion clinic, explodes a bomb, and kills a doctor.

What the psychogenic model sees in this typical "political" act is a person reliving the fear of being killed, a fear that began with his experiencing some sort of terrible distress while a helpless baby and which was added to by other traumatic fears during his childhood. These early traumas are stored in a dissociated part of his psyche/brain, an *emotional memory neural network* centered in his amygdala, rather than the *declarative memory network* centering in his hippocampus.

This emotional memory network acts as a "trauma sink" that collects traumatic incidents and related defenses so that the fully-conscious main part of the personality can proceed with daily living tasks. It is not so much *repressed* as it is *dissociated*. It is a separate, *organized* system that is split off from

the main personality and forged in the social rather than personal sphere. It is a world of fantasy, people by witches and dragons and heroes and monsters, organized by narratives in books and on TV and played out with action figures and in peer groups — all split-off parts of the psyche, experienced as "not-me" and dissociated from "real" personal life, but all nevertheless very real and emotionally intense. As he or she grows up, the child begins to integrate this fantasy life into his or her social life with peers in "play," creating scenarios called "group-fantasies" that embody, re-enact and provide defenses against early traumatic content. These group-fantasies are not repressed, they are dissociated, split-off from the central self, and their connection to the current emotional life of the central self are *amnesic*, so they seem to have a life of their own, a life we term "social" or "political" or "religious."

The process is similar to that observed in the creation of *alters*, or alternate personalities, in people who have multiple personality disorder (DID). A little girl who is raped by her father might handle her horrible experience by imagining she is floating in the air above the bed, feeling nothing, while the pain and disgust and rage is being felt by an alter of herself, lying on the bed. This alter continues a split-off hidden existence as she grows up, perhaps becoming a prostitute, while her "real" self denies that this is really part of her. The alter is a useful part of her; it permits her to continue her life without continuously reliving the undigested trauma and it allows her to engage in sex without her "real" self feeling guilty or disgusted or angry for her father's rape of her. The two personalities often even have different names. They may not even talk to each other. They simply deny each others' existence.

The abortion clinic bomber also has an alter who acts out his revenge for his earlier traumas, the only difference being that other people in society collude with his central delusion that he has to avenge the fetuses who are crying out, "They're trying to kill me." A group-fantasy, then, is a collection of individual *social alters*, an agreement by groups of people to pool their traumas into a delusionary social construction.

Social alters have four main characteristics: (1) they are repositories of early traumas (2) that are organized into dynamic defensive structures that help prevent the traumas from overwhelming the main self, (3) they are split off by a wall of denial maintained in collusion with others and (4) they are acted out in group-fantasies embedded in political, religious, and social institutions. Social alters are like giant emotional suitcases into which we stuff our most extreme fears and feelings. Except for a few psychopaths, most of us keep these suitcases in the closet, locked away from our daily lives, but we lend the keys to delegates whom we depend upon to act out their contents for us. Periodically, this delegation becomes impossible to control, all our suitcases explode, and their fearsome contents are loosed upon our everyday worlds in wars.

All the human characteristics of the basic conscious personality — having self-awareness, being able to imagine consequences of actions, being capable of feeling empathy for others and for one's self, being conscious of the passage of time, being able to construct the future, being responsible for one's actions — are quite foreign to our social alters, and therefore are not elements of the group-fantasies we act out in history. Even the language of social alters is special, since it must communicate with others in elliptical

form while it remains hidden to our central selves. Therefore, the content of group-fantasies is conveyed by secret *embedded messages* rather than clear, overt communications. Groups speak this embedded language when they are in a state of *group trance*; leaders of groups must therefore be adept at trance induction techniques in order to accomplish their delegated tasks.

Every group that organizes, even a small group, constructs group-fantasies that draw upon the pooled social alters of its members. Small groups of a dozen or so members regularly collude in delusional notions about themselves: that the group is different from and superior to all other groups, that it has physical boundaries that can protect it, that it can provide endless sustenance to its members without visible effort, that its leader is powerful and controls the members, that scapegoating is useful, that it is besieged by monstrous enemies from without and stealthy enemies from within, and so on — all defensive structures organizing shared traumatic content. No group is too small to organize the social alters of its members, but the larger the group, the more irrational the group-fantasies it is able to organize and act out. For almost everyone, for instance, it is only as members of nations that we can torture and kill other people, and it is only as nations that we collude in such every-day accepted delusions that our leaders control us, that majorities are right, that cruelty is justice, that other people are not human, etc.

Groups seem to act out what appears to be a *non-personal* history that exists "in reality" but which is not believed to be a result of the emotional life of any individual. That is, all the connections between society and self are amnesic, nations seem *sui generis*, so that individuals can deny responsibility for what they do and social events can appear quite without motivation. Thus, historians and sociologists can write tens of thousands of volumes on war without ever once mentioning the words "anger" or "rage." The world has agreed to apply these emotions only to individuals, and collude in saying that

wars are fought only by entities called nations, who do not feel anger, entities which are like alters to us because they embody and carry out our shared fantasies of revenge. The "nation" part of us never talks to our "real" self and is considered as not really part of us. Soldiers who kill in wars, for instance, are not murderers, and politicians who cut off welfare to children are not child killers because these actions are imagined to be part of a different reality system, a dream-world of pooled social alters that is not really our responsibility, somehow not really "us." It is critical to believe that there is to be no connection made between "I am Lloyd," and "I am an American soldier shooting a rifle in Korea," just as there is to be no connection made between the separate alters of a multiple personality. Yet in both cases there is a radical vertical splitting of the psyche. Our most dissociated personality is our social self.

Comparably few people are clinically diagnosed as having multiple personality (or in the new terminology, Dissociative Identity Disorder), although as "voices in the head," the phenomena is turning out to be more common than has been previously believed. But everyone, I will argue, forms social alters that act out split-off feelings in the dream-world we call society. Social alters begin their independent existence in infancy and grow into the organized group-fantasies of adulthood, while retaining elements that betray their earlier origin. Thus, the traumatic material of childhood that begins being organized by fairy tales and movies and TV programs and schools are transformed into dragons and knights and then Klingons and Captain Kirks finally end up as Evil Soviet Empires and Americans fighting Star Wars. However disguised from their infantile origins, these political Star Wars fantasies are not really repressed; they are *dissociated* from our central selves by our social alters, then shared and made real by shared delusional visions of the world and multi-billion dollar constructions that are group-fantasies made concrete.

That we can all switch between our central selves and our social alters so easily without anyone noticing it is a

testimony to the power of our social trance. Multiple personalities, too, existed long before they were clinically recognized — they were called "possessed" or "crazy" — and no one noticed that they were amnesic to the main personality. It is not difficult to see politicians, for instance, switch back and forth between their central selves and their social alters. Speaker of the House Newt Gingrich will stand on the floor of Congress and speak at hours about the necessity for cutting off allowances for children (AFDC, WIC, food stamps), actions that would deprive over eight million children of basic food and shelter, and then in a blink of an eye switch from his social alter to his central self and from the same podium give a speech calling for tax credits for the poor to buy laptop computers so they can get on Internet. What has happened is that he has switched from his social alter, acting as a delegate of the nation's desire to sacrifice children, to his own main personality, which he says enjoyed surfing the Internet the day before.

Each Gingrich was amnesic to the meaning of what the other had said; the central self was separated from the social alter by a wall of denial that all of us collude in maintaining. Millions of people watching him or reading about his speeches the next day agreed not to notice that two Gingriches were speaking. We either nodded in agreement or, at most, said providing laptop computers for ghetto kids was a "crazy" idea. One columnist ("Newt to Poor: Let Them Eat Laptops")(1) pointed out that ghetto children don't have much use for tax credits since they don't pay taxes. But even he wasn't curious how Gingrich could simultaneously champion both starvation and computer literacy for poor children. Like early observers of multiple personalities, we often label other people "crazy" when they reveal social alters that don't fit our own group-fantasies, but we never notice how and why and when they move in and out of these "crazy" alters.

Social alters are evolutionarily adaptive. Historically, we all began as multiples, as sets of alters without a central self, controlled mainly in our lower limbic systems and living with

Continued on Page 12

THERAPIST'S PAGE, *Cont'd.*

little self-consciousness or empathy. People only began being able to form fully conscious central selves as the evolution of childrearing allowed us to evolve our psychic/brain structure. By splitting off our social alters, we have been able to remain "sane" and get about the daily business of living our lives, while walling off in a separate part of our brain/psyches our most painful traumas and deepest feelings, acting them out in wars, social violence, economic exploitation, and other social rituals.

Hidden in our social alters are all of our hurts ("Why was mommy so mean to me?" "Why did daddy hit me so much?") disguised first as fairy tales ("Are there witches?" "Will the monster kill me?") and finally as social questions ("Shall we take children away from teenage mothers?" "Is Saddam Hussein a new Hitler who will blow up the world?").

That these social alters contain organized fantasies that are shared by millions of others is crucial to the

maintenance of their split-off condition; otherwise, they would appear as "crazy" as they really are. So important to sanity are these social alters that when one element of a national group-fantasy is removed, tremendous anxiety is created that has to be defended against by creating a replacement. For instance, the disappearance of the Evil Empire in 1989 unexpectedly led to an outbreak of enormous shared anxieties by Europeans and Americans, anxieties that were then defended against by constructing new internal enemies like immigrants and welfare mothers to replace the missing external enemy.

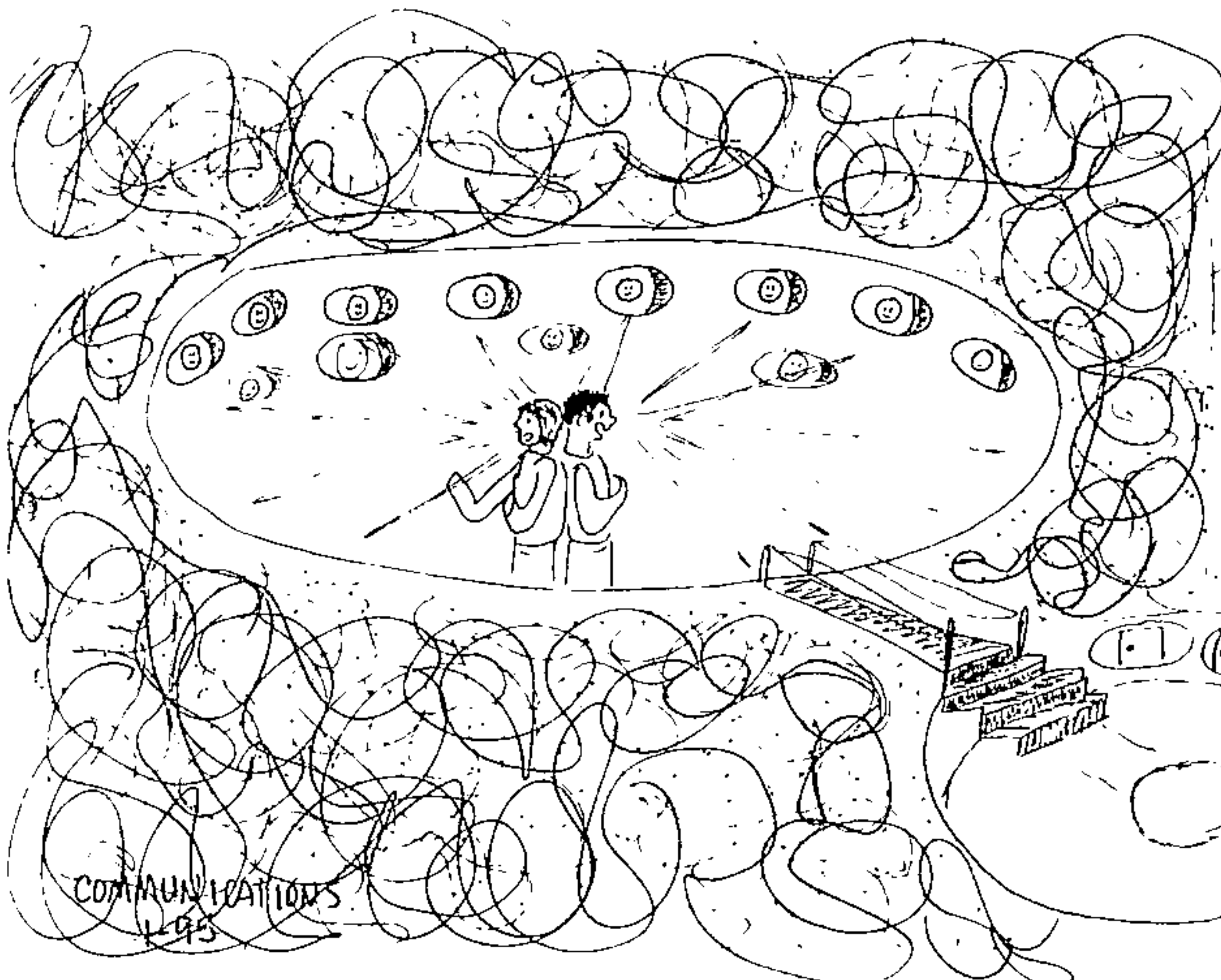
Parents and other caretakers create the two elements of social alters in children: (1) the traumas of childhood, and (2) the shared defenses for dealing with these traumas. Each society has its "culture," that is, its shared defenses against childhood traumas. People who have so *many* traumas they cannot join organized cultural defenses and participate in the rituals of society are termed "insane," that is,

their traumas have invaded their common, everyday life, and they are usually put into mental hospitals. People who have so few traumas they do not *need* to join social rituals are termed "individualists," considered alien to the "culture," and usually choose not to participate in the wars, social violence and economic exploitations of their age.

The dream-world of the social alter, then, is the ultimate source of the emotional life of all groups, including modern nations. Trying to integrate the split between individual and society, between personal emotions and group-fantasies, is a therapeutic task of considerable dimensions that accounts for much of the resistance encountered by psychohistorians in trying to describe how history reenacts our personal traumas. It explains why psychohistory, like good psychotherapy, is a voyage of *self*-discovery, why nothing is ever discovered about society "out there" until it is first uncovered "in here."

MV

(1) Mitchell Moss, "Newt To Poor: Let Them Eat Laptops." *New York Newsday*, January 29, 1995, p. A30



We Try To Talk

We try to talk to each other
 But somehow the words
 are lost,
 Or maybe someone
 steals our words.
 Unfortunately a mist obscures
 Our vision, or we would lip read.
 Even notes passed between
 Become torn, and soiled, then
 Illegible to all — a waste.
 Perhaps we should try
 cellular phones.

By Linda & Co.



I read somewhere that humor is born from sadness and tragedy. I don't think that's true in all cases, but perhaps in some degree mine.

Our Internal Communication System are Animals. Drawing them since I was a child, I would hide them under a corner of the carpet in my room. Drawing wasn't encouraged and "secrets" had to be kept.

They were created and drawn, after the abuse, when we would "leave" and "come back" from our journeys. A technique I could also obtain by rocking or banging my head on my mattress with a monotonous hum to sleep. (Altering the state of consciousness, I've come to learn.)

In being alone *here*, there were always animals or people *there*, to comfort and help.

So we became animals, drawing our life masked in symbols and humor.

"We've" been in-and-out of therapy before, and "our help from *there*" diagnosed us here. (Much to the therapist's surprise and confirmation.)

But artwork wasn't understood or used much in therapy and "head banging" was out of the question.

So...leaving therapy, going back, being turned away, and not finding much else, we realized traditional psychotherapy just doesn't work for us. And in being the "psychotherapy misfits" that we are, I turned to our own, old resources.

Once again we are banging our head (a 24" drum head, that is), drawing, and finding ourselves, our stories, and our help!

Mayhem is not on paper and not acted out so much in daily life. I find much humor in our "human condition" (especially when I'm drawing it, and not living it).

I thought in sending this, it might help others to see their humorous side, and to know they're not alone. And besides the fact...we don't have carpet anymore. Just hardwood floors!

By Noah

Letters

You are welcome to comment on the following letters. We will forward letters to the writers and may publish some replies in whole or in part, if you give permission. —LW

Dear Kindred Survivors,

I have a moral/spiritual, painful matter I am trying to deal with, and I hope by writing into this forum we all share, that some of you may offer me your insight, wisdom and help.

I/we have realized that we are at times stealing small items from the local general store and even more distressing, there is a means available to us in which we have been stealing cash from someone, undetected.

We keep hoping and working hard to stop this scary behavior, but it seems to almost be a cavalier attitude and "pride" attached to the behavior, that we are so adept at it. "Being good" at something seems to be a pat on the back to the pain and low morale experienced inside here.

I think "they" or "he" consider it an attribute — almost like being a sleuth or a very good detective who is perceptive enough to think well enough to do this, because otherwise, mentally, we seem "slow" to ourselves (as in IQ).

Thanks for listening.

Sincerely, Andrew.

I'm in a business meeting with "normal," "together," educated people.

We're discussing the benefits of a particular youth program for adolescent girls. The focus changes from what the program has to offer us and our daughter to why we are seeking placement for her outside our home.

Suddenly the triggers start and I'm caught up in an avalanche of inappropriate behaviors and feelings — such as fear, sadness, and anxiety. I begin to lose contact with the other eyes around the room. I stare oddly into space and tears well up in my own eyes, so I fight them by repeatedly shifting and adjusting my body position. I startle and jump at common sights and sounds within the room. Everyone notices my uneasiness. By now, I just want to leave, you know, but that wouldn't be at all appropriate. Actually, I'm sure I have already gone and mostly just want to come back.

"I have been diagnosed with a dissociative disorder," I explain. They don't know what that is, so I say, "Sometimes I dissociate when I am triggered by things in the environment." Now they are looking at me expectantly, not fully understanding what I am saying. "Well, I don't know how to explain it!" a part of me states. And that's the end of that. I am left with feelings of shame and incompetence. They don't understand, and I don't know how to explain it to them. Any suggestions?

— B/S

MV

Conferences Etc.

Fifth Annual Southwest Regional Conference on MPD/DD. April 1, 1995. Albuquerque, NM. Call (505) 277-3905 for info.

10th Akron Regional Conference on Trauma, Dissociation, & Multiple Personality. Focus: *From Survival to Recovery.* April 27-28, Akron, OH. Call Marilyn at (216) 384-6525 for information.

The 8th Western Clinical Conference on Trauma & Dissociation, April 27-29, 1995, features *Discovery & Recovery: Ethical, Legal & Clinical Issues in the Treatment of Trauma Survivors.* Contact Susan Connors at (714) 978-0895.

Freedom Fest '95, The Weekend "Out", April 7-9, 1995 in Bowling Green, OH. A lesbian, bi-sexual, transgender and gay issues conference and comedy/music festival. Call (419) 874-7401 for information.

The ISSD Fifth Annual Spring Conference, May 10-13, 1995 in Amsterdam, the Netherlands. Also coming up, the **ISSD 12th International Fall Conference,** Sept. 14-17, 1995 in Orlando FL. For both ISSD conferences, call (708)966-4322 for info

Ritual Abuse Seminar Series: Trauma

& Recovery: Staying Afloat. May 13, 1995 in Oakland, CA. **Survivorship Storm Watch** Sept. 16, 1995. Call Mardra or Paul, (916) 648-8010 for info on this series.

Fifth Annual Celebration of Healing: June 2-3 in South Bend, IN. Call (219) 256-0010 for info.

June 7-11 in Tucson, AZ: **Third National Colloquium of American Prof. Soc. on the Abuse of Children.** Call Joye Knight for info: (312) 554-0166.

Seventh Annual Eastern Regional Conference on Abuse and Multiple Personality. June 8-12, 1995 in Alexandria, VA. Call (202) 965-8454 for info.

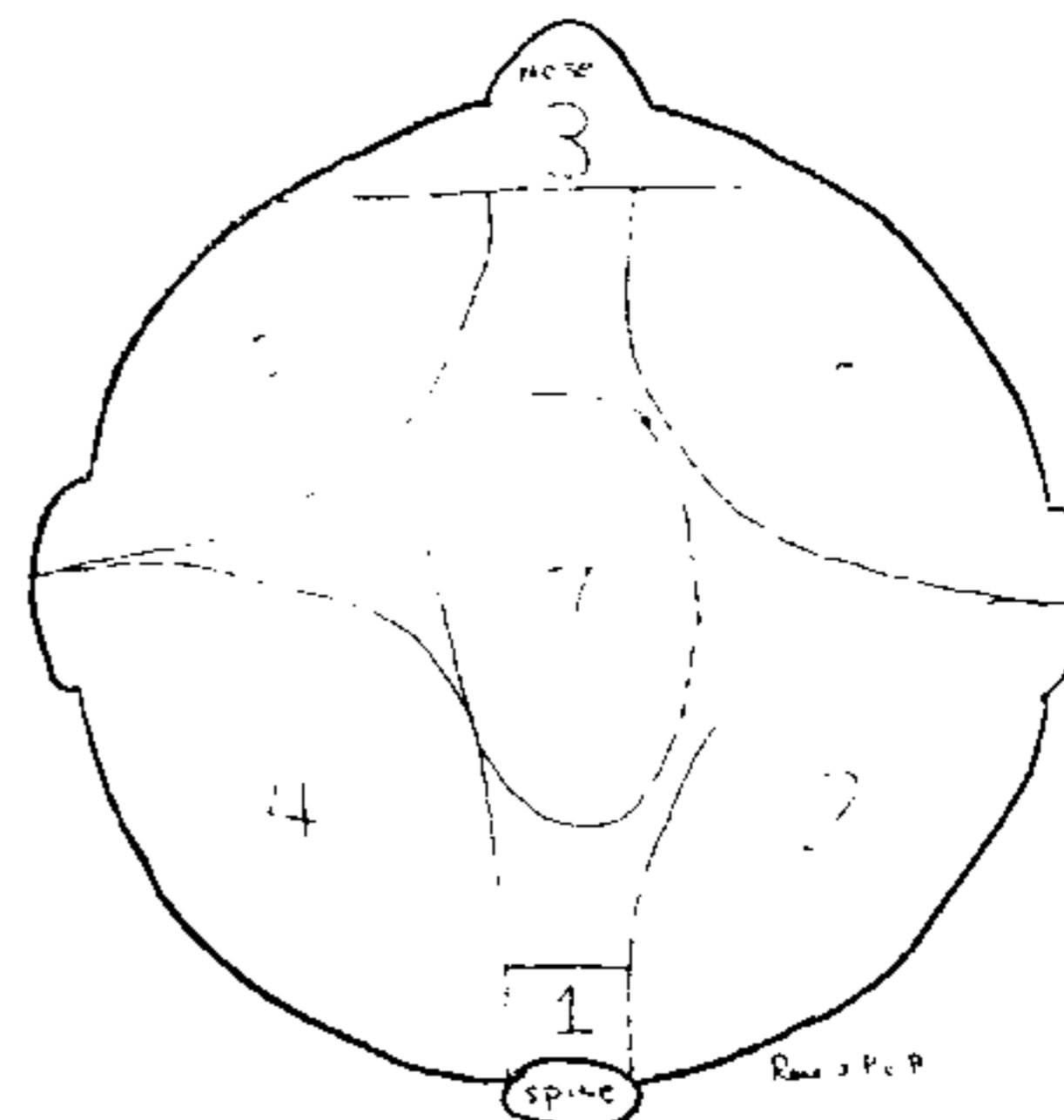
Believe the Children Third Annual National Conference. Arlington Heights, IL. June 16-18, 1995. For info: (708) 515-5432.

Sept. 16, 1995. **West Coast Conference on Childhood Sexual Abuse.** Southern Calif. (310) 373-1958 for info.

Midwest Regional DD Workshops. November 1995, Chicago. *Maximizing the Treatment of Dissociative Patients in the Outpatient Setting.* Contact Bennett G. Braun, M.D. at Rush North Shore Medical Center, (708) 677-9600.

Communication Via Headaches

This aerial view of my head shows how my internal selves communicate with my external self, via headaches.



1) The headache will center in my lower head/spine area but may extend into one or both shoulders. There may also be a choking sensation in my throat. Fear is being expressed. Possibly the external self is being alerted to dangers, triggers, or an imminent abreaction.

2) Anger and/or protection needs are being conveyed. Perhaps my boundaries are being violated or I may be treating myself badly, or I could be cooperating in someone else's maltreatment of me. Maybe I am confiding in/relying upon/trusting someone who my internal selves know is abusive. There may be anger of which I am unaware which needs processing.

3) These headaches are similar to sinus headaches, sometimes including eye aches. Childlike issues are being communicated. It may be time to balance adult activities with more playful, gentle, stressfree ones.

4) Adolescent needs are at issue. Usually relational concerns or care of our physical self.

5) Shame and/or guilt has been evoked. Maybe it is time for truth/affirmations review.

6) Performance-oriented/task related/action to be taken.

7) These headaches feel like cradlecap with itchiness. Autonomy and core issues are present. It is time to withdraw from all else to care for me.

When I realize what internal selves are telling me, I respond orally, in writing, or through thoughts. I thank them for the information, explain what changes I plan to make, and request release from the pain.

By Rose GPGGB

MV

Coping Skills Group

Together:

We support each other
Exploring the community outside.
Sharing laughter and taking risks.

Looking for positive reinforcement
To decrease our isolations we have formed
These are our expectations.

Individually:

Our group shows us that we are not alone
There are others who feel the same way.
It helps us when we're fighting the battles.
It helps us make it through another day.

I have found friendship.
We support each other daily.
It's safe to be who we are,
And throw the mask away.

To have lived a life
Which brought much strife
From this group I get a release for a time.
To laugh a little, to share a little,

To be able to continue to try.
So then shall come a time
When life is not filled
With so much strife.

Learning from each other.
Being accepted for who we are.
Sharing myself, my humor,
To encourage, to enlighten.

We can walk many paths alone
But we choose one path together
To explore, enrich, grieve, and share
In order to reach a concord within us.

I learn coping skills that
At times seem to stray.
Art, writing, crafts, and talking
Are skills I use each day.
Together:
Safety,
Fear changes to satisfaction
Release and determination.
Acceptance
Accomplishment
And completion.

By the Group Members: Arlene, Linda, Joann, Michele, Helen, Frances, and Sarah



We rarely speak directly to each other, but we do watch and listen to whoever is using the outside body. This way we learn lots about each other and get to see what others are like. It is important for us to live alone because then kids and parts feel safe enough to run around the house talking, singing, and playing with Hunna, our dog. This is how we learn about each other and communicate.

By Clue

Books

The Power Model Lifebook For MP
By Kay Bennett and Susan Redford © 1993 by Dove Publications, PO Box 11786, Casa Grande, AZ 85230. 97 pages, large format, softbound. \$24.95 ea. plus 10% shipping.

This is a workbook for people who dissociate, based on "child/parent/adult" concepts of power ownership and sharing. The beginning is made of up charts that sound very like the "history-taking" done in a good therapists' office: identifying current problems, creating a genogram, or family-history; making contracts for safety, etc. There is ample suggestion that the workbook should be used *in conjunction* with therapy, and exercises regularly shared with the therapist. The trademarked "Power Model" labels child-power as emotional representing "the past", parent-power as mental, representing the ego and "the present", and adult power as

physical, representing action and "the future." Spirituality is also emphasized. This book offers a different way to approach guided journaling, and may be useful to those who are new to introspection and learning about their inner world.

The Little Star's Journey
A Fairytale for Survivors of All Kinds
By Natalie Hale © 1995 by BSC Inc. Publications, 2522 Highland Ave. Cincinnati, OH 45219. (513)221-8545. 50 pgs. Paperback. Illus. \$12 plus \$3 shipping.

Author/illustrator Natalie Hale, a survivor of severe childhood abuse, has found renewed energy with her recovery. This book, an allegory of survival and life enhancement, is a result of her now-focused creative powers. Little Star travels through many perils, the worst being life as a human raised by ogres. Though she suffers, she finds the courage she

needs to endure from her spiritual mentor, and finally overcomes the evil that surrounded and trapped her. Beautifully illustrated, *The Little Star's Journey* will provide comfort to many.

Hope in Healing

By Mary D. and Tess E. Published by Source RE Source, 988 N Bloor St. West, PO Box #10546, Toronto, ONT M6H 4H9 Canada. (416) 466-4435. 50 pages, paperback. \$10 plus \$2 shipping.

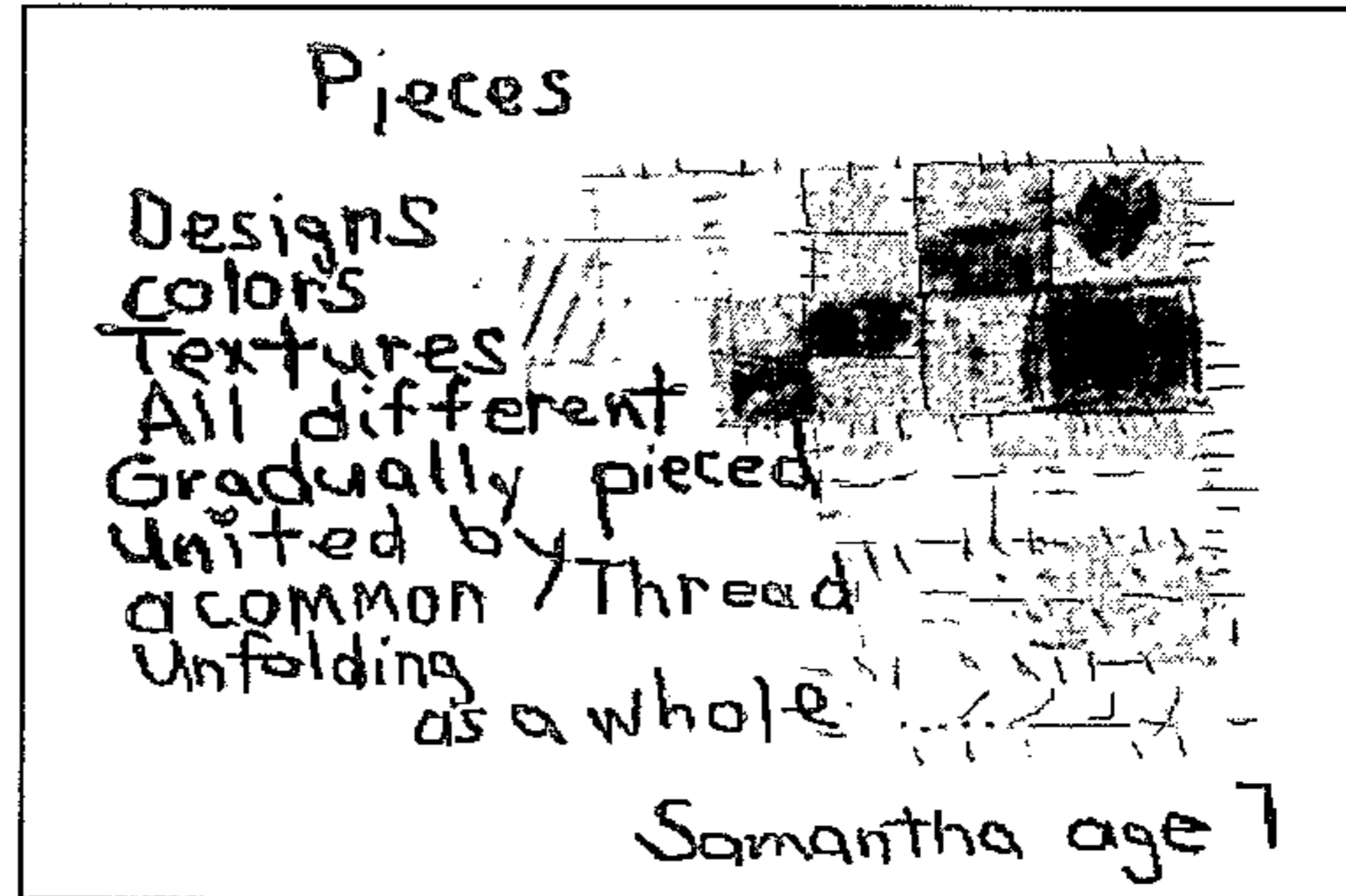
A simple, easy-to-read booklet for sexual abuse survivors, *Hope in Healing* covers the important subjects: realizing it wasn't your fault, denial, telling, experiencing emotions, setting limits, memory, and more. Throughout, are featured "i" and "u" blocks - "i" being the briefly-described experience of one of the writers, (who are survivors) and "u" being empty, for the reader to fill in. A constructive, helpful guide for the newly-diagnosed.

THANK YOU !

For the dynamite work you sent for this issue ! We had a very tough time choosing, and several more pieces are already on the computer & will be fit into upcoming issues.

We can always use more art: (vertical or square preferred for covers, horizontal OK inside) and HUMOR. Cartoons are great, and we also like humorous essays, ideas, games, whatever. Something to make this process a little less tense. Also short poems and fillers. (Right now, we are oversupplied with longer poems.) And of course, keep writing for topics/non-topics. YOUR healing helps others heal!

—LW



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.

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.

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.

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.

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