

# ● MANY VOICES

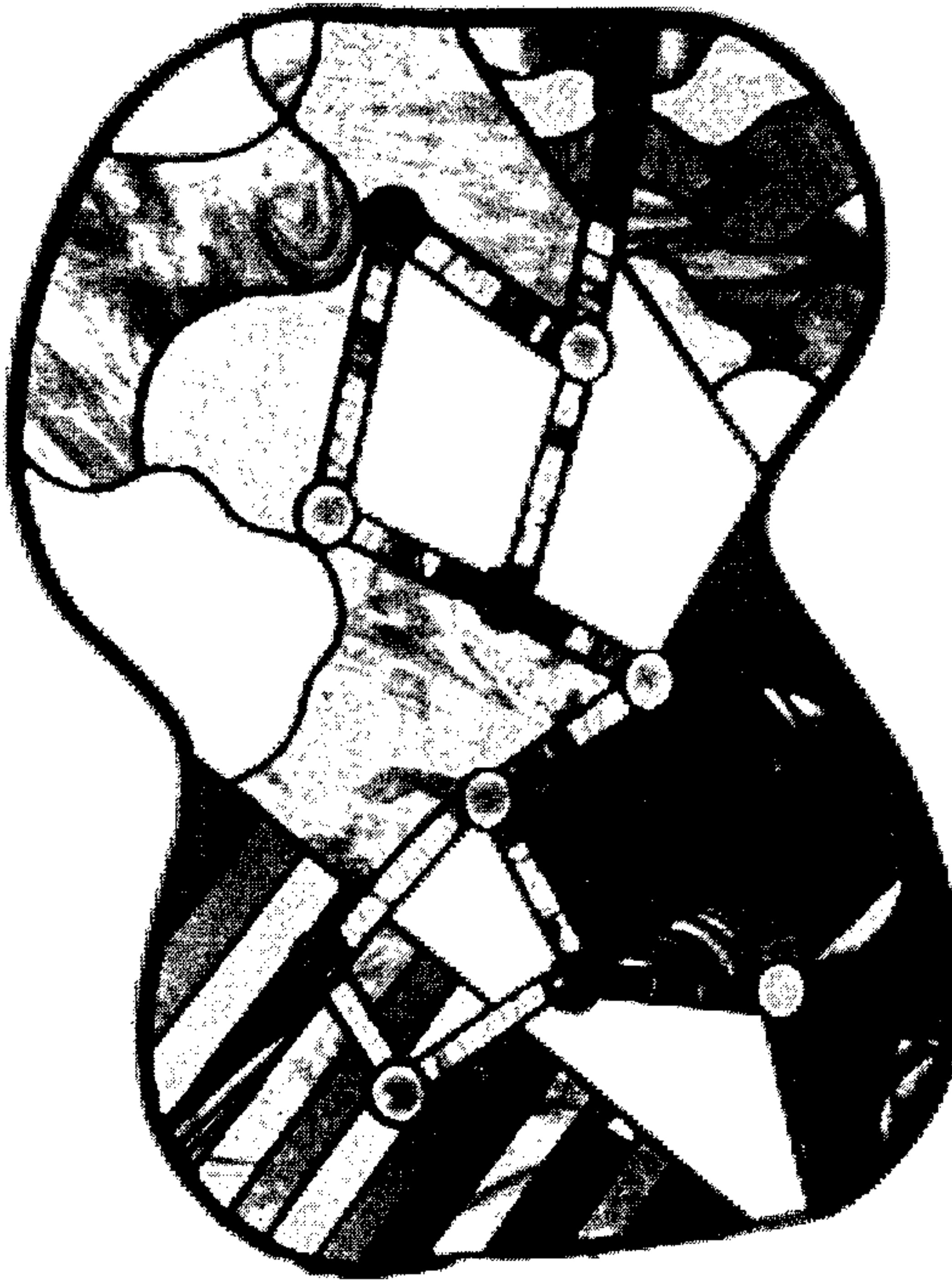
WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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## Caring For Our Bodies



### Pain and Healing

This abstract design uses leadlines, colors and glass to represent:  
The Physical pain that comes to the body...muscular, migraine, TMJ...  
The Emotional pain, that must be experienced to heal from abuse and learn to feel again. The Therapies involved to pursue healing, repetitious yet necessary... physical, psychological, dental, accupressure...The Gentleness of healing that comes from the touch, in words, and support...The Undiscovered-blank spots are represented by the clear glass; some are irridized to show hope for the future. The DNA chain through the panel is connected by faceted jewels. The jewels are representative of the medicine men who are the real "jewels" that keep a person connected through the healing process.

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1996

### February 1996

Beginning therapy for dissociation. First steps in crisis management, realistic expectations. Hope. Share your experience with those starting to heal! Glossary included. ART: Finding peace within. DEADLINE: Dec. 1, 1995

### April 1996

Relationship Q and A, for men and women with DD and their partners. Your toughest problem and how you handle it. How do people in therapy find and maintain a (new) loving relationship? Ways to establish healthy social contact. ART: Sociable activities. DEADLINE: Feb. 1, 1996.

### June 1996

Finding a new therapist. Dealing with loss and change in the therapy setting. How to pay for therapy. Coping when you're "in between" therapists. ART: Your ideal place for treatment. DEADLINE: April 1, 1996.

### August 1996

Loving yourself into wholeness. How you learn to transform self-injury or self-defeating behavior into self-nurture and self-respect. Improving co-consciousness. ART: Healing wounds. DEADLINE: June 1, 1996.

### October 1996

Choices, choices. Making room for multiple interests, varying skill levels among alters. How to select appropriate work for your stage in therapy. Also, ways to fight the stigma of "chronic mental illness." ART: Draw yourself(ves) and a favorite activity. DEADLINE: Aug. 1, 1996.

### December 1996

Dream work. Sleep disturbances. How to get a good night's sleep. ART: The place where you sleep best. DEADLINE: Oct. 1, 1996.

MV

# I've Got To Keep On Moving

By Jigsaw

About five years ago I realized that I had spent fifty very busy years avoiding a basic truth: I had been seductively misused sexually during most of my childhood. The summer my memories finally caught up with me, and after I returned to driving, I would sit in my car at a stop sign or stop light and feel myself simmering in my own juices. That was my way to describe my high anxiety. I kept begging for a break from my own hyperness — even for an hour. The low boil continued. My life-long addiction of choice is work. "I've got to keep on moving."

My therapist suggested Brain Wave therapy (a form of biofeedback) with me. The numbers on her computer screen recorded my anxious hypervigilance. She said that although I didn't present myself as hyperanxious, she had to reckon with what those numbers said. What a great relief to have someone out there measure and confirm the hyperness of my inner world! She explained diaphragmatic breathing (breathing from deep within the belly), she selected a dozen tapes from her library, I checked them out and tried each one. Not one tape was just right for me. "I've got to keep on moving."

I remembered a segment of Bill Moyer's PBS television program, *Healing and the Mind*. (There's a book by the same name.) Dr. Jon Kabat-Zinn took Bill Moyers through the Stress Reduction Clinic at the University of Massachusetts Medical Center. Kabat-Zinn espouses no specific religious world view: it's neutral. His approach is designed to help a person develop mindfulness, to lower anxiety, to breathe deeply, and to be *in the moment*. I can still see a woman who was taking the class, doing her assignment at home. Lying on a carpeted floor, she followed Dr. Kabat-Zinn's instructions on a cassette audiotope. At that time I thought *I wish I were in that class*.

And I learned that he wrote two books — *Full Catastrophe Living* and *Wherever You Go, There You Are*. Best

of all, in the back of the first book I found an order form for the tape. I have listened to Side One now—the guided body scan—almost one hundred times. It brings me down when I am wound up, yet there's no unpleasant aftertaste (as with some tranquilizers). Usually, I am able to collect myself, sort of to gather myself up. He encourages me as a listener to stay in the present as he helps me focus on breathing and directs me to go over parts of my body from the toes up. Dr. Kabat-Zinn says, "It's important not to try too hard—that just creates tension." My life is all about trying too hard in the wrong direction.

While going through the tape, I've had very different responses. When frazzled, I almost always end up feeling more centered and connected inside. I've slipped into my twilight zone and some helpful material has come up. I've fallen asleep. I've experienced curious body sensations. I've heard voices my busy-ness had shut out. I've enjoyed the present moment.

Now I have the tape recorder on the floor by my bed so that, in the early hours of the morning, all I need to do is push a button. Here's my ideal night (which I can manage only a few nights a month): I go to bed early and go to sleep either talking inside or reading something not related to my job. I awaken early—three or four in the morning—go to the bathroom, eat an orange or banana, brush my teeth, settle back in bed and listen to the body scan. Then I fall back to sleep. A few hours later, I awaken—almost always remembering a dream or two that needs to be worked over. I go to my computer, access my journal file (a password gives me absolute privacy) and write out the dream or whatever is coming up.

I think I'm enjoying other rewards of this mindfulness. Recently I spent a Saturday morning reading in bed—then I simply closed my books and spent time looking out a window at the trees against the sky. I was not feeling particularly happy, just sort of peacefully neutral. Out of the blue, my

thoughts went to a sailing vacation some friends have asked my husband and me to take with them—all expenses paid. Coming from a family of pathological savers and workers, I still can't wrap my mind around this exquisite holiday. I started to belly laugh—I actually lost control—laughed so loud and hard that my husband came into the room to find out what was up. Then he started laughing—my laughter had kicked off his! Would I have laughed like this if I hadn't been doing the body scan for months? My laugh is characteristically shallow—like my breathing. The belly laugh felt like waves of healing rippling through my body.

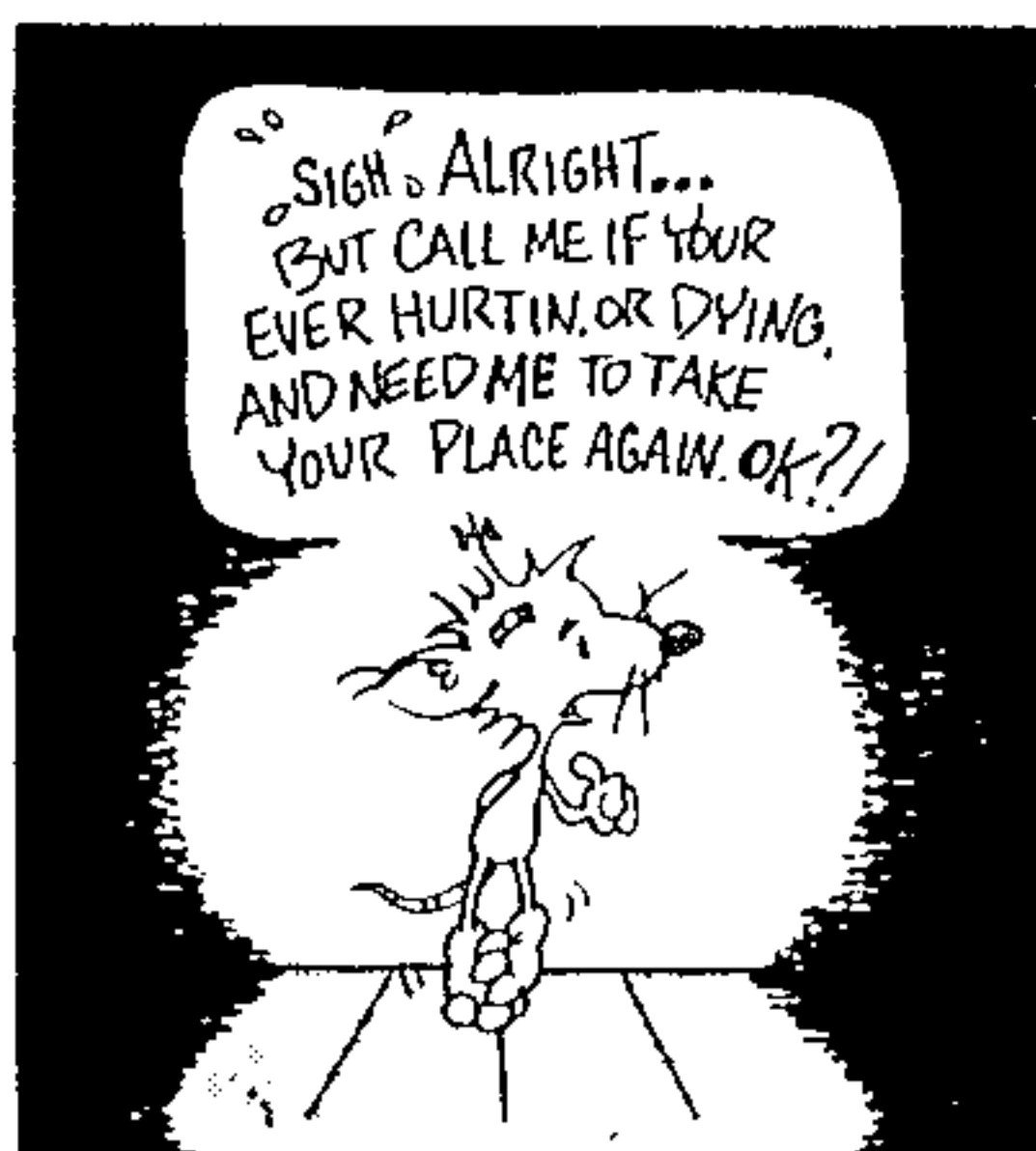
My therapist pointed out that I started to laugh *only after* I was doing *non-doing*. What if I had had the tape five years ago when my memories broke and the cataclysm inside felt so total? I tend to think that whatever serves as a breakthrough for me will serve all my friends who have been abused. But in my clearer moments I know that everyone's recovery is unique: each of us is so distinctive that each needs different things at different times. My own anxiety is still too high. I'm aiming for lower anxiety, not total cure. I'm learning to content myself with steady progress in the right direction.

As I write this piece, I am heading to see my 85-year-old severely asthmatic mother. A year ago I gave her a recording of the sounds of a running brook. She liked it: "Well, the sound sort of knocked me out. I found myself on the other side of the stream." (The brook that runs by her childhood home.) From time out of mind, I have felt her anxiety as if it were my own. The body scan tape is in my suitcase. Will her response be like-daughter-like-mother? I think ahead—each of us settling into a comfortable position and tuning into our bodies as we, following the directions of the body-scan, practice *non-doing*.

I've got to keep on listening.

## Be Aware !

MV received some ideas for this issue that may not fall under the guidelines of "accepted practice" for treatment of dissociation. We are not "recommending" these techniques, but are sharing the experiences and opinions of those who write about them. If you and your therapist choose to explore "hands-on" techniques, please be especially cautious about the possibility of triggering and/or boundary issues. - LW



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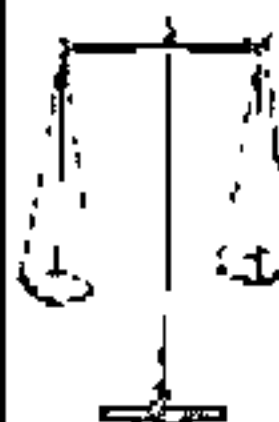


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## Do YOU Relate to These Quotes?

Submitted by Laura B.

"Come out, wherever you are!"  
"I am not myself today."  
"Double your pleasure, double your fun."  
"I couldn't help myself."  
"You, and who else?"  
"Haven't we met before?"  
"There is safety in numbers."  
"My left hand doesn't know what my right hand is doing."  
"Birds of a feather flock together."  
"You are known by the company you keep."  
"I keep telling myself..."  
"You're just trying to get on my good side."  
"I don't know what came over me."  
"I don't want to see myself coming."

"Knowing who you are is more important than what you know."  
"Who do you think you're kidding?"  
"We'll have to get together some time."  
"Oh, I just put two and two together."  
"I don't know whether I'm coming or going."  
"I didn't know what I was doing."  
"I hear you knocking, but you can't come in."  
"If it isn't one thing, it's another."  
"We're going to have to stop meeting like this."  
"I guess you are wondering why I called you together."  
"One of us has to take out the garbage."



# Therapist's Page

by Lois A. Toevs, M.D., Ph.D.

Lois Toevs M.D., Ph.D. is a Family Physician practicing at Los Alamos Medical Center in Los Alamos, New Mexico.

I want *MANY VOICES* readers to know that many of us in the Health Care profession are trying to better the care given to D.I.D. and Dissociative Disorder patients. We are not all pompous and arrogant. I am part of my patient's "team." I help advise, console, and guide. It is not my place to force or coerce my patients to do my bidding. That is not care-giving, but tyranny. Because I have the knowledge to heal, I do not have the right to use my power to control others. But I do have the right not to participate in enabling destructive activity in a patient.

I continue to be concerned about the medical treatment given to dissociative people, especially when they need emergency care. To prevent further revictimization, I would like to present my way of helping medical doctors to better understand dissociative patients, incest victims, rape victims, and victims of childhood abuse or ritual abuse. Therapists may wish to share the following information with emergency room physicians in your area who may need more knowledge about dissociative or previously-abused people.

My MPD (D.I.D.) patients were terrorized as children, often were punished by torture at the whim of some authority figure. Just about every method we use to medically treat a patient has been turned into a method of torture and used on some small children or teenagers.

Doctors interact with these patients often when they are *in extremis* from another self-mutilization or suicide attempt. The person you see, the person you are speaking to, the person you are forcing tubes down is seldom if ever the personality that tried to take her life or the life of the "system" of alters (alternate personalities). Almost certainly the personality who could no longer cope was an overwhelmed and terrified child. The "host" personality may be an adult but most of the

severely threatened personalities are children or teens who were brutalized and do not have the coping skills, defense skill, or reasoning ability of an adult.

My patients are very fearful of being punished, shamed, or told they are bad. These were the messages they always received as children at the time they were being brutalized. My patients are terrified of coming in to your emergency room, but they and their families know that only you can administer certain life-saving treatments. They do not find compassion, kindness, or understanding of their situation. They feel that they are interrogated, demeaned, restrained, and given no say in their care. There may be twenty personalities in that one body, but only one of the personalities cut and slashed. Only one took the overdose. Almost *never* will the one who took the overdose be the one who is "out" in the emergency room to get the NG tube and all the needles. This frightened "system" of mostly child personalities needs the comforting and reassurance that any child overdose deserves. It is not surprising that the person who is "out" will get defensive and combative. Her history is that previous situations of being restrained or not having control of the situation resulted in torture, molestation and possibly sacrifice, and she is fighting for her very life. It is very common for the perpetrator of the atrocities on these children to have said he/she was doing this because he/she "cared" for the child. The perpetrator used the same words, tools, and methods that we do today in medicine (NG tubes, foley catheters, foley catheters clamped for an ultrasound, pelvic exams, rectal exams, pelvic speculums opened wide, Ipecac, suturing, endoscopy, gastric lavage, enemas, flexible sigmoidoscopies). How is this "system" of frightened beings to know us from her previous tormentors?

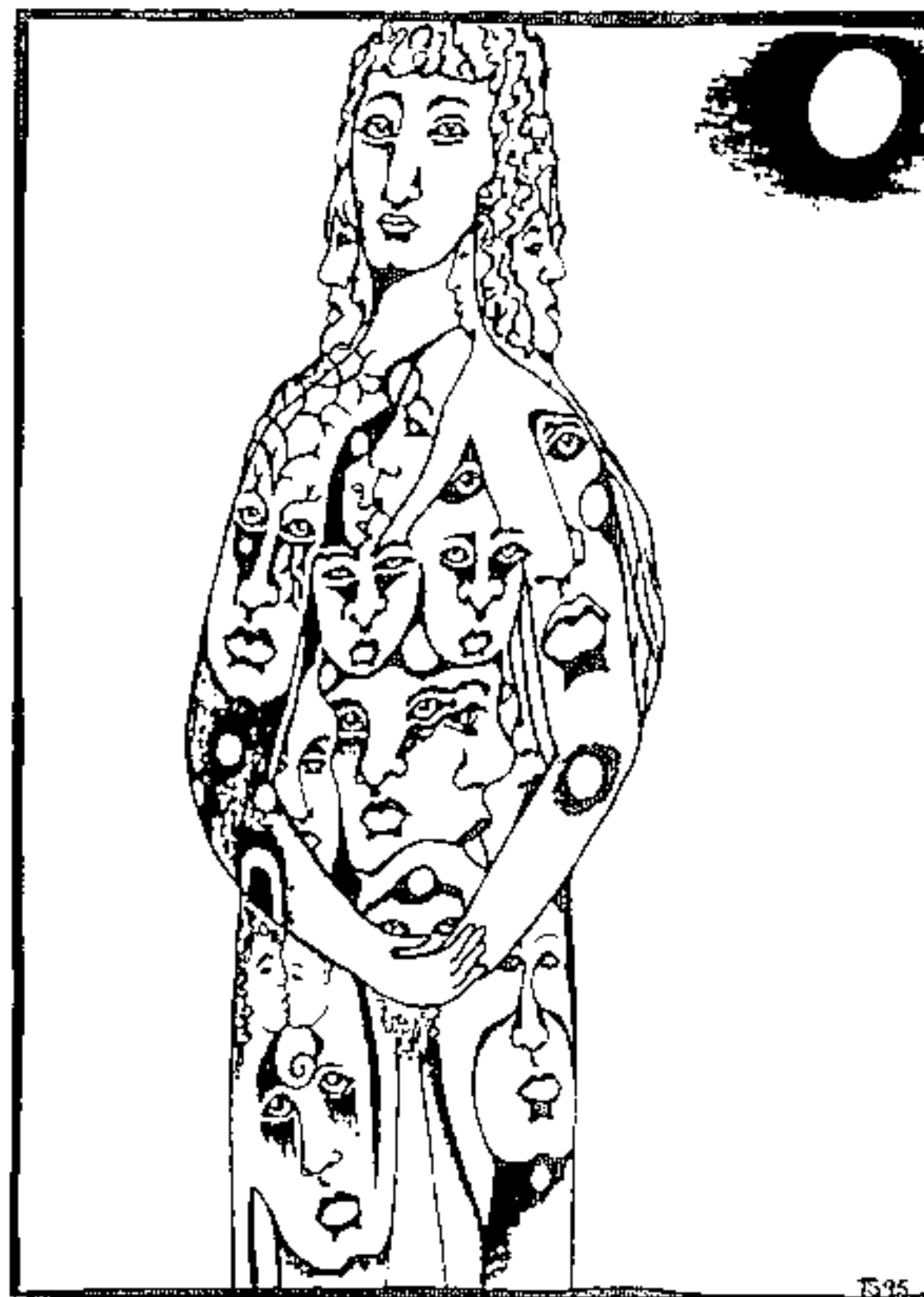
In my practice with my five D.I.D. clients, I sew them up; I administer Ipecac at their homes; I do pelvic and rectal exams. I may even deny them medication they want, But I never do these procedures on a child alter. I always elicit the assistance of the "system" to help me. I ask permission before I touch her body. I explain what I am going to do and why. I ask her if she is ready—for she is the recipient of my care. I am just the care-giver. I can ask "What medicine did you take?" When she answers "I don't know," I believe her. The one who is out does not know and is amnesic for the overdose event. But I don't stop there. In gentlest terms I inquire, "Well, is there someone inside who might help me? Can I speak to that person? I need help so I can help the one who was so frightened today. Does anyone inside know who needs the help right now? Does anyone know what she took so I can help her not hurt so much?" Often there is a very rational helper-adult inside who oversees the alters and helps guide the system. She is not in control of the alters but often knows what is going on. Ask for that helper to come out and help you and *participate* in the emergency care. The woman is then no longer a victim again but is empowered to help keep all of the system alive until the frightened, suicidal one can be helped.

What you are seeking as an ER physician is to do your life-saving medicine, but you are doing it not on a single person but on a highly complex and intricate system of alters who may have very few internal conversations with one another. What the dissociative person is seeking is an escape from the constant internal fear and the terror of re-victimization. In your efforts to save this person's life, you often revictimize the patient just when she is most vulnerable and thus set the scene for another out-of-control situation and another suicide attempt.

*Continued on Page 5*

*Therapist's Page, Cont'd.*

How can I help you understand these courageous patients better? They have had the courage to survive unspeakable and unknown terrors since early childhood. In our attempt to keep them alive, we must not become their terrorizers also, but rather, those who they can turn to in times of great medical needs. None of these people deserved to be robbed of their childhood innocence. None of them deserved to be terrorized until they were forced into dissociation to survive. For the sake of these patients, let us work out methods to save their lives and still preserve their dignity and empower their "system" as they recover.

MV

## A Child

By Darlene

**A** Child! What is it? How much does it cost? Where do you get one? What's it for? What do you do with it? How do you get rid of it? What would our world be without one in it?

What is it?

Is it a gift from God? A tiny me? A toy? Or is it an annoyance? Something to discipline? Something to love on? Or perhaps something to play with?

How much does it cost, and where do you get one?

Well, it depends. Do you have hospital insurance? Or did you get it secretly? Did you buy it on the black market or did you steal it? Perhaps you rented one for a night. Is it healthy? Or do you have to spend a lot of money fixing it up? Is it worth anything to you?

What's it for? What do you do with it?

To keep the species of Man increasing? To live your life through? To make you happy? To look at and pose it? To make you look good? To keep you from boredom?

How do you get rid of it?

Do you abandon it? Knock it around until it quits making noise? Give it away? Ignore it until it goes away?

What would this world be like without one?

It would be shriveled up and in the process of decay and dying. It would

be filled with grumbling and curses and wailing. There would be no sense of sunshine to experience. There would be no wonderment or amazement. No innocence. No hearty laughter. Nothing smooth to touch. Old eyes without vibrant color. No new thoughts. No new ideas. No excitement. No joy. No energy. No future. No surprises. Nothing of any interest. No mirrors of yourself. No hope. Emptiness. Great loss.

Children bring hope of something new and different. A chance to try once more where we seem to fail. A reason to believe there can be change in the future. Children bring us the hope that God still trusts us to get it right. That "he" has not given up on us.

Children, our most valuable resource. Not in money. But in new beginnings. A new life. Fertilizer for our souls. A tomorrow. Hope. Something to give love to for free. Something to protect and learn from. Something to touch in a nice way and be touched back in a nice way when we feel untouchable and ugly. Something that mirrors back acceptance. Something that cares just because you are.

A P.O.W once said the worst thing in captivity was not hearing the laughter of a child. Not seeing a new baby's face. Not having a tomorrow.

MV

## Dealing with Memory and Doubt

What memories? I don't remember any of this.

Who could believe all this stuff?

Nobody around me in my real life, wants to believe.

Inside voices say I made this up.

Outside people say "Have you forgiven your mother yet?"

"Let me tell you about my problems."

"You look fine. How are you?"

I'm fine fine fine fine fine, just hunky dory.

Body hurts. Go to doctors.

Get massage, get pills, no pills please.

Get vitamins, herbs, special teas, warm baths.

Body still hurts.

Go for walks, go to the Y.

I'll try anything (almost).

Heart hurts and I wonder why.

Think about God.

Think about kindness.

Think about friends.

Still hurts.

Confused, aimless, Where am I?

Why do I feel so bad?

Because you've been denying yourself.

Because I have been denying who I am?

Because when I pretend, my inside parts get angry,

or even worse, they go away.

I miss them. Please come back.

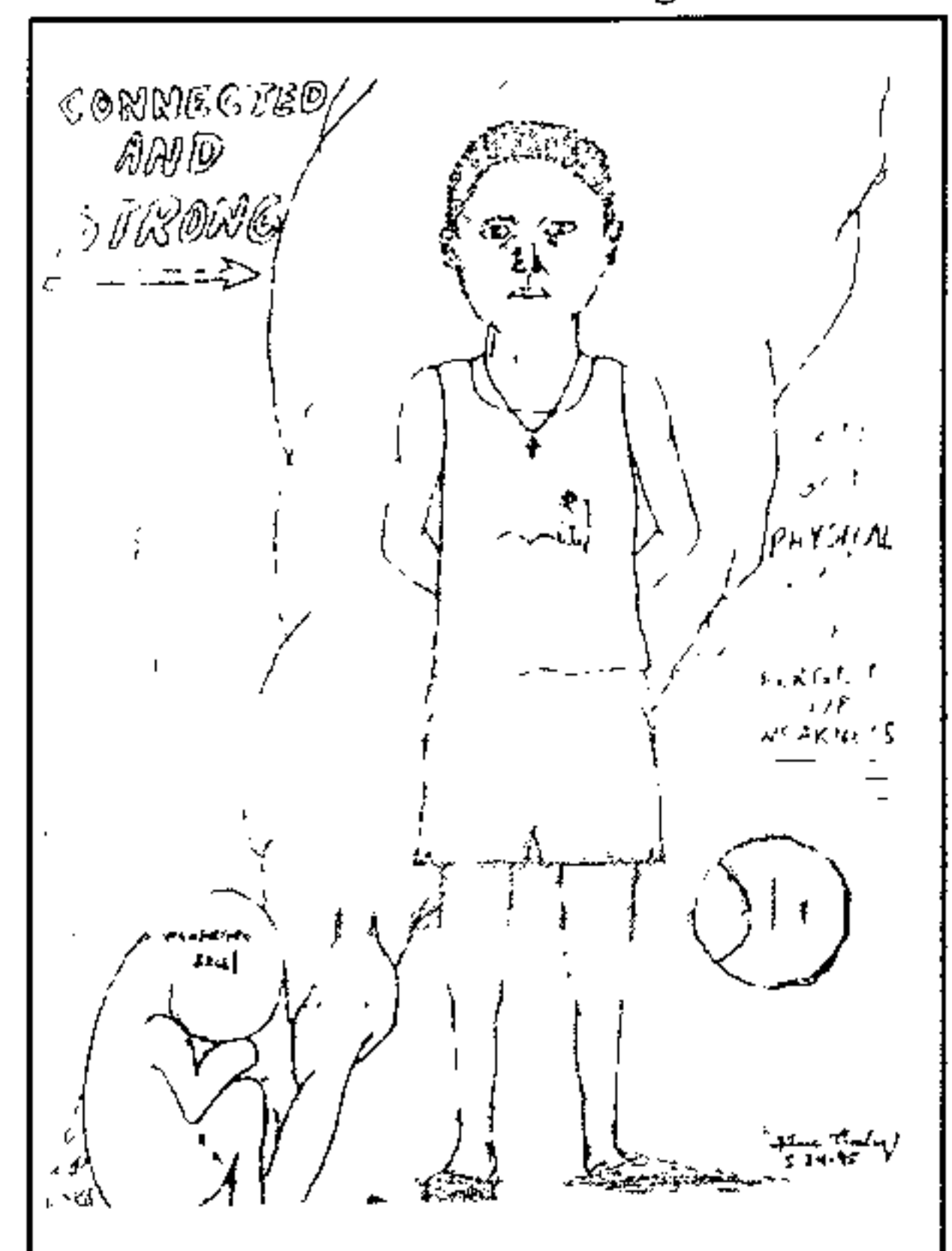
This is why I feel empty and lonely and wonder why.

OH!

I knew that. I just forgot for a little while.

Now it's time to remember again.

By Ellen





# Creative Eating for Multiples

By Mantee and Bebe for the Circle

**A** little over a year and a half ago, I was diagnosed with Multiple Personality Disorder, which of course did and still does take some adjusting to. One of the great challenges for us was eating. Several of my teen parts have struggled with anorexia. Some struggle with bulimia and some, compulsive eating disorder. And there are those who have no problem with food! After many futile attempts at trying to do what would work for our whole Circle, we have devised a system for eating which seems to work for all of us.

The members of our inner Circle have developed a creative way to work with eating issues in the Circle. We created a list with the names of everyone in the Circle in alphabetical order on the list. Beginning with breakfast on Day One, and with the beginning of the list, each one gets to pick their choice for that meal that coincides with their name. The rules are as follows:

1. No complaining allowed from the others about anyone else's choice or they lose a turn.
2. If there are any interruptions, such as a binge which might leave the body too full to eat at the next meal, or just getting off cycle, the next meal is chosen by the one who lost their turn because of the interruption.
3. Eating out is permitted sometimes, but a regular practice is not made of this.

4. Snacking in-between meals is usually a group choice and not a turn which has to be given up by one of the members.

5. No stopping the list in mid-stream. A full cycle must be completed before any decision to discontinue this method is made, and it must be a unanimous decision.

For the teens who are struggling with anorexia, they acknowledged they had a problem and chose to work together to try to deal with it in a healthy way. Four of them have joined together to make a choice with the rule being it must be a healthy choice.

And finally, once a choice is made, if someone would like to make an addition to the choice, that is permitted if the choosing one agrees.

We have discovered that this works, providing we follow the list. Everyone knows they are going to get a choice, and this prevents chaos at meals. It has also helped cut back on the binges, because not everyone in the circle has a struggle with meals. Those who do struggle are permitted to ask and have asked for help from those who have healthier ways of eating.

It has also been interesting to get to know their likes and dislikes. This method is not intended to be in any way a weight-reduction plan. It is for everyone to work together and help those who have struggled with eating learn new and healthier ways to eat.

MV

## Bicycle

the sky overhead a blue  
so deep it pulls  
laughter from your chest

the air warm with  
a sweet hint of citrus  
crisp with the memory  
of winter stars

spring in Phoenix  
the spryte rides the wind  
and we with her — drawn  
to the flow of her energy

to her perfect balance  
the power she lends the legs  
the confidence of arms  
abdomen  
back  
as she steers the course

to the taste of salt on lips  
as the air dries her exertion  
at its moment of expression

and there is only this ride  
this now  
spring in Phoenix

the spryte rides the wind  
and we with her — accepting  
her gift this now  
this once  
the body feels good

By AFS (crystal)

## Conferences and Workshops

**Sept. 1-4. 3rd National Linkup Conference** for survivors of clergy abuse. Clarion Int'l. Hotel, Rosemont IL. *You must register and pay by Aug 1!* Fee \$300. No walk-ins. Call for info, (312) 334-2296.

**Sept. 14-17. 12th International Fall Conference of the ISSD** will be held at the Buena Vista Palace at Lake Buena Vista, Florida. \$350 for top-notch 3-1/2 day educational program. Call 708/966-4322 for a brochure. Hotel reservations (\$125 per day) call (800)327-2990 and mention ISSD.

**Sept. 28-30. Chicago Dual Disorder Conference** at O'Hare Marriott. For professionals. Call (800)441-5569 to register.

**Sept. 28-Oct. 1. 6th Nat'l Conf. on Abuse, Trauma & Dissociation.** Driskill Hotel, Austin, TX. Sponsored by Texas SSTO & American Coalition for Abuse Awareness. For info call (903) 595-6600.

**Oct. 27,28. 2nd Safe Space Conference** at the Holidome, Rochester NY. *Sexual Abuse Trauma & Recovery: Solving the Puzzle.* For more info, call Joe Petracca, Program Chair, at (716) 586-1810.

**Nov. 3,5. VOICES International Conference** in Indianapolis, IN. Marilyn Van Derbur, incest survivor and former Miss America, will speak. For survivors, thrivers and their support friends. Call (800) 7-VOICE-8 for info, or write to VOICES at PO Box 148309, Chicago, IL 60614.

**Relapse Prevention Workshops** for alcoholics and drug abusers are offered in Los Angeles by SOS (Secular Organizations for Sobriety.) Call (310) 821-8430 or write to SOS at 5521 Grosvenor Blvd., Los Angeles, CA 90066.

# Recovering

By Thea, an alter of The Clan

(Thea is a licensed therapist and doctoral student in clinical psychology. Her topic today is *RESPECT*.)

As a person, and as a therapist, one never knows who is really around you, so speaking with respect for all is of utmost importance. For example, today I sat in a workshop with a number of therapists. To look at us, we all appeared to be well-adjusted, "normal" people who have our lives in order, and all that jazz. However, we are all "wounded healers" and several of these people I know well: One is a sexual abuse survivor, another is a recovering alcoholic, another is battling an eating disorder, and unbeknownst to this group, I am a multiple personality. I have carefully protected that information from my colleagues, for fear of professional repercussions.

As the workshop progressed, one participant presented what was supposed to be an example of her experience of "countertransference." But, because she could not identify feelings and reactions which were triggered in her by the client, she focused on describing the client. This client happened to be a multiple personality. For an hour, the group got off the topic of countertransference by letting their curiosity get the better of them. They probed the therapist with irrelevant questions about her client ("How do you know she is multiple?" "Are you sure?" "How many of her alters have you met?" "Do you know the 'lead' alter?" "Which one is angry with you?") and offering her "supervision" and sweeping generalizations on how to deal with the client, though *not one* therapist there has ever treated a multiple. ("The only effective treatment for a multiple to integrate is in an inpatient setting. Why are you seeing her as an outpatient?" "Multiples are too demanding." "You should set tighter boundaries with her, and treat her like all your other clients...")

I did my best to try to refocus the discussion on the topic at hand—the therapist's countertransference with her client—but the curiosity of the

group overrode the topic, and the advice-giving and gossip continued. I felt extremely uncomfortable, as though multiples are seen as freaks in the mental health field. I was offended by many of the questions that were being posed about the client, and especially by the "advice" the therapist was being given. Every multiple, just as every borderline client, or depressed person, or ADHD (Attention-Deficit Hyperactivity Disorder) client, or whatever, is a unique individual. For participants to make these ignorant (though well-intentioned) generalizations about multiples when they have no knowledge or experience-base was inexcusable. The attitude of the group as a whole was insensitive to the client (and to me). But they were caught up in the excitement of getting to discuss an unusual case, never aware of the discomfort they were causing me.

Too often there is the temptation to not be authentic, but hide our humanity and our frailties behind the role of "therapist" or "expert". It is easier to become fascinated with a case concerning a client who has a controversial diagnosis, and to give advice, rather than listen; to go with one's curiosity rather than stick with the issue being discussed. And it is easy to forget that we don't really know our colleagues' private lives, and by making comments as my colleagues did today, we belittle both our clients and each other in well-meaning ignorance. It is a safer world that is black and white, where the clients have the problems and we, the professionals, have the answers. I will never forget my experience of shock and "but of course" when I learned that my former instructor, a brilliant teacher, has ADHD. It is easier to put all ADHD people in a box, neatly defined, and not have that definition burst apart by a successful professor who has made a success of life to the point that most people would never guess there was any such "disorder".

The workshop left a bitter taste in my mouth. I feel shaken for me, for my colleagues, but most of all for the client who was unfairly picked apart. The client deserved more respect by her therapist and the other participants, for she is not a specimen for observation, but a bright and capable human being who creatively survived the odds, and is struggling through a difficult impasse with her novice therapist, who admits she is not getting any supervision for working with a multiple. It is irresponsible for a novice therapist to treat any client without proper supervision and to turn to uninformed and untrained colleagues for that advice.

This experience reinforces my decision that my privacy of our diagnosis as a multiple is of utmost importance. It causes various ones inside of our Clan to fear: What if our colleagues knew of our diagnosis, or recognized our switching personalities before their very eyes? What would they say behind our back? Would they speculate about us? Make snap judgements and diagnoses, offer unwanted and inappropriate advice, or speak of us as a freak? Often, being multiple gives me and the rest of the Clan the feeling of being crazy, anyway. Sitting through this discussion, I feel angry.

All clients who seek treatment, in my belief, come because of a healthy part of them that is striving to be heard, strengthened, and to heal whatever hurts have beset them. Anyone who has the courage and strength to walk through the door of my office, and the guts to share their soul, their pain, their problems—maybe for the first time ever—deserves my respect. Both in their presence and when I am apart from them, I strive to honor each client's commitment to reach out and get help, and no longer walk this healing journey alone.



# Body Concerns

As I began integrating mentally and became more aware of my body, to begin to actually feel it (I had never even experienced hunger!), I realized that the first thing every morning, I was "splitting" automatically before getting out of bed. As I was at that time learning to choose to split consciously rather than unconsciously, I began working towards staying present. What I found was that I was in such pain bodily, and felt so *tired*, so *crushingly* fatigued, even after nine hours of sleep, that my first reaction to awakening was to split from my body so that I could get up! This occurred about the same time that a physician who had been treating my TMJ (jaw) problems became exasperated with my refusal to listen to his diagnosis that I had fibromyalgia, causing him to write directly to my psychiatrist. My psychiatrist helped bring all these pieces of information together, and I began accepting treatment for fibromyalgia — which has greatly lessened the pain and fatigue, which has allowed me much more control over staying present upon awakening, which helps with my overall continuing integration!

I wonder if other multiples may have this underlying physical disorder that may, as it did with me, be invisibly perpetuating dissociation as a familiar and automatic device for dealing with physical pain? Since some medical authorities consider fibromyalgia a disorder of sleep, it could also either explain some (but not all!) of the disturbed sleep multiples experience and/or fibromyalgia may be *caused* by the disturbed sleep of multiples. (I don't think researchers have looked into that possibility. They have found, however, that interrupting the sleep of healthy persons at critical points brings on symptoms of fibromyalgia within three days.)

Just hoping this might help someone. It did me!

By Jenny



I am learning to recognize feelings in my body and what they mean. A *big* feeling for me is fear. Before therapy I classified feelings of fear as feelings of excitement and anticipation. A current popular logo is "No Fear," which is how I felt in my body on a conscious level. This confusion placed me in *many* unhealthy predicaments.

Another big feeling for me is sadness. Prior to therapy I experienced sadness as anger, which played havoc on my relationships with others. Often, when people spoke or acted in ways that hurt or grieved me, I would react in anger. This resulted in resentments and misunderstandings.

It is uncomfortable and frightening to sit with fear and grief. Even so, becoming more accurately aware of the feelings in my body is a blessing to me and to those I care about.

By Rachel Arizona



Here are a couple ideas my therapist taught me to be more aware of my physical self. (I have MPD):

1. Some alters do not feel the difference between hot and cold. This causes trouble at bath time! So as not to burn the body, only those who are capable of feeling hot and cold can draw a bath. Also, no one in a mean mood can have a turn! Sometimes one alter feels suicidal or angry with another alter, and wants to cause pain, but this is not allowed. Only an alter with a healthy attitude that won't hurt the body can be in charge of hot and cold.

2. Closing my eyes instead of staring also helps calm and heal the body. This way I focus on the internal, instead of "seeing" more and not resting, or focusing on internal issues.

3. Sometimes people get too close, and even put their face in mine, intimidating me. So I put up my hand in front of my body in a stop position to keep boundaries intact. If I have to, I even say "Wait," while holding up my hand, or tell the person I get shaken a

little when others are too close, and ask them to please back up.

By Diana Barnum



I would like to share an idea for those who are struggling with addictions. My addiction is food and bulimia. We have struggled with this for 36 years. One thing that has really helped is to be thankful before we eat. Because of the type of abuse that we suffered, I/we have a difficult time praying and joining an organized religion, but I find there is not turmoil inside when we just express gratitude. I/we thank the plant, animal, people who worked to create and harvest the food, the earth and the creator. Then we welcome the food into the body and give it permission to become one with us. It has been impossible to do this and remain ignorant of the motive behind a binge or purge. I/we find it works in all other areas of our life. I hope it is helpful to others.

By Wendy Lee



Being in a body has been the most difficult part of this life's journey. We don't like things in our mouth and have had several experiences being hospitalized for anorexia. We are grateful we now have others who can eat and we are getting recovery in this area. The body was a scary thing. It was not to be trusted. We were always mad at it. When we didn't eat we got hypoglycemia and we had to eat. Really, our body was helping us, by literally making us eat. We have had a lot of needles and objects pushed in us, pulled out of us, so to be present in the body was painful. Then we had some alters with sexual issues. We—the first known alters—hated sex. The alters that continued to emerge dealt with sexuality and some of that helped us know the body could feel good sometimes.



Our body was always getting sick. We've had trouble distinguishing if we were physically ill or just dissociative. The external mother had actually programmed us to be sick. She would say things like: "You sat on that cold step. You will get a bad stomach-ache." And we did. She also told us some foods would make us sick because we were frail and sensitive. Star still has some issues with this today and it can be a major problem. We were taken to many doctors for ailments. Of course, the reality was that abuse made us sick!

Today we have changed our beliefs about a lot of things. Our body is healthy and we've been taking responsibility in maintaining this by having a balanced diet, doing some exercise, and having regular check-ups at the doctor's and dentist's, even though we hate it. We are fortunate that some alters volunteer to help with these jobs. We can be metaphysical people, too. We have used alternative

healing methods and have incorporated an internal healing committee, some of whom are healers.

Finally, we discovered our body parts have different names. Isabelle is the heart. She talks to us a lot. We like her. The stomach needs a lot of care and nurturance. She likes soothing music and kind words. We try to let the body tell us what it wants to eat, but it often gets confusing because Emily and some of the others who like fatty foods say, "The body wants an egg biscuit." Sometimes, though, Emily is the only one who can eat anything, and she is only nine.

Our goal is to stay healthy. We are continually reminded not to abandon the body when it gets sick or hurt, but it's too hard sometimes. The worst thing about the body is that it can throw up and we can't control it. We have made a sock doll that can do that for us. Also, our Higher Power has been most gracious in this area.

When we switch, alters feel differently in the body. Their energy patterns are unique. Some folks keep wanting to have awful things happen to us and they think it, which then produces panic attacks. Right now we are comfortable in communicating with our body. Some of us still feel trapped in it. We have discovered some security within, knowing the Higher Power is there. We do like the body we are in. It looks pretty and has long hair. We like that it talks and dances. We like hearing our many voices. We like dressing it and laughing. We've decided to stay in it and we are aware some days are very challenging. We are healing.

Thank you for allowing us to write this.

*By the people inside My Lady.*

**MV**

## *Ride Above It All*

Come ride with me:  
We'll go through the pastures  
The high grass won't touch  
But the bottoms of our feet.  
We'll ride above it all.

We can enjoy the warm sun and the cool breeze;  
We'll ride away from the smell of aged old tobacco  
Hanging in the barns.  
We'll see the brightly yellow wild flowers  
Dance about the fields.

"What?  
I know you can't find your mother  
Ahh—  
Don't cry!  
Let's pretend we are trees."

Mother Nature is now yours—  
Stretch out your branches  
Embrace her.  
She'll warm you  
She'll shower you with love.

"You say—You don't know your father?  
Your father is in heaven, child.  
He is  
The creator of this beautiful land."

Come ride with me;  
We'll ride down to the stream.  
We'll listen to its riddles.  
You'll laugh—  
You'll see.

Come ride with me;  
We'll ride really fast.  
The wind will rush  
Through our heads,  
Sweeping away our worries.

WE'LL BE FREE!  
We'll become a part of  
Mother Nature's beauty.  
We'll sway with the trees,  
Giggle with the streams,  
And dance with the wild flowers.

Won't you come ride with me?

*By CL/Jesse*



# Healing With Bodywork

After two-and-a-half years of traditional therapy for MPD, I was introduced to Polarity Therapy. Polarity Therapy is hands-on therapy where the therapist channels energy through the patient's body to help unblock energy that has become trapped. As Einstein proved, matter is energy materializing into physical form (a body, a rock, a tree). There are times this energy is not transformed physically. Instead it becomes emotionally trapped or isolated in the body, as in the case of disease; or the dissociative phenomenon where blocks are set up in the memory so certain physical, emotional, and spiritual experiences become walled-off (access denied), and alters formed.

Through traditional therapy we have become co-conscious and come to some resolution of who we really are. We aren't the things that happened to us or the lies told to us, but a beauty separate and apart from the horror. The millions of tears we've shed in therapy had broken down and released many of the energy blocks that were trapped at a cellular level. Still there were fears we couldn't overcome, specifically associated with ritual abuse. The nature and strength of our alters' emotions associated with this abuse were so strong, that retrieval and expression still didn't enable healing and integration.

Through Polarity Therapy we felt this blocked energy moving through our body and finally understood that we could release the energy and allow it to be transformed without losing who we truly were.

The session itself does not necessarily consist of any talking. My particular sessions did not. The channeler will sit with hands on your body and allow energy to flow through you, clearing, charging and generally rebalancing your energy field. It feels like a fountain of energy, warm and tingly, pulsing through your body. Along with these sensations you feel the emotion that is being released, such as anger, hatred, fear.

After three sessions we felt more alive and present in the here and now than we ever had before. As we become more and more connected by these blockages being dissolved, integration is naturally taking place. Polarity Therapy has given me the connection I lacked with my body and at the same time the knowledge of who I truly am (the soul).

Polarity Therapy cannot be undertaken before much work has been accomplished with traditional therapy, because unresolved issues will be unblocked and start flowing. I found I had not dealt with my anger and began overeating until I realized I was trying to stuff the feelings, just as I had created an alter to hold those stuffed feelings so many years before.

For more information on this type of therapy, read *Hands of Light: A Guide to Healing Through the Human Energy Field*, by Barbara Ann Brennan. We have had six sessions and will probably not need further work until we have come further along in regular therapy. This is not a quick fix, but does work exceedingly fast when you have already focused on healing, and started bringing out that hidden creativity that lies within each of us and waits to be expressed.

By Carol



**I had the first of what will be a series of massage/bodywork sessions to release memories.** I can't begin to explain how positively empowered I felt once I processed the feelings that were brought out. The following are excerpts of journalling I did following the session.

As wonderful as the effects were, I would attach a warning — I would not do bodywork without at least one support person available, including a designated driver to get safely home.

**Feb 9.**

Today we went to get a massage. We wanted to get at some of the feelings

that are buried very far inside and wanted to experience boundaries and safe touch. It was very weird. There were a couple of times when nobody was out but everybody was inside at once processing the sensations in their own way. When she did my butt and my upper legs on the back I felt almost numb, and then like the feelings were starting to come back, but they were buried under a lot of other parts that didn't feel. My back was going into weird involuntary contractions that she (the masseuse) says means there is some sort of pain and my body is sounding an alarm. It could be physical or emotional. It was very hard to relax and let somebody else control things, especially when she made me shake and I couldn't control it, like the bad was coming out. I can't talk right, I am stuttering and slurring and I know I am going to cry very hard, but I think that's good because it needs to come out. I know that when we go to massage a few times that it will be a lot better after that, and maybe we will even cry when we are in there, but I feel as if there is the beginning of a release that is very different from anything before, even from body memories.

My whole body can talk, all the bones and muscles are saying there is poison inside and it needs to come out. It will hurt to let it out, but then there will be calm. I want calm more than anything.

This is so much more powerful than I ever thought it would be. I can't believe how alive I feel, and how numb, and scared, and kind of ready all at once. I feel little and big, very out of touch with the outside and acutely conscious of every feeling and thought inside. Screaming and crying and shaking and release. It is OK now to look and feel and let the bad out. We are all together now, and we can work together to let it out.

There is pain in my left breast and my waist. (I want to watch Mr. Rogers.) It's not pain like she hurt me, but where the abusers hurt. I know why Rina cuts now! She is trying to get the



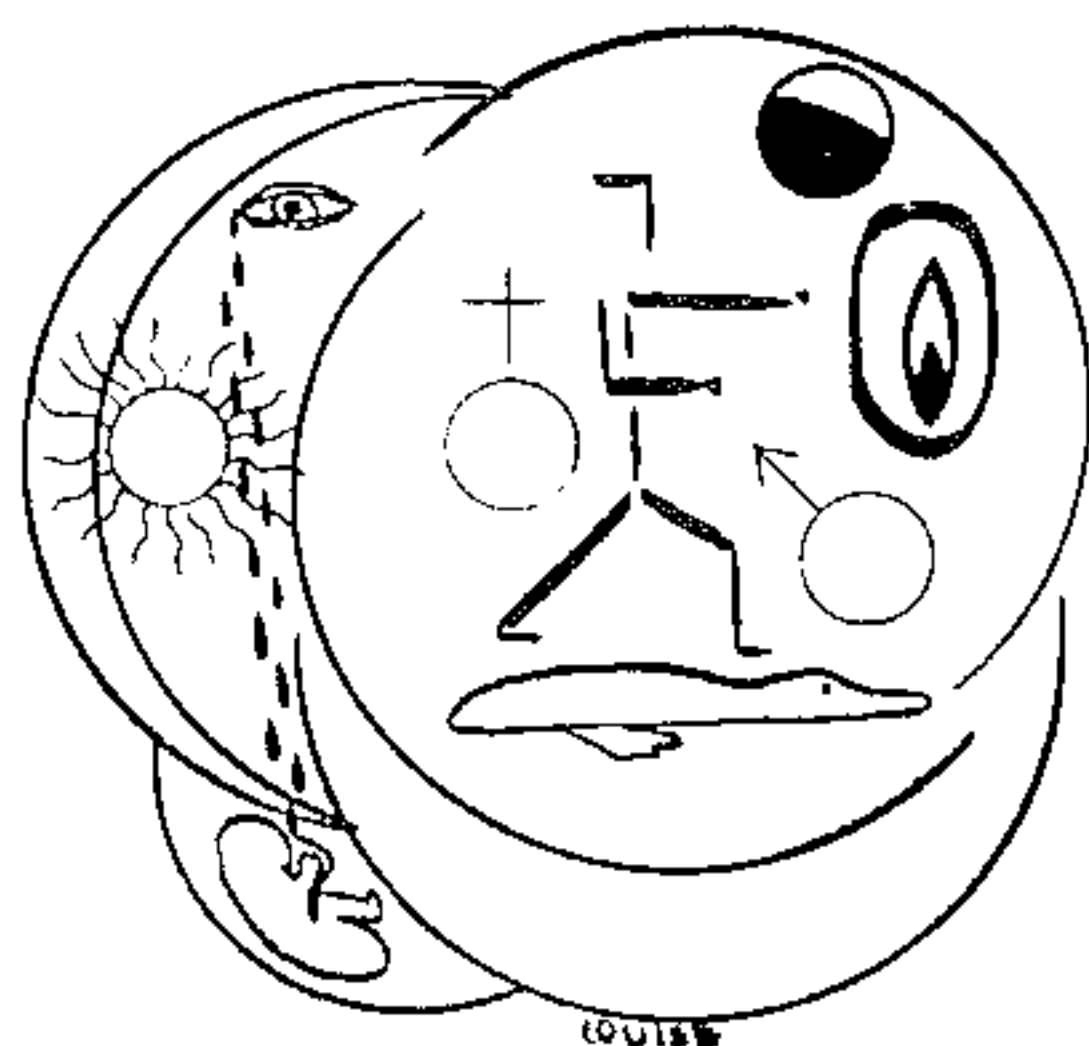
poison out like she's always said. She knows these feelings need to come out and she was trying to let them out! She only cut when we were feeling different and ugly and not belonging, and these inside feelings are stopping us from feeling normal. She is cutting away at the top part that doesn't feel, so the bad can get out.

I always knew she didn't mean to hurt, but I couldn't understand why she slashed and then left me with the blood and pain, but it was her way of telling me that the feelings were trapped in my body and in my head. She knew all along, and I didn't.

I have been trying to sleep for half an hour, and I keep picking up the journal again because I get new feelings. It's as if I never felt anything before. It feels new, and I'm marveling at how my body is connected. Very weird. I can feel big hands around my waist holding me down and a big body crushing my left breast and arm. Bad feelings. Then a second later I'm concentrating on how moving my foot causes a reaction all the way to my middle. As funny as it sounds, I am actually grateful for this pain, because I know now why it hurts, and I, Renee, am conscious of it. Sharing with Little Renee and Maddy and Reenie, feeling what they feel.

It hurts much worse not to know. I can't believe that two three-year-olds and an eight-year-old contained this pain. How could it not have crippled them? But it did, and I didn't know it. I feel glad to take this pain and relieve them because they have done so much for me. I want to know them and bond with them. My head is racing; I see everyone! Will I still be co-conscious in the morning? I hope so!

*By Renee S.*



## Chronic Body Illness

*By Becky et al*

We have had a year of great difficulties inside and outside. In the beginning of May we lost sight in our right eye. Being diagnosed with Dissociative Identity Disorder (DID) we have been used to "phantom pains and aches," bruises, what seems to be our "catch-up" period of our body taking its turn to have viruses, flu and illnesses that were never allowed before. We had been in the middle of some very large memory gathering about the pains the body had experienced. We had been gathering the experiences in sets of years guided by "The One Who Comes," an ISH (or internal self-helper.) After each session of this we'd spend a weekend healing through the pain and soreness and gently caring for our sister the body.

Well, suddenly we were blinded in one eye. We didn't know if we should "complain" about it or just wait...so we waited. Finally we made attempts to get in touch with our Psychiatrist/Internal Medicine specialist. She didn't call us back. So we spent awhile trying to ignore it. The next week we found our optometrist who happened to be on vacation. He came in late one night, and checked us, saying "Go to a doctor NOW!"

Well, it took awhile, and a dedicated optometrist calling five times a day for three days, a therapist saying "Did you call?"...We *did* call, we just never got an answer.

Finally last Wednesday we got to see her for fifteen minutes, then to ophthalmology, then at 8 PM, to an MRI. Luckily our therapist was able to come, because the MRI was a flashback-machine for us. (I would suggest if anyone else must have an MRI, take someone who knows your system well, or ask to be drugged.)

The result of eight days and doctors and exams and more health care than we know how to handle is...we learned that we have Multiple Sclerosis. We have had a crash test in home health care nurses mixing medications, preparing IV's, and learning to ask for help from the school system we work

in. (We had no sick days left as the result of hospitalizations, pneumonia, and a hysterectomy.) Now we are facing a new period of learning to listen to our sister the body.

In retrospect, we reflected that we've learned some things:

1) The blindness was experienced throughout the system by everyone, so it will always be a red flag for us when the symptom is system-wide.

2) We vow to make effort to find doctors who return calls and treat us with respect.

3) We are making the choice to allow ourselves to "skip school" and manage our system, rest, and be kind to the body. We have felt guilty about it but found that most people around us feel this is reasonable, so we're trying to let it be that way.

4) We have found out that we are a valued employee and that our employer recognizes how hard we work. We need to hang on to small praises more, instead of discounting them.

5) Our system holds many talented individuals so we are keeping the children and adults busy helping each other cope with the uncertainty and fear.

6) Planning after this disaster—i.e., not allowing our mother to steal Gabe's porch project by making other arrangements ourselves, thus maintaining some control; finding out about rehab services available; picking neurologists through referrals; talking to other MS victims.

The hardest thing for me is it's so much like the violence we've experienced in our childhood, in that this disease is just out there waiting on us. We never know when another incident will strike, so we have to learn to not just sit and hold our breath.

We are still working on my/our father's/abuser's death, and life is hard, but we'll make it. Keep good thoughts for us.

*(MV will forward letters and cards to Becky.)*

**MV**

# Switching in Body and Mind

By Sandy

I want to relay to you what it's like for me, what experiences I go through physically and mentally during switching. Each day can be different, depending on which alter is out, what picture or feeling they are pulling up from their memory bank.

When a switch is getting ready to take place, I feel pressure in the back of my head, or a headache occurs for a few seconds. I sense that I'm floating, not really grounded. When this started, I would get dizzy as an alter was coming out, or they would be peeking out through my eyes, but I have adjusted to that. During those few seconds of actual switching, I do lose that time space. Sometimes I'm not aware when a switch has taken place. Where am I when the alters are out? I go inside to the center of myself and watch as if looking through a TV screen. Sometimes I'm not aware of where I am on the inside, but usually I'm aware of what's happening outside when an alter is out. Sometimes I can control the switching, other times I can't. Usually I know which alter is wanting to emerge, for I sense their personality: whether it's a child, teen, young or older adult, male or female. When the switch occurs I actually feel as if my body features change to look or fit the age of the alter out at the moment.

What determines which alter comes out? Different situations. What's going on in my present surroundings, certain words, sounds, pictures, smells...or an alter may be experiencing a memory that no other one holds. I feel unreal at times, as if I'm in a dream.

Voices inside relate their story by telling me exactly what to draw or write. I hear the different languages being spoken. I hear them carrying on conversations among themselves and then other times, they talk directly to me. Sometimes my alters fully emerge and do the drawing or writings. It's as if someone else is moving my hand. I feel this tug inside from the pit of my stomach urging me to pay attention, someone is wanting to tell a story. I

know when it's right, for the tugging goes away.

When an alter releases a picture, it's like seeing through someone else's eyes, but at the same time, looking through a three-dimensional form. The picture stays a few seconds, long enough for a glimpse. Some are in color; most appear like negatives, grayish. Right before a flashback occurs, I sense an anxious or apprehensive feeling or my heart will start pounding hard, though this may not be the case every time. You're wide awake doing chores, and the next second you're interrupted with a flash picture. I sometimes wonder if what I see is real! With pictures come the emotional and/or physical feeling of that memory also. I literally feel what happened long ago, even though I'm in the present.

Leaving my body and going to the ceiling has been another experience. I was in the library and something triggered an alter. All of a sudden I saw my body stay in the chair and at the same time I was floating up to the ceiling. From up there I saw myself sitting in the chair! I don't know how I got back into my body and I don't even know how it happened. I just know it did. I had to focus hard on my present surroundings. Once again everything around me seemed unreal, as in a dream. I had to touch things to make sure they were solid, something I could grab on to. I got home, pulled into my garage and sat there and cried! What was going on? What was happening to me? I had never experienced anything like that before and I was scared.

There have been other times where I sensed as if my body was trying to separate into two, but something always seemed to pull me back. I never seemed to separate totally into two solid bodies. It's different from the other experience of leaving my body. Sometimes I come out and stand back and watch things going on.

Other sensations I've experienced are feeling as if parts of my body are

missing. My legs, arms, or my whole body has felt gone. Sometimes my legs feel shortened or my hands feel like electrical current is running through them and stops at my wrist. This happens when a child alter is out. Since my body stores body memories, I physically feel the pain I went through as a child.

Literally there are times when an alter is out touching walls, repeating the word "real" as if they never touched anything solid with their hands before. Maybe in their mind also they never had anything emotionally solid to cling to. Their world consisted of lies, falsehoods—not reality. Sometimes I hear the chants and bells clanging that are used in the rituals. This I hear from the outside, not inside myself. Yes, at times I literally feel crazy!

Getting dressed for the day can be a real challenge. Certain alters prefer different colors and styles. Some are partial to dresses, others enjoy slacks. I used to wear clothes that wouldn't make me stand out, but now we have bright colors—the brighter, the better. I try to plan my outfit the night before, but come morning, that may change. One day I had four different alters wanting to wear their clothing. I picked a little from each. (It can be done, and still look decent.) Other days I change outfits often. Clothes, to some, mark their identity. It's their way of expression.

Due to my teenager inside, I now have pierced ears, and yes—I love them! My hair is also cut much shorter than before. Socks with lace tops, black patent leather shoes, hair ribbons and bows are the ten-year-old's favorite—also the color pink.

The little ones love parties, tea sets, coloring books and dolls. Everyone inside usually shares and likes each other's clothes. Everyone who is trying to establish an identity with clothing has settled down and not as much energy is poured into this aspect of their needs, now.



Due to things that took place in the rituals, certain types or consistency of foods trigger nausea and feelings of anger. Seafood has totally been eliminated from our diet for now. With other foods, we tread carefully.

Confusion on the inside is rampant at times. So many different feelings and thoughts at one time.

My sleep the last four years has been on a roller coaster. In the beginning I would get up feeling exhausted most of the time. Some of my alters get up early and do their thing. During the day the child alters have to take an afternoon nap, just as if you had children. I would sleep anywhere from one to three hours a night. I still don't see how I functioned as I did. Occasionally someone would wake up and look at the clock and try to figure out what the numbers meant and would go back to sleep. They didn't know it meant time. My sleep has been gradually improving. Now I don't always take afternoon naps. I get up feeling more rested.

I have had episodes where I had no idea what day of the week it was, or if I should be somewhere. Looking at the

calendar didn't help, for I had no idea what day to start looking at. This does not happen too often, and clears up quickly.

I limit my driving to about a ten mile radius now, unless someone is with me. Usually it is my husband. I just feel unsafe by myself. On one trip an alter drove to a mall and I switched back and had no idea what entrance we came in, or where my car was parked. I walked slowly staying close to the wall, waiting for someone inside to tell me the right entrance. Finally a voice said, "This is where we came in," and then I had to ask them where the car was. We all got home safely.

The only time the driving distance is extended is when an alter feels like running away. That seems to override all the fear of driving alone for a great distance. There are times we pack our bags and run. To some, that is our way of escaping — running from the feelings we are experiencing. The turmoil follows us no matter where we go.

A couple of the alters wanted their own room, so we put their name on the door to their rooms. When these

particular alters are out, they go to their own space.

Another way of escape during their abuse was by transferring themselves into dolls. They simply left this body, and went to their safe place. That doll was their life, their friend, one they could trust.

For me, I know the people inside have suffered much hurt. They had to take within their tears, screams, emotions, feelings and pictures of their abuse, until they felt safe enough to come out and tell their story, which will bring their healing. Each one now is reaching back and pulling out a buried past. What they had to suffer in silence, they are now verbally releasing.

The terrible feelings are becoming farther apart, and less in intensity at times. Other times they are just as strong as ever. We have more days that are brighter and we can feel the healing process taking place, little by little, from deep within. I still stand in awe of how our minds can protect us by creating others to take our hurt!

MV

## Resources

**The Wisconsin Coalition Against Sexual Assault** has just developed the 250-pg *Sexual Assault Legal Advocate Manual*. It deals specifically with criminal and civil laws governing sexual assault in Wisconsin. Also can be used for training volunteers and advocates. Send \$25 to Jennifer Obinna, WCASA, 1400 East Washington Ave., Suite 148, Madison, WI 53703.

**Relearning Touch: Healing Techniques for Couples** is a new video produced in collaboration with nationally-known sex therapist Wendy Maltz. For information, call Independent Video Services, 1-800-678-3455, or write to IVS at 401 E. 10th Ave., Suite 160, Eugene, OR 97401-3317.

**Secular Humanist's** support group meets in Los Angeles. Life issues discussion for non-religious persons sponsored by SHOLA. Call (310) 305-8135 for information.

**Writer seeks experiences** from people who are dissociative *without* the experience of physical, sexual, or ritual abuse. Also, does the controversy about "false memories" impact you? Send comments to C. Marafino, 544 SW Duval Ave., Port St. Lucie, FL 34983.

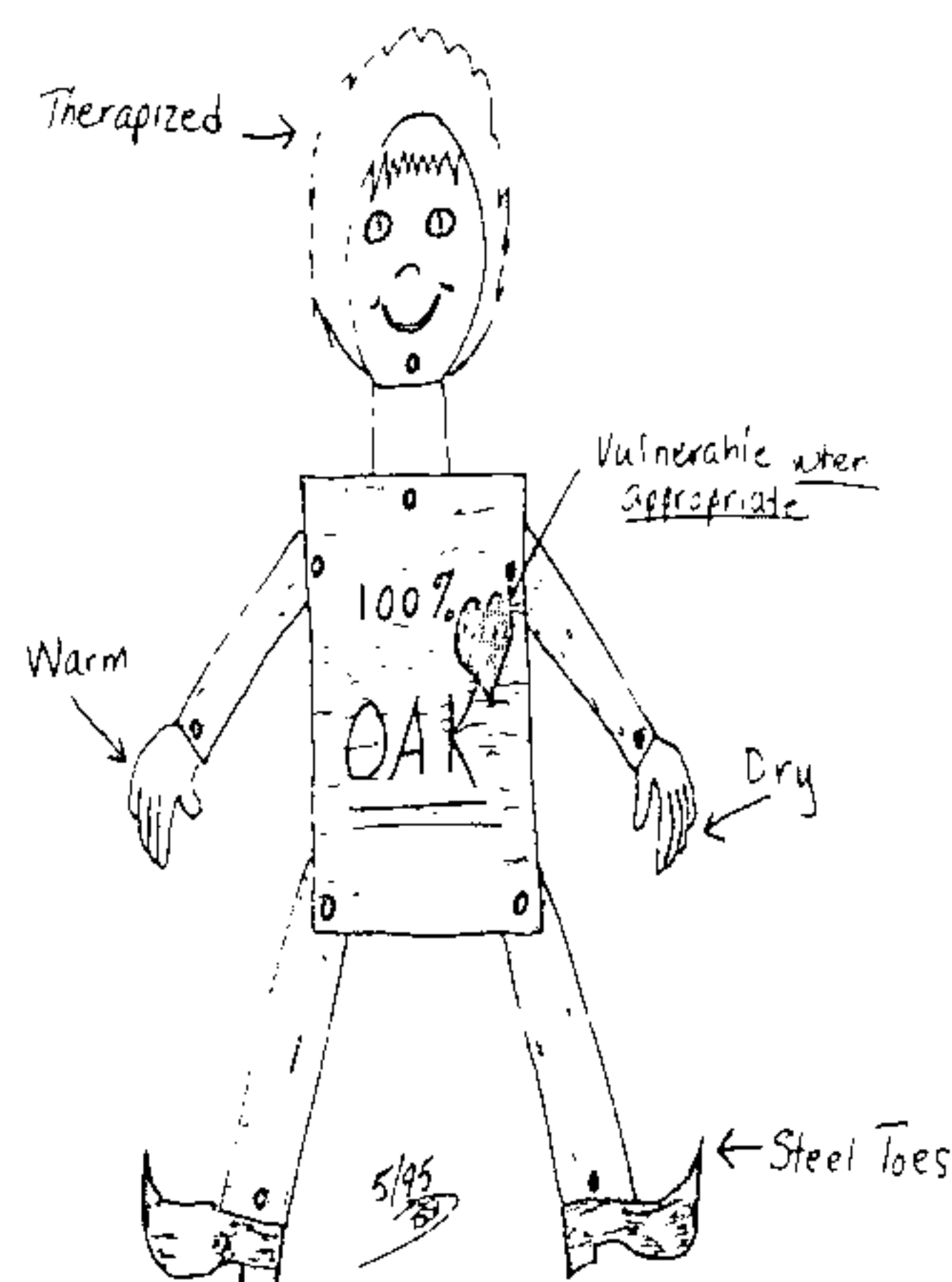
**Submissions being sought** for proposed book, "Lots of Mom," dealing with parenting issues and family dynamics with MPD/DID. Spouses, children, parents etc. all welcome to contribute. Deadline Jan. 1996. Send to Lots of Mom, PO Box 195, Marylhurst, OR 97036.

**Live phone consultation** for survivors of trauma is available, at a fee, from Working in the Vineyard, PO Box 3475, Tega Cay, SC 29715. 1-900-872-2287, \$2.99 per minute. (803)-548-2884 \$.50 per minute MC/VS/CK/MO. (803) 547-3210 fax.

**Writer wants stories** about self-abusive behavior for proposed book: situations at the time, abandonment issues, feelings or benefits from self-hurting etc. Anonymous. Send your experiences and ideas to Nikki R., PO Box 422, Midland, MI 48640-5138.

**Canadian readers** may be interested in a booklet, *Applicant's Manual: How to Apply for Compensation for Victims of Crime*. It is available from the Simcoe Legal Services Clinic, Box 275, Orillia, ONT L3V 6J6, Canada. The second edition has special tips for incest survivors. You may also call them at (705) 326-6444.

**Clinical Seminars** in Art Therapy are conducted at intervals by Vicki Lynn Williams, ATR, in San Antonio, TX. Call her at (210) 733-0410 for information.



## Letters

*(The following are excerpts of letters sent in reply to Kendra's question about finding medical doctors, which appeared in our Feb. '95 issue. Kendra has found a solution to her problem. She and I thank all who wrote with suggestions. They were much appreciated! - LW)*

Besides our MPD, we have high blood pressure, diabetes, asthma, heart problems, chronic pain and a few other things. So we have (also) felt the frustrations of having medical problems along with our MPD. It is not easy to find a doctor who believes in it, that will want to take us on as a patient.

The first real help we received was almost three years ago, when we started with a new psychiatrist (Dr. K.) and an official diagnosis of MPD.

The first thing Dr. K did was find out the names of all our other doctors on our first visit. We were puzzled as to why, and openly gave him their names. Believe us when we say we have had some memorable experiences with medical doctors. So we felt nothing he did was going to make any difference.

This was on Wednesday and we were to call him Friday. By the time we spoke with him on Friday he had spoken to *all* of our medical doctors. No one had ever done this before. It was hard enough to get them to talk to each other.

So I think the first thing to do is find a psychiatrist who is willing and has the time to work with your medical doctors. Or ask your psychiatrist to recommend medical doctors to you.

*By CG for the chorus*

We live on the opposite side of the US from the areas you suggested recommendations for. But we have some suggestions that worked for us in our search for a doctor:

1. If you know other multiples in your area, check with them to see if they have doctors they like and why they like him or her. Find out if the other multiple told the doctor about his or her diagnosis. If so, how did the doctor react (i.e., resistance, doubt, shied away from diagnosis, ignored it, etc.) Are they comfortable with their doctor? Does the doctor give them the space they need? If you have a specific concern, have they dealt with the same concern with the doctor and how did the doctor deal with it?

2. Instead of looking for a doctor who has experience or knowledge of multiplicity, try looking for a doctor who has experience or knowledge of abuse victims (i.e., sexual abuse, physical abuse etc.) We have found a doctor with such experience tends to be very conscious of

the patient's needs to not be touched unless absolutely necessary, to give plenty of physical space by not crowding the patient, to leave the doorway unobstructed so the patient does not feel trapped, to only touch after warning and asking if it's okay, etc. Check with agencies in your area who deal with abuse victims and see if they have a referral list for medical doctors who deal with abuse victims.

3. Ask if it is possible to interview a potential doctor before making an appointment with him or her for an examination. If he or she is willing to give you even ten minutes, he or she will probably be more willing to give you time in an examination room also. Let the doctor know that you have experienced extreme abuse. Find out if he or she is willing to accept you as a patient and go slow and respect your need for added security. If you have a friend or other trusted person available to go to the new doctor's office with you, ask the doctor if the friend may be in the treatment room with you. Follow your instincts as to the trustworthiness of the doctor as he or she responds to your questions.

4. Explain to the potential doctor that you have a problem with dissociation and may have difficulty with... (i.e., knowing when pain started, how long pain has been there, types of medications helpful in the past, occasional reactions to medications that normally work, medication that will regulate your blood pressure consistently, etc.) If the doctor has experience with abuse victims, he or she probably has some knowledge of dissociation. If more information about dissociation is desired, and you are not in a position to give it yourself, find out if your therapist is willing to share information or talk to the doctor.

5. Instead of revealing our diagnosis of multiplicity, we have chosen to deal with the physical symptoms of major depression, as well as with our other physical problems, with our new doctor. These diagnoses are something doctors can treat and feel able to treat, and it doesn't scare them away. As the doctor gets to know you and vice versa, we have found we become more comfortable revealing *necessary* bits and pieces at a level the doctor can deal with.

6. Remember: chances are the doctor is a very busy person and sometimes may not remember the need to move slower in your presence. Remind him or her with a polite gentle comment when you are uncomfortable. The doctor probably wasn't severely abused and may have difficulty dealing with the revelations of your abuse. We reveal this kind of information only if necessary to our treatment by the doctor.

*By Cheryl*

## ABREACTION

### ABREACTION

To the average person  
May mean nothing.  
An average person  
May have never ever heard  
of the word.

### ABREACTION

To the therapist  
Is a term that describes a person  
As experiencing a past trauma.

The therapist understands

### ABREACTION

As an important key to the healing  
process.

### ABREACTION

To the therapist,  
Means helping the person having the

### ABREACTION

To understand the past and the  
present.

The therapist must

Reassure the person experiencing the

### ABREACTION

That they are safe.

### ABREACTION

To the significant other,  
Means watching a loved one  
Suffer more than one can tolerate.

A significant other experiences  
FEAR, TERROR, PAIN,  
HELPLESSNESS, HORROR,  
LOSS OF CONTROL  
AND LOSS OF POWER.

### ABREACTION

To the person experiencing the  
ABREACTION

Means intense  
FEAR, TERROR, PAIN,  
HELPLESSNESS, HORROR,  
LOSS OF CONTROL  
AND LOSS OF POWER.

### ABREACTION

To the person experiencing the  
ABREACTION

Means an opportunity to overcome  
FEAR, TERROR, PAIN,  
HELPLESSNESS, HORROR,  
LOSS OF CONTROL  
AND LOSS OF POWER.

### ABREACTION

To the person having the  
ABREACTION

Becomes a gift to a  
WHOLESOME PEACEFUL LIFE!

*By Wendy Kate*



## MVMC Update

Just a reminder to those who want to advertise in our annual resource guide, *MANY VOICES/MULTIPLE CHOICES*, the deadline for space reservations is September 15, 1995.

Free Survivor Ads (Up to 50 words, classified style) are invited from all people diagnosed with a dissociative disorder or PTSD.

Services, Products, Book projects, etc. are appropriate, but we do not accept pen pal requests.

Professional business card ads are \$65, payable with order. For more information on display advertising, call me at (513) 531-5415. We welcome news of support groups, relevant institutions and organizations, help lines, etc. We will list useful information free of charge.

Our advertising policy: We reserve the absolute right to refuse, reject, cancel, or edit any advertisement order at any time. Only publication shall constitute final acceptance of such order. We shall not be liable to anyone for any loss or expense incurred as a result of any publication or omission of an advertisement.

## An average easy-going day for someone with Dissociative Identity Disorder.



Jesse et al

## Books

### The Women's Comfort Book: A Self-Nurturing Guide for Restoring Balance in Your Life.

© 1992 by Jenifer Loudon. Published by Harper Collins Publishers, New York. 209 pages. Softcover. \$14.00 US \$18.75 CAN.

"When survivors want to know how far along they are in the healing process, I ask them what they're doing to take care of themselves before I ask anything else." (Laura Davis, *The Courage to Heal Workbook*). *The Women's Comfort Book* is your guide to doing this. It is packed with ideas for how to nurture yourself. Some of the ideas kids will like too.

There are fifty self-nurturing topics and within each one are many more ideas and variations. If trying to take care of yourself seems overwhelming, you can start by reading the first few sections; checklist for your basic needs, ease into comforting yourself,

or creating a comfort schedule. It's a whole book about learning to take care of yourself with wonderful creative activities that feel good.

In the middle of the book Loudon has created a comfort-at-a-glance chart. In this chart she has cross-listed approximately eighty different feelings and life challenges with the topics in the book. For example, the first one is "afraid to be alone" and some of the recommended sections include creating a comfort network, solitude, and little losses. You can look up almost anything in the chart, such as depression, cramps, isolation, had an awful day, or don't know what to wear, and find quick references to many pages filled with refreshing practical ideas for comforting yourself in your particular condition. At the end of each section Loudon also lists books for

further reading on the topic, making it also a great resource guide.

It took me a long time to understand the idea behind taking care of myself, to know it wasn't just a waste of time. Learning how to take time for myself and have quality of everyday life is what took me out of living in constant crisis. Because self-nurturing is about learning to love yourself, it can be very hard when I hate everything about myself and want to be dead. It is easier to start on good days and remember like everything else in this mending process it is slow, but worth the effort.

*The Women's Comfort Book* is a beautifully written book with hundreds of ideas of things that are comforting, nurturing and practical. It is one of the most helpful books I have read and I recommend it to anyone trying to learn how to take care of themselves.

By Clue

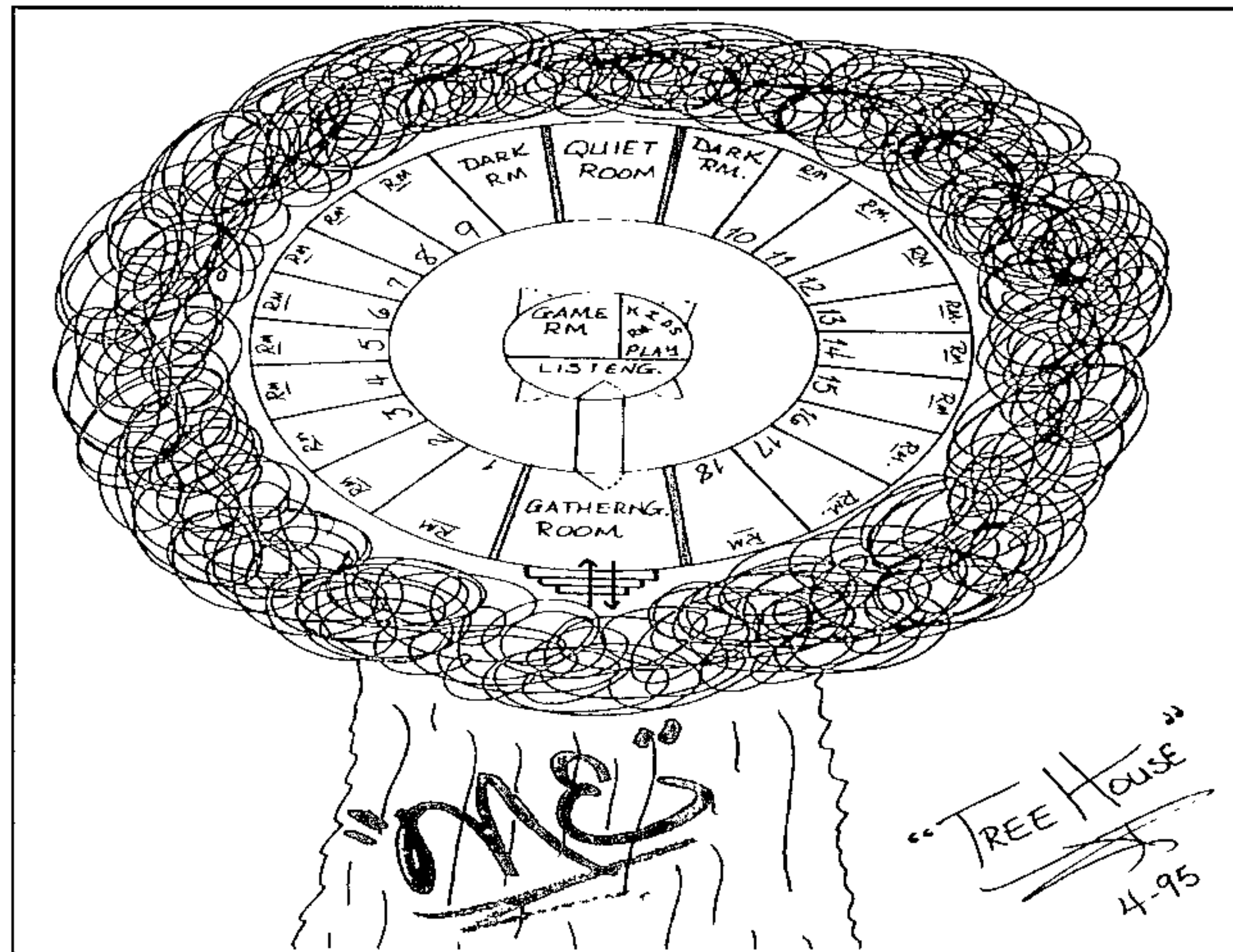
## THANK YOU !

I want each of you to know personally how much I enjoy ALL the writing and art that comes over my desk...even the material we don't have room to print. Sometimes it takes awhile to find the right place for your work. Your patience is deeply appreciated.

Please keep sending your creative ideas, art, cartoons and letters. We also welcome book and tape reviews. Your sharing helps others heal!

And if you are a professional interested in contributing to the Therapist's Page, or Recovering, please call me at 513/531-5415. Thanks!

—Lynn W.



### 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, 1995.

### December 1995

Is wholeness worth it? Post-integration reports. (Partial-integration comments included.) ART: Treating your self(ves) with love. DEADLINE: October 1, 1995.

## 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.

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