

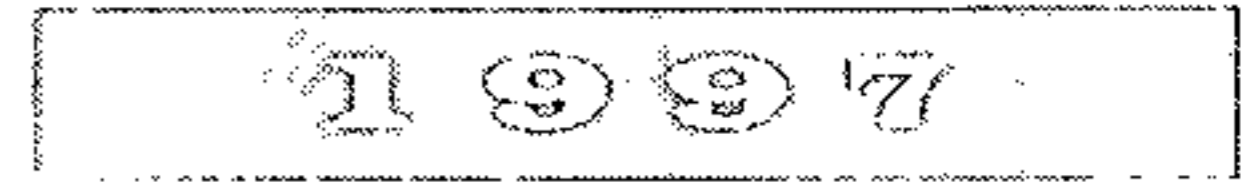
MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

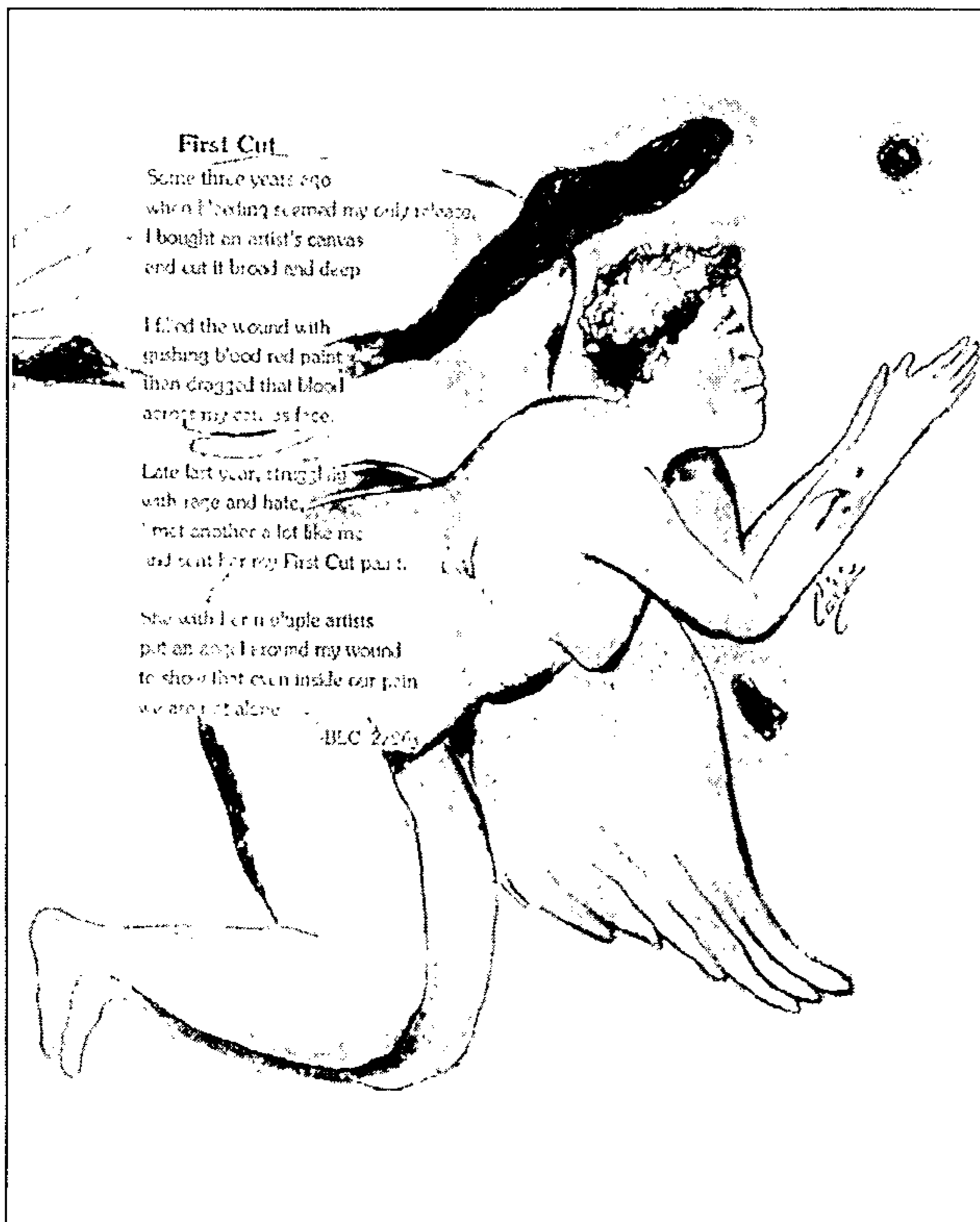
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Loving Yourself. Transforming Self-Injury. Improving Co-Consciousness.



First Cut

Some three years ago
when I feeling seemed my only release,
I bought an artist's canvas
and cut it broad and deep

I filled the wound with
gushing blood red paint
then dragged that blood
across my canvas free.

Late last year, struggling
with rage and hate,
I met another a lot like me
and sent for my First Cut part.

She with her multiple artists
put an angle around my wound
to show that even inside our pain
we aren't alone.

BLC 2/96

February 1997

Healing through Play. What to do
outside therapy hours. Getting (and
keeping) a Life! ART: Something Fun.
DEADLINE: Dec. 1, 1996.

April 1997

Healing through Work. Personal
growth and responsibilities. Managing
fluctuations and different abilities
within. ART: Yourself(ves) at work.
DEADLINE: Feb. 1, 1997.

June 1997

You and Your Family of Origin.
Connecting, disconnecting,
reconnecting, negotiating with
parents, siblings and other relatives.
ART: The family you treasure.
DEADLINE: April 1, 1997.

August 1997

Hope and Healing for All who
Dissociate. Special concerns of Men,
Children, Elders and People of Color.
Community & Medical Education
Efforts. ART: Faces and facets of
dissociation.
DEADLINE: June 1, 1997.

October 1997

Trusting Yourself, Trusting Others.
Building courage. Inside ways to keep
all of you safe. ART: Your safety net.
DEADLINE: August 1, 1997.

December 1997

Practical Tips on Living "normal":
money management, housecleaning,
to-do schedules, etc.
ART: Past, Present, Future self.
DEADLINE: October 1, 1997.

Transformations

By Peggy

I once had a part that was a Black Box. It helped protect me from my emotions. My emotions were in a tangled mess somewhere deep inside me. If any of my feelings started to jiggle loose and float up into the edge of my awareness, the words, "I wish I were dead" would run through my mind. The words were a signal for the Black Box. When it heard those words it would immediately corral and surround the errant feelings so that I would, once again, be numb.

When I first saw the Black Box clearly, I was frightened. It seemed so hard and mechanical. I talked to it in my therapist's office.

"How can I learn to feel my feelings? How can I untangle them and learn to live with them?" I asked it. "You stop me before I can even tell what they are."

"I am just doing my job," it said.

"What do you mean?"

"When I hear the words, 'I wish I were dead,' I know it is time for me to do my job."

Eventually I thanked the Black Box for doing its job and helping me stay alive all those years. With its permission, I put it in my healing pool, my inner place of acceptance, love and safety. The edges of the box jutted up sharply from the rippling roundness of the pool.

The next morning, when I looked inside, I was surprised and a little concerned that the box was gone.

"What happened?" I asked myself. The tall grasses near the pool rustled. I caught a glimpse of a slender figure, slipping in and out of the greenery.

"Who are you?" I asked.

"I am the black box," she grinned. "I have a new job. I will help you with untangling your feelings."

In the years since then, whenever I am feeling overwhelmed by a mass of tangled emotions, I can ask for her help. She looks at the feelings and tells me what she sees. We call her the Windsifter now, because she reminds

us of the wind when she slips through the tall grasses and because she sifts our emotions the way a forest sifts the wind.

I keep thinking about the Windsifter these days, not just to ask her to help to sift out the feelings I am having, but because of her transformation. I feel like I am on the brink of a change as amazing as the metamorphosis of the Black Box into Windsifter. This time it is not just the shifting of a part into a different part, it is the transformation of my whole way of interacting with the world. It is as if my healing pool were growing bigger and bigger, not only big enough to include all of me, right out to the edge of my aura, but expanding clear beyond the edge of the Cosmos. I am beginning to trust that God, or the Universe, or the Cosmos, or the All, is an enormous healing pool of acceptance and love. My healing pool is only a tiny drop of the infinite healing pool.

"What is holding me back," I ask Windsifter, "from relaxing into that enormous healing pool?"

"Oh Peggy, you know. You don't need me to show you how you cling to your protesting way of being. 'I am willing to be alive in this cruel world,' you have said, 'but I won't be a part of it.' Your grief about letting that stance go is like a tidal wave, trapped behind the wall of your fear of change."

I know that she is right. I am used to feeling separate from the rest of the world. I have not wanted to say *yes* to being alive and human. I've tried to control everything so that I could not be injured as deeply again. I don't think I could have made it without all those compartments on the inside, the shell on the outside. I know myself this way. And yet, more and more I choose flexibility. I try not to judge others or myself, just behaviors. I try to stay in the present, and not expect the worst, just notice what is happening around me and inside of me. I let things be more complicated, not trying to fit everything, including myself, into black

and white categories. Sometimes I let the blood flow easily inside my body to my nerves and organs, free from clenching and guarding.

What if I were to crack the fear wall that Windsifter talked about, and let the grief carry me into that bigger pool? What would I look like inside? Would I be more fluid? Would I still have voices inside? Would I be like Windsifter, wise and sensitive and powerful, speaking the truths that I see?

What would I carry with me of myself? What is the essence of me? How will I bear witness to the destruction and torture in this world, without carrying a mirror of it inside me? What would it mean to be open to the minute-by-minute transformations of being a willing participant in aliveness?

MV



m p d group hug

Internet Support

I have found a support system for all of us. It is the Internet! I put off using a computer out of a great fear of failing something else. Finally I attempted to use it, as my therapist had shown me how to locate information.

One of the first sites I went to dealt with diet and weight loss. I found a wealth of information and support. From there, I got to a site, "Time Passages/Voices of Kind." This site had forums for DID and all its aspects. I began to become acquainted with many others from everywhere. We shared ideas, others' experiences, and asked for help. It was all confidential, safe, and there were no expectations made. There was mutual respect. It was fantastic. I realized that for me this had great potential in healing. All of us from the young to the oldest had a place to share.

Eventually we risked sharing our e-mail address with a few. Right now I write to a multiple from Canada, Utah, Arkansas, NYC, Australia, and California. I get so much out of this. We share our ideas, hobbies, hopes, successes and failings. We do not talk about memories or trauma. We listen to each other, avoiding anything that could trigger the other. A real mutual understanding and respect is developed. This by no means takes the place of therapy. But if I am having a bad day and can't write, I get e-mail expressing understanding and support.

Today's technology has a great deal to offer those of us with DID. Even little ones can use the computer!

In my area there are no support groups. Friendships I have tried to make have too many expectations I couldn't fill. I was unable to talk about specific memories or talk about our therapist's private life. These things crossed boundaries that were important to me.

This site was being revamped, but try now: <http://www.timepassages.com> Look for Voices of Kind.

June for Phyllis and the Flowers

NOTE: I'm an internet ninny, but I'm trying to learn. E-Mail me at LynnWatMV@aol.com if you find something interesting.— LW

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

Angels:



THE CENTER FOR TRAUMA AND DISSOCIATION

4400 East Iliff Avenue
Denver, Colorado 80222
1-800-441-6921

Dr. Nancy Cole, Clinical Director

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On Integration

Picture each toe
as having a brain
a mind
a thinking part
This is a toe
Five toes
No
Ten toes
on a one unit person
package
Each toe
having
it's own needs
Desires
Name and agenda.
Each toe
unaware maybe
Except superficially
of the others.
Each toe
needing to know
only
its role
in getting the foot to move
and
how to get from place to
place.

This is multiplicity.

Now
tell the toe
it stays in the brown shoe
always and forever.

This is "remaining in the
body."

Tell it

This poor toe

That it remains in the
brown shoe it is now in
Which is identical to the
brown shoe on the other
foot
(Tell it first "There is
another foot")

And never ever
Does it get to go or do
Or
Be
Anywhere else.

This is "integration."

This is depressing,
we think on hearing this.

"No, No,
There is another way to see
it."
Charlotte offers.

"Remember," she begins
"They all thought the world
was flat
And it wasn't.
Maybe this is like that."

"Maybe, just Maybe"
She continues
"Out of Body is the norm
But only a few of us know it.

The others
Will learn it someday
but
Then it will be too late for
us."

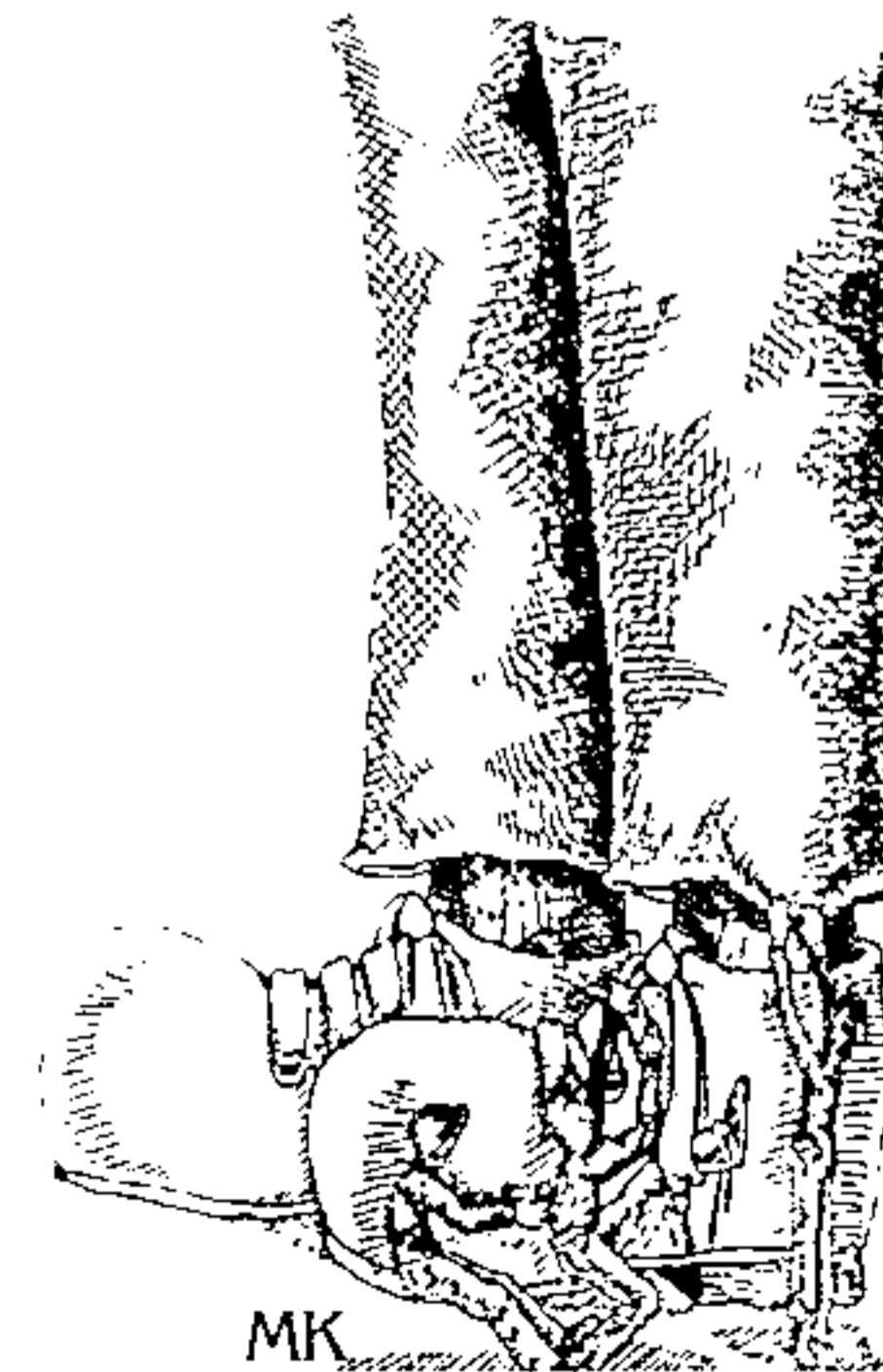
Maybe if we weren't told
we'd
only be
cured
when
we saw ourselves
as toes
in identical brown shoes
maybe then
we would
know
the
freedom of flight
the
joy of experimentation
The wonders of the
Universe.

"All well and good," pipes in
Maria.

"In the meantime, though
to get from here
to there
we'd better
learn
to cooperate and
lift one foot
at a time.
Pick it up,
Put it down.
Clothe it in a matching sock
And pretend
to believe
Like outsiders do.
Our lives will be easier
That way
But
Remember
Our turn will come.

By Jan Olson

MV



Transforming our Pain

It seems as if I have been in battle with myself all my life, at least as long as I can remember. It wasn't until a couple of nights ago, however, that I think I received a better understanding of the "whys."

I went inside for a "get down to business" meeting with all of me. I let it be known that not only was I tired of being cut, burned, over-dosed etc., but I was also tired of being over-vigilant. That I was and am tired of fighting for my very life. I told them that they could choose to harm me, but I wouldn't be the only one paying the consequences. If I got cut, they would feel the stitches too, or burned, or even over-dosed. If they didn't kill me they too would feel the sick, sick feelings and the shame of it all.

The response I received back was this was my pain and they wanted nothing in return. They too found me guilty of punishment. I should have protected them. I should have not placed them alone to feel and lock up all the painful emotions. They want retaliation and to return the feelings to me, so they can finally fly away with the angels. Their work would be done — but I get harmed, and don't cry. Is that what they want?

I am powerless over my feelings of self-harm, but I am not helpless as to the behavior I choose today.

By A. Hope



One of my nearly-lifelong dysfunctions has been an eating disorder resulting in obesity.

My problems in this area were multiplied several years ago when I developed insulin-dependent diabetes. Then followed the diagnosis of DID, and my eating folks suddenly felt free to act out big time...However, they were not willing to take responsibility for maintaining good blood glucose control.

Some three years and lots of hard work later, I've arrived at some compromises:

- * Binges have become far less frequent, but when someone insists on a binge, they must also take the consequences, ranging from more intensive insulin therapy to extra exercise, even to an occasional trip to the ER when blood sugar levels get out of hand. This works most of the time.

- * Anyone who wants to eat has to join the meal planning conference, which is usually held at least twice a week. There all wishes are made known, from junk food to gourmet meals, to vegetarian fare, and we do our best to accommodate everyone. Since our diabetes mandates eating four times a day, we have lots of opportunities to accommodate the many and varied requests.

- * Sometimes someone inside will bully the others into accepting an otherwise unpopular choice. On those occasions, the bully can expect to be ganged-up on!

Our changes have not (yet) resulted in a truly healthy diet or in significant weight loss, but at least the subject of food is no longer as chaotic and trigger-laden as it used to be. Our diabetes control has moved from "poor" to "fair," which is a *lot* of progress.

Other changes we've been firm about implementing:

- * Drink a gallon of water a day
- * Break a sweat once a day, if only for five or ten minutes — no great feat when you weigh 300 pounds, but it's more activity than I was used to!

Basically, I find that communication is the key, along with enforcing the rule that everyone inside must commit to protecting and loving the body.

I hope some of this helps. Above all, remember to be loving and kind to yourself. Change takes time and you can't badger yourself into making it happen faster.

By Irene

My name is Seth. It used to be Death, but I changed it so it didn't make people think I would ever hurt anyone else. You want to know why I cut? (Or used to cut, since I now am an ex-cutter.) Because we needed to be so tough all the time. It was how I could prove that I was making the body tough. There's a reason I had to do that, 'cause the bad people (I used to like them) cut me first, and showed me how good it could feel, and how to make our body tougher, and like stone. I even have scars from where they cut us that showed up when I started telling Mary, our therapist. (Too bad she's a wimpy girl, but she is pretty smart and tough like our girl and lady parts.) Anyway, I learned that when it felt like something bad was gonna happen I had to cut our body so we wouldn't die. It was part of my training, you see. They taught me that, and I believed them. It did work until some parts like Stoneboy got scared by cutting, so I started talking and telling about everything I knew. I guess I fit in very well 'cause I heard women say that in here, I make sense. I learned from our therapy lady that those bad people hurt our mind and body for no good reason at all. And it was a long time ago, 30 years ago, when I was four. (But why are some parts 34, and I'm only 10? I should be getting some birthdays made up for, soon.) Now I don't want to cut us anymore 'cause we learned in the hospital that I could find something I liked to do better. It took a month to decide what. You know what it is? Boxing! With real boxing gloves and a big bag full of blankets and old clothes and stuff. I'm learning how to jab and hook and upper-cut. This makes us tougher than cutting muscles. It is making us bigger and tougher. I can tell. You should see my muscles already! I pretend that bag is those cult people and I beat the sh— crap out of them every day. Plus, now if anybody ever hurts us, or even tries to, we will teach them that we can do a good right jab in their throat or face that will

knock them over real fast. No more cutting for me! And all you guys out there — crying isn't sissy. You have to be really tough to cry real tears. I know this now.

I hope this helps someone like me.
From Seth (inside Rose)
 PS. Try Boxing!



I wrote the following piece immediately following a flashback. I put a copy of it on my powder room wall and read it many times. I was reassured by its message as I struggled through deep depression. I hope it helps someone else:

You can choose the place where you meet the waves.

You can stand helpless near the shore with waves

crashing around you...tugging at your feet,

Or you can choose to move out ...in deeper water

where the waves you meet rock you gently and

pass on by.

By Marguerite and the Wee Ones



It used to be I was suicidal a lot. One of my alters, Denise, was so angry she caused several visits to the ER. We spent time in therapy to work things out. Finally the realization came that she was trying to kill the body because we look so much like our abuser. Everytime we looked in the mirror we saw his face. We finally convinced Denise (alter) that to kill the body would kill us all — even her. Things changed. We still get suicidal, but now Melissa, another alter, tells someone to keep us safe. When we see his face in the mirror we remind Denise it's not his face, and we don't look in the mirror much — until it passes. I think that we have to learn self-nurturing and self-respect. We've been learning that from my therapist.

I spent over two years in group therapy at DVIS (Domestic Violence

Intervention Services). They teach the women how to recognize abuse. Then they teach about self-worth, self-love, and give a lot of support for even the smallest victories...like if you change the way you see things, telling yourself, "That is abuse, and I don't deserve it." I'm still learning to self-nurture, but I'm a lot less self-abusing to ourselves. It takes a lot of reinforcement from my therapists and Doctor to counteract the negative. But they stick with me, giving hugs and telling me I am lovable and worth their time and energy. Thanks, Armin and Dr. Yates!

By Beverly and the Girls.



Healing wounds:

Step One: Admit that you have one (or more!) Some of us (on the inside) will not yet admit that they even have a wound, which does not help anyone get better.

Step Two: Find a good "Doctor" who knows how to help heal wounds. We think this kind of healing is too hard to do by yourselves (when the wounds are very serious, like ours). Our doctor's name is Dave. He is very wise and a very good friend. By the way, it took us a long time to find him, so you might have to look around until you find the right one for you.

Step Three: Start cleaning! Do not try to sew up a wound until it is clean. Tears are good for cleaning (they sting, but it will help in the end). Talking washes out wounds too (maybe it's the spit...) Keep talking...lots and lots and LOTS of talking.

Step Four: Let your "doctor" begin sewing it up. The needle will hurt sometimes, but you have to do it anyway or the wound might not heal properly. Part of sewing is learning how to believe someone. Remember that someone listened and believed *you* (finally!)...now you need to do the same thing! Listen and start believing that you are not bad or gross or crazy or disgusting...because that is what is *true*. Believing truth instead of lies helps the healing happen.

Note: the wound will still hurt even after it is washed out and sewn up, because it takes time to heal such big hurts. Don't give up believing that you can heal, just be patient.

Step Five: Put a bandage on the wound after it is sewn up. Bandages are things like lots and lots of love and hugs from people who support you. Bandages help protect until wounds get better.

Step Six: Help someone else on the inside to go through all the steps of healing wounds. Be patient and understanding no matter what step they are on...we need to learn to help each other.

*By Hope and Ellen,
 who are Ellie's friends*



Last summer I was unable to continue therapy, but yet I wanted to still work (and felt I needed to work) on and with my alters. The idea came to me about getting a photo album and having the pages represent the alters. Throughout the summer I cut out pictures (or drew them), added words, or anything that any of my alters connected with. By the end of the summer I had a book that showed me the individual likes and dislikes of my system. It also has been useful in my current therapy session. The cost to do this is very low or expensive, depending on what type of photo album you purchase. And your sources for the pages can come from your local newspaper or magazines — anything! For me this has been a continuing process.

By Terry & Staff

MV



Therapist's Page

By Kristy Trautmann

Kristy Trautmann has worked at Pittsburgh Action Against Rape (PAAR) for six years. Her primary role is to train professionals to work more effectively with survivors of sexual abuse, but she is increasingly providing workshops and trainings for adult survivors as well. Kristy is co-author of *Understanding Self-Injury: A Workbook for Adults*. © 1994 with Robin Connors, PhD). You can contact Kristy or order a workbook through PAAR, 81 S. 19th Street, Pittsburgh, PA 15203. (412) 431-5665.

Self-Injury: Re-Defining Healing

When I first began to think about and talk about self-injury as a personal struggle, I was shocked by how many of the people I knew well shared the experience and the secret. For most of the people I know and for those I have heard about through my work, self-injury seems to be a creative and complex attempt to cope with trauma and abuse. The shame about self-injury is often profound and is only reinforced by the misconceptions of friends, medical and mental health professionals, and the media who often confuse self-injury with suicide attempts and feel compelled to "protect the survivor from herself." The impact of these misperceptions is often in direct conflict with what would actually be healing and connecting for the many survivors who are struggling with self-injury and self-inflicted violence* in isolation and secrecy.

Because self-injury is not generally understood or accepted as a coping reaction and because it tends to evoke such strong reactions both for people who self-injure and for people to whom they turn for help, it is easy for self-injury to become the focus or the "problem" that needs immediate (and sometimes exclusive) attention in therapy. Self-injury tends to generate a crisis that is far out of proportion to the actual level of physical harm. Survivors and professionals alike search desperately for "the answer" — some magical thing that will make the self-injury stop, be it a medicine, a workbook, or an inpatient treatment facility. Healing is measured by the sole criteria of abstinence. Focusing on self-injury or self-harm in this way often leads to a problem-solving approach centered on changing or eliminating a particular behavior. While

this may be useful in limited ways (when the self-injury is truly life-threatening, or when it is absorbing so much of the person's energy that there are few resources left for anything else), generally it is much more helpful to work on understanding the context of the behavior and the role it has played in survival. To do otherwise fails to recognize the roots of self-injury or the ways in which it is a life-affirming attempt to manage the emotional wounds of abuse.

With very few exceptions people self-injure because it meets a need or helps in some specific way. In my experience, once people are able to figure out how self-injury is helping, it always makes emotional sense. Sometimes it is important to look closely and directly at the behavior in order to understand it, but many times in the course of doing other healing work, the self-harm decreases "on its own" without needing specific attention.

When we turn our attention to the deeper wounds, the ones not so easily seen, the reasons behind self-injury are often quite clear. The pain of abuse experiences can be so deep that it feels difficult to survive the mix of grief, betrayal, rage, guilt and despair. Words and pictures cannot adequately contain or communicate this level of emotion, and sometimes physical injury is the only way people have to validate or communicate the depth of their wounds. Sometimes transforming the emotional pain into physical pain is a way of regaining control and perspective on the overwhelming emotional pain and making the experience more manageable. When we focus too narrowly on self-injury as "the problem," we ignore the more painful realities of abusers who have

created such deep emotional wounds that physical injury is preferable and relieving. We turn away from the depth of the pain of the helplessness and brokenness and protect the secrets of the abusers who are the appropriate targets for rage and disgust.

During abuse, a child's body is the target for abuse and pain — her own body becomes a dangerous place to be. Many children learn to separate or dissociate from their bodies as a way to feel safer. Through the abuse, they may come to think of and relate to their bodies as objects deserving punishment and pain. Often children learn that expressing their overwhelming feelings about the abuse — terror, rage, grief, helplessness — or trying to get comfort or help from the adults in their life is dangerous and puts them at risk for more abuse; so many survivors release these feelings by hurting their own bodies instead.

In addition to releasing feelings, people sometimes injure themselves in the same ways they were abused by others, although at the time they may not remember the earlier abuse. When people are traumatized, the memories are stored in their brains and bodies differently than non-traumatic memories, which is why abuse memories are often experienced in the form of emotions, physical sensations (body memories), smells, and images. Because these memories haven't been processed and integrated in the regular ways, the memories aren't in "story" or narrative form and often cannot be described or communicated in words. Reenactment of abuse experiences may be the only way for a survivor to remember the trauma or communicate about it. For example, a woman who feels compelled to injure herself at night before she can sleep

may later remember that as a child she was abused every night at bedtime. As a child she had learned that she was not safe until after the pain and abuse was over; then she knew her father would leave her alone until the next day. As an adult she continued to abuse herself in the same ways she had been hurt, not because she liked the abuse or because she was crazy or bad, but because she didn't know how else to find the safety she felt after she knew the abuse was over.

Self-injury can also be closely linked with dissociation in a variety of ways. Sometimes when one part or alter becomes too overwhelmed, self-injury can help to access or switch into another part who has more resources. It can also be a way of feeling more grounded in the present for people who are already dissociated. Some survivors learned so successfully to disconnect from their bodies that they have difficulty feeling any body sensations at all — self-injury may help them remember or feel that they are alive. Sometimes self-injury is a way that alters interact or communicate with each other. When it is too dangerous for children to resist their abusers or express their feelings of rage and violation, they often find ways to hold those feelings inside where they show up as different parts hating each other, or fighting, or sometimes hurting and punishing each other.

Survivors of ritual abuse frequently struggle with self-injury for additional reasons. Often groups who participate in ritually abusing children condition or program their victims to self-injure whenever they remember the abuse or tell anyone about it. This is a way for the abusers to protect themselves against being found out by making it

more difficult for survivors to remember and tell, and by making it less likely that they will be believed if they do tell. Abusers know that since self-injury is not well understood and people who self-injure are frequently viewed as "crazy," disclosures of severe abuse are less likely to be believed, and they are less likely to be caught.

These are only a few examples of the many ways that self-injury can be a life affirming way to manage and cope with past trauma and abuse. There are countless other meanings that self-injury might have. Often self-injury functions in different ways over time or meets different needs of different alters at the same time. Sometimes if people self-injure in different ways, each type of self-injury has a different significance.

What is healing?

I believe that the process of coming to understand the "why's" behind the self-injury is at least as important as whether the self-injury lessens or stops. Because self-inflicted violence is so closely linked with trauma and abuse, it is impossible to separate the healing processes. We need to be cautious when we begin making different rules for understanding or responding to self-injury than we would have for any other coping response, and to hold to our commitment to transforming pain and healing wounds.

All parts/alters were created to help the system and continue to act in ways that, from their perspective, help with survival. Frequently when one alter is injuring him/herself or another alter, they are acting to protect the whole system from perceived danger. For example, punishing a young part for

wanting affection may be protective if having needs has been dangerous in the past. It is important to understand, recognize and appreciate everyone's attempts to be helpful and stay safe. Everyone in the system may need to learn new ways to feel safe in the present.

The healing process and creating any positive change, including finding alternatives to self-harm, can only happen at the pace of the slowest one inside. Often when people have made a lot of progress in moving away from self-harm (or any old behavior pattern), they will return to it during difficult times. Some people view this as relapse or failure, but it can also be an opportunity to learn more about how self-injury functions or helps the system. It is natural to do what is familiar under stress, because even if you know it is hurtful, it is safer than what is unknown. Often trying new options alternates with returning to what is familiar and known until everyone's needs are being met by the new experience.

I believe it is important to hold our focus on the wounds caused by abuse and trauma rather than misplacing our rage and shame and fear onto the much more superficial wounds caused by self-injury. When focusing on the process of grieving the wounds of the past, learning new skills for managing feelings, and meeting the needs in the present, new alternatives to self-injury frequently emerge. For many people self-harm decreases because it is no longer needed. As survivors value and begin to believe in the strength and wisdom we all hold, I believe strongly that healing from abuse will eventually make self-injury impossible.

MV

* The term "self-inflicted violence" was developed by Ruta Mazelis, editor of *The Cutting Edge* - an international newsletter for women who experience self-inflicted violence. PO Box 20819, Cleveland, OH 44120.

**See also, Connors, R. (1996) "Self-injury in Trauma Survivors, Parts 1 & 2" in *American Journal of Orthopsychiatry*, 66 (2), April.

*** It is important for people who are struggling with self-injury to know their rights within the mental health system. Until self-injury is more broadly understood, there will always be professionals who will react in ways that range from not helpful to severely abusive. If you have been mistreated in the mental health system because you self-injure, you are not alone, and may want to contact NARPA (National Association for Rights Protection and Advocacy, 587 Marshal Ave., St. Paul MN 55102) for more information.

MV

Waiting for Thunder

By Living Earth

There are so many. Their voices are a song, a howl, a ghost dance for the preservation of life. They dance behind the eyes, just there out of reach. The eye swells, remembering concussion and stroke. *I don't want to go to the doctor I don't like hospital.* It is a young voice, carrying a shiver of terror. The face turns red with the effort. It is a good face. So says wind in the hair So say people outside the window of mind

The swelling eye sees grey, and things that are not there. The eye remembers many things. Remembering pierces the greyness with lightning. We wait for thunder The waiting pulses and expands, a living thing The heat of it spreads. The heat becomes an image of a hospital bed. Stomach churns and becomes a fist with a name. *Boy, I told that nurse. She didn't know I showed up.* The voice is thorns and toughness. She reddens the face with rage. *Why don't these legs move right anymore?* She is the closely guarded life force. *CAT SCAN MY ASS. JUST LET THAT DOCTOR GET A LITTLE CLOSER...*

The young technician x-rays the burning, painful hands. Hospital sounds and smells push against the consciousness. Another time there is the chest x-ray. That technician remarks on the cause of the condition. The one present wants to say *It is neglect and trauma that prime this body for cancer.* They wait for thunder There is only silence, the beating heart drum, shaking limbs and dizziness.

The technicians, doctors, nurses — their faces whiz by in a blur. There will be more. The cancer sleeps, an uncertain companion

There is the one who is tragedy. Tragedy drips from her onto those she meets. She emerges so the army of white coats can focus on her and the body. There are those made of terror. They wonder at the consequences of disclosure of their existence. It is mentioned to one doctor, who does not understand He exclaims, "But you are not schizophrenic!" The young counselor is kind and sympathetic. He lowers the fee, and extends the time He is seen about once a month. More of that activity, or any other is too much. The body leaks easily. The immune system is a flame struggling to give light. The lungs contract in asthmatic spasms.

Each assessment awakens a chorus of voices. Sleep itself is an elusive dream. The boundary between awake and other is a fantasy. This shamanic journey lasts a lifetime. Town and other people are miles away. the body swells in the car from the mechanics of driving. So much tending of the body allows for little else. Turns are taken driving the little carts around the stores. *I want to go home now. Hungry.* The body quivers with pain and effort, and the echo of many voices. Or is that thunder? Is today Sunday? I was wearing blue...

Somehow, the car reaches the right driveway. It must have, for I see it through the window. The hand burns from holding this narrow pen. A cool breeze, the nostrils flare. Maybe there will be thunder that will speak and bring rain. The smell of ozone. A storm to clear the air.

And then we will continue

MV

Pain in the Neck

The pain in my neck is searing.

My mind begins to race—
muscle spasms? displaced vertebrae?
trigger points?
bad memories? spiritual blocks?
alter egos?

The pain in my neck is searing.

My mind continues to race —
What should I do?

hot packs? chiropractors? massages?
therapy? journalize? pray? flip?

The pain in my neck is searing.

It hurts like hell when I turn.
It doesn't ease with packs or pills or
pokes.
Why can't I have normal aches...like
other folks?

The pain in my neck is searing,
burning from within.

I give myself space and options.
I write. I draw. I paint. I cry.
I shout. I flip. I pray. I dream.

Walking my path,
trusting that time will heal my wounds
I have chosen to love and keep myself.

The pain begins to ease.

By PBW

MV

1996 Conferences & Events

August 21-23 , Minneapolis

Minnesota Awareness of Ritual Abuse sponsors the Holistic Healing and Ritual Abuse conference, featuring Caryn StarDancer, Executive Director of *Survivorship* newsletter. Call for brochure or info: 612/646-5060.

November 7-10, San Francisco

ISSD13th Annual Fall Conference: Healing The Divided Mind. The primary scientific conference in the field of Dissociative Disorders. Top speakers. Professionals encouraged to attend. Call ISSD (847) 375-4718 for information.

November 9-13, San Francisco

International Society for Traumatic Stress Studies (ISTSS) Conference. Call (847) 480-9080 for info.

November 9-10, Grapevine, TX

Survivors and More conference with James Friesen, Jerry Mungadze and others. In addition to workshops, program will include survivor talent show, art display and sales. Call 817/354-1389 for information.

November 19-23 San Francisco

National Coalition Against Sexual Assault 18th Annual National Conference and the Women of Color

Institute. Celebrate 25 years of Rape Crisis Centers. Call Patti Giggans at 213/462-1281 or Rebecca Rolfe at 415/861-2024.

3rd Annual SURVIVOR PRIDE Art Exhibit and Open Gallery will be presented by The Healing & Arts Studio in Boston, Sept 21, through Oct 5, 1996. Call 617/859-9561 for hours and info.

Workshops on Clinical Hypnosis:

September 19-22, Dallas; Oct. 7-20, Seattle; Nov. (call for date), Chicago; December 12-15, Miami. Call ASCH, (847)297-3317 for info.

MV

Partner's Page

I am a teenager. Both of my parents are multiples. I know what you're thinking: "She has a very rough life. I feel very sorry for her," or maybe you have a child of your own and feel guilty. Sure my life is different, but whose isn't? Multiples are just the same as everyone else, just with a different past.

TV shows and movies make it seem like multiples are always destructive and out of control. Being a multiple has its good points too. For instance, all the multiples I know are extremely talented and love their children more than their life. My home is never boring, because there's always someone to talk to who's my age and can help me through problems grownups can't. You can never say that they just don't understand, because they do, or they have someone inside who does. I also enjoy encouraging them.

The one thing that helped me the most was my Mom being open and honest with me, and telling me she was multiple, and some about her past. I felt so much better not having to wonder why something was different. My advice to you is to tell your kids the truth and be honest with them. So please, don't feel sorry for me or yourselves.

By Faith



Supportive significant others and spouses, and family members, now must know that men and women are interested in the restoration of a full, and healthy demonstrative life, for the person who is a part of their lives. We do love the people in our life, and want the love to continue through this time of challenge.

Men, including myself, will need to get some perspective toward their loved one.

I feel at times I need an escape from helping the partner in their healing. Just a few hours, sometimes once a week, just a rest area along the

highway of life. After such an event I feel fresher and have a new outlook, and I can be there for my mate.

If it seems too much, before you get weary, take a break in the action. Find a special "just-for-me" treat for yourself, whatever that may be. It can be buying a gift for yourself, treating yourself to pampering at a health spa, or get with your friends for an afternoon of baseball (live or ESPN) and rejoice in being a spouse of DID. Your trek is long, can be demanding, challenging, and you are a vital part of the healing that needs to take place for your spouse/significant other, or your precious family member.

If you do not treat you "good," you will suffer a burn-out of sorts, and will become a liability to the process, instead of an asset to the healing.

People, keep looking to the future, learning from the past, and praying through the present. We will overcome. We will do more than just survive, we will conquer. We will be the partner in healing!

Keep your chin up and your hands on the pulse...until next time.

By JimmyG and Maria and HerFam
E-mail us at GRIN2U@AOL.COM



I am Don. I am a multiple. I was diagnosed 31 months ago. It has been tough, but I'd much rather know and work on communication with my system than continue to wonder why I have always been so depressed and forgetful.

I have been married to a wonderful woman for over 21 years. She supported me through college, military, seminary, ordination into the ministry, leaving the ministry, two separations, and now being diagnosed. She is wonderful. She runs a daycare (12 hours a day/5 days a week) cares for me and two teenage sons, and an elderly mother.

She says that finding out that I have times that I don't remember because

of dissociation makes a lot of sense to her. Our relationship is so much better now.

I still feel badly that I left her and our boys for four months two years ago. Through it all she remained kind to me, and I even started divorce proceedings. I lived with another multiple, thinking she would better understand me. (This other multiple knew only how it felt for *her* to be multiple.) My wife doesn't understand my multiplicity, but I know that her love is what I need. Nobody cares more about me than my wife.

In my recovery I sometimes do some writing. I've been thinking a lot about the Serenity Prayer that we use in Alcoholics Anonymous. (I've been sober for 13 years.) One of my alters adapted it to help me with my recovery from a childhood full of trauma. It reads as follows:

*System, help me to accept
That I'm multiple,
Give me the courage to
work toward cooperation
between me and you, System,
and help me to find the
Wisdom to know that
this cooperation will help in my
recovery, even through the pain.*

By Don B.



Special resource: a new book, *Joyous Sexuality: Healing from the Effects of Family Sexual Dysfunction*, is available from the author for only \$5 per copy (includes US postage). Author Mic Hunter MA MS is a licensed counselor and frequent speaker on sexuality to professional audiences and the general public. This book regularly sells for \$11.95 in bookstores. Send your \$5 check and address, accompanied by a note saying you read about this in MANY VOICES, to Mic Hunter, 2469 University Ave. West, Upper North East Suite, St. Paul, MN 55114.

Alter or Introject: Are all "Persons" Created Equal?

By Judith Merriel Godschild

Do you have "persons" within who seem to imitate your abuser or abusers? Do your child alters live in fear of retaliation or punishment even though your perpetrators are dead or are currently living thousands of miles away? Do you have destructive "alters" who seem to have no positive role within your system, seem completely uninterested in cooperating in your therapy, seem bent on denial of your diagnosis?

That was my experience with a part I called the Denyer. When my memories first began to break through and I became conscious of my system of alters, he was the one who denied the diagnosis and the reality of the abuse and refused to talk to anyone in the system or even to my therapist (except to come out, pretending to be me, and "confessing" that I'd made the whole thing up). As I tried to open up lines of communication with this angry, frightening entity, I sensed that he knew all about what had happened to me and he seemed to view it as his job to keep the secrets of the incest. He never cooperated. He did, however, make the children believe that he could control the memories and that he used memories to punish them in order to threaten them.

I believed he was an alter and was assuming that in time I could develop a relationship with him which would ultimately lead from cooperation to integration. Then I read a book I picked up at the 1995 ISSD International Conference in Amsterdam called *Multiples in Love* by Dr. Sanda Davis. Dr. Davis is an experienced DID psychotherapist and in her book she writes about something called introjects.

The dictionary defines the verb 'introject' this way: to incorporate (characteristics of a person or object) into one's own psyche unconsciously. Many people introject significant others (such as parents, grandparents, siblings or teachers) who have made

strong impact on their lives, either positive or negative. Dr. Davis contends that those of us with high dissociative ability frequently introject our abusers during traumatic experiences and that these introjects then take on a form very similar to that of an alter. According to Dr. Davis:

"The introjects are vivid memory traces of outside people who affected an individual in a significant way. Subsequent to introjection, the introjects, which are configured and stored in the sub-conscious mind in well-defined entities, start having a life of their own."

The introjects have self-awareness, self-perception, plan actions the way people in real life would do, act deliberately according to their own agenda which is consistent with their characteristics, express feelings and opinions about what is going on in the inner world of the person, listen to the outside world, look outside and influence the thoughts, the feelings, states and behaviors of the host person. Introjects relate to the alters inside and other introjects...some introjects surface to a level which can be co-conscious with the host and fight with people outside."

I began to suspect that the Denyer was not an alter but rather an introject of my father, my abuser. It wasn't until a child alter tried to commit suicide by overdose that I knew for certain. As the little girl, Merry, tried to explain what had happened just prior to the overdose, we realized that what we were dealing with was a suicide/homicide attempt.

I had spent the weekend preparing the final draft of a book proposal related to my journey of recovery from incest and DID. The "inside father" was angry and up in arms about this exposure of truth. On Monday, Merry was also very unhappy about an upcoming trip to America which meant two months away from her "friend" — our therapist. I was very depressed and

I had pulled back from executive control, observing but not caring much about what was happening. Merry started to think that death would be better than separation and two voices began egging her on towards suicide.

Later one of the voices, a boy child named Judah, came out to talk to our counselor. He said someone else had pushed him to encourage Merry to kill herself. Then he became very frightened and said he would be in big trouble if he kept talking about it. When my counselor said the father couldn't hurt him because he wasn't close at hand, Judah said, "You don't understand. He's very close at hand." He went on to say that the father was inside and "he's like us, but different."

At that point the "inside father" came out and had an angry discussion with the therapist, and, fortunately, he realized for the first time that if he killed off anyone in the system, he would die too. He wanted to kill Merry and me because we were "telling the secrets." He had believed that he could go on without us. He then threatened to kill us psychologically if we kept having "big mouths." Our therapist tried to establish some rapport with him. It was not very fruitful. The "inside father" had a bad attitude.

This introject behaved like a typical introject in that he reflected the character of my father as perceived by my abused child alters. He was angry, overpowering, uncaring and determined that no one would know the truth. Like all introjects, he was dependent on access to at least one alter to affect the body. In this case, he had attached himself to young Judah, whom he was able to manipulate through intimidation, until Judah began to get stronger through therapy and decided he didn't want to be used anymore.

It's important to understand that, unlike alters who have a natural connection to the body and ideally are integrated eventually, introjects are not

a natural part of you, do not belong in your mind as they came in from outside, and need not be integrated. At the moment that an introject is created, an alter is also created, usually during a traumatic event. In my case, the father introject was created the very first time my father assaulted me sexually, when I was two years old. At that time an alter named the Little One came into existence and the introject was brought in from the outside. In my opinion, *introjects do not have equal rights*. They are highly evolved memory traces and, in time, it is better to dissolve them than to integrate them. I don't know about you, but I sure didn't want my father inside me for the rest of my life!

What happened to my "inside father"? After several discussions with my therapist, I realized I no longer needed my father's whip inside of me. I was ready to let him go but I was still very afraid to confront him. At the same time, I very much wanted to know what he knew about the abuse history. Wanted to know, and didn't want to know. (I know you understand.) Here's what we did:

Through visualization of our safe place, all of the alters entered a deep state of relaxation. I stayed with the

child alters in the safe place and Jude, a strong adult male alter, returned to the therapy couch to remain co-conscious during the intervention we had planned that our therapist would do.

Calling the introject out, my therapist invited him to move to a chair at the end of the couch to emphasize that he was not really part of us. He told the introject that we now knew who he was and that he had no right to be there, but we wanted his cooperation. If he cooperated with us, he could go to a nice place of his own choosing in my mind where he could no longer bother anyone. If he didn't cooperate, we would lock him up in a vault which he had been guarding for so many years — a cold vault full of nothing but ugly memories. Tough talk—but it worked.

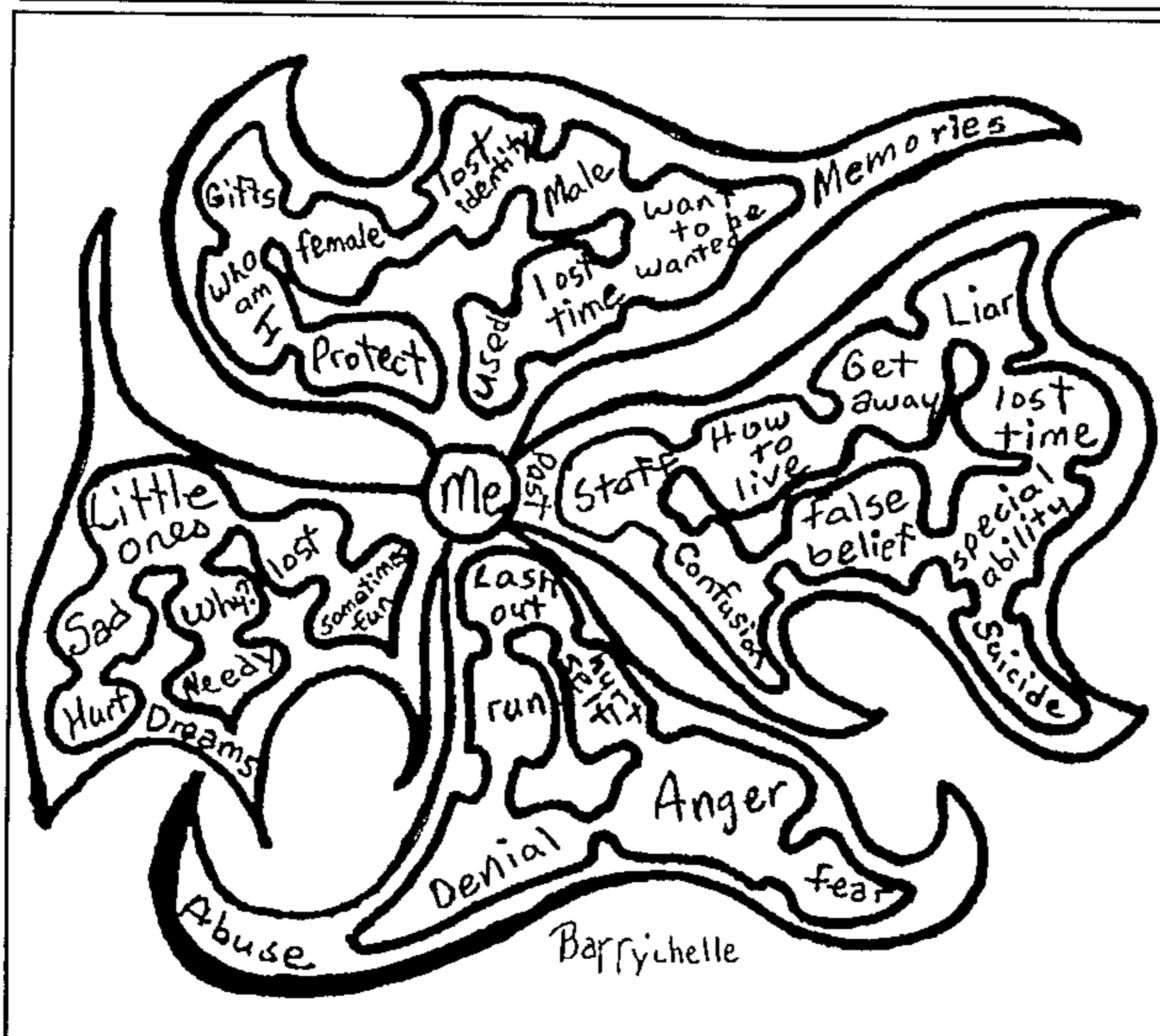
He did indeed know everything that had happened and he could tell about it without any emotional response as he didn't care about anyone in the system. He was able to tell us when the abuse started, when and why it stopped, and what percentage of memories we had already uncovered. He also told us about a particularly brutal and degrading form of abuse which no one had remembered about yet. Our therapist asked him

everything we wanted to know and then asked him where he would like to go. He indicated that he would rather be "anywhere but in this mind where the kids are always whining and getting on my nerves and all the secrets are getting out anyway," but he specifically wanted to go bass fishing on a lake in upstate New York. So a place was created in our mind for him and he was sent there. We have never heard from him again.

Jude returned to the couch and said his goodbyes to the counselor because, now that this job was done, he knew he would be integrating soon. Though I had been in the safe place, watching over "the kids," I heard, as if from far away, what the introject revealed about the abuse history, but I was not deeply affected by it at the time. The children inside had been completely shielded and had no idea what had just happened.

In the days following, a new sense of freedom began to permeate our system. We all felt less fear, more confidence, a stronger determination to face up to the memories. It has been one of the most significant and healing interventions in the course of our therapy.

MV



Paradoxes

I am torn between
 the need to know
 and the need not to know
 The reality
 and the surreal,
 trusting
 and mistrusting,
 the destructor
 and the survivor,
 courage
 and the fear,
 the putting up of barriers
 and the tearing down of them,
 acceptance
 and denial,
 strength
 and weakness,
 and finally
 living in the darkness
 or letting the light in.

By Cheri

MV

EMDR...An Untried Key

By CE

CE is an RN, a writer and artist, and a recently integrated multiple who is continuing to work on wholeness and life issues with her therapist in Colorado.

The journal articles had gathered dust in my filing cabinet for over two years while the public novelty of EMDR (Eye Movement Desensitization and Reprocessing) wore off and the indignant howling of the skeptics drew less and less attention. Eventually, even my conservative therapist risked ridicule and attended a weekend of training. His timing was perfect. Neither he nor I are of the type to quickly embrace a therapy that might just be classified as charlatanism, but since we had combined forces for almost four years and had failed to slay the depression dragon that had kept me a virtual invalid, anything short of snake oil was worth a try.

For perhaps a year, we believed we had recovered all the puzzle pieces. The memories of childhood abuse and of resulting adult dysfunction had been unearthed and appropriately examined. Their configuration was not one I was pleased to claim, but I had a sense of completion about all the heartbreaking work I'd done and felt no other options were available than moving on down the road toward living a normal life—whatever that is.

However, the pieces just refused to maintain an exact fit. It was as if somewhere we had made an error in placement. Their edges never met as precisely as they should and the minute gaps here and there caused an ominous uneasiness that the entire puzzle—indeed, all the work—might crumble.

Over and over again, it became too much to handle—the woefully inadequate self-esteem, the skewed view of myself as damaged goods beyond repair—pulled me down into the vortex that was my black hole of self-deprecation, despair, and suicidal depression. I danced along the edge of death so many times that I came to believe we should have more carefully measured the table the puzzle rested upon—my own capacity for healing,

that is—before this mammoth project was even begun.

So, when he suggested we try EMDR, my answer was a skeptical yes. After all, I had been forced to do another of my too-many-to-count stints in the local psychiatric hospital only three weeks before, and now I was sickened to feel the familiar mantle of depression descending upon me again so soon. I had nothing to lose. Even the critics of the controversial treatment thought it could do no harm, and my doctor cautiously said it might break up the log jam blocking my forward progress.

I reread my old articles from a more personal viewpoint this time, we discussed the process a little, and then we took our places face-to-face about two feet apart. The whole thing seemed slightly silly to me. However, I was prepared to assume my usual respect for the “work” of psychotherapy—even when it involved the experimental. What I wouldn't do—in spite of my well-known propensity for trying to be the “good patient” — was to give EMDR more credit than it earned, and I sternly issued the caveat before we began.

The memory I chose to begin with was appropriate according to the literature—not an isolated incident, but part of a constellation of recalls I had about my abusive grandfather—painful, but not intolerable—remembered as a whole experience, but not in detail.

My therapist began moving his hand back and forth. Easily hypnotizable, I found no difficulty allowing my eyes to lock on and my mind to slip back in time to my early childhood. As on many pre-dawn excursions with Grandpa to check his fishing lines, we were in the aluminum fishing boat tied to a willow tree on the far bank of the river.

I already knew the scene and what was to happen, but as my eyes slipped

out of focus and the fingers appeared to move in a staccato, strobe-like fashion rather than in their true, smooth rhythm, the memory assumed a startling new clarity. I could see every individual black hair on my grandfather's unshaven cheek as he leaned toward me and his morning, tobacco breath hit my nostrils in a disgusting wave.

Long before this I had remembered the pain and floating-away feeling of dissociation, but as the jerking sway of the fingers pulled me further and further away from the here and now, the memory crystallized and a rush of physical sensations pulsed from head to toe. I was there. I was fully there—physically, emotionally, and cognitively in a way I had never been before.

The fingers slowly stopped and I heard myself talking aloud spontaneously, with absolutely no control over the content—no ability to edit even a single word, but also, no fear about saying the inappropriate or shocking or embarrassing. I didn't care if my doctor sat in front of me. He was non-existent. The need to regurgitate the scene in my head was too powerful. I was in his office chair only in body. The more substantial part of me was back on that muddy, Oklahoma river in the predawn dampness being simultaneously participant and conscientious observer/reporter.

When I had exhausted the story, the fingers began again and I was in a new place in time with a different perspective, but with many of the same feelings. Then, my eyes followed the hand movement downward to the arm of the chair and my words tumbled out once more. I stared into an invisible hole in the far corner of the room and again spoke without any forethought or editing until that piece too felt complete and I fell silent.

This being reeled in and out of the past was painful and draining.

However, my request to end the session was denied by the voice in the chair next to me and the process went on and on.

Near the end of the session, I suddenly realized that the ancient pearls I had been recovering were not unrelated as I had thought, but were connected on a string. One story led to another, which led to another. In this case, I became aware that the pearls were strung together by the element of water. I was *on* the water in a boat, I was *in* the water trying to swim to freedom, I was at a public pool failing to comply with my father's order to dive *into* the water, my swimming suit was on the wood floor next to my bed making a *puddle* of water...

So, taking a stab at analysis, I began searching for the puzzle piece that had been wiggled into the improper place. However, even in the safety of my own bed, the associations frightened me

somehow. No, that's not right. The fear came from the wave of dissociation that prefaced each excursion I took toward finding the connection.

For, thinking about the water meant exploring that swirling brown river and all it stood for in my past. It meant going below. It meant purposely recreating the sucking pull that took me then *and* that continues to take me now, into the black hole of depression. And there, I met the epitome of my ambivalence. To succumb to the water was dark death. To fight it and emerge was a rebirth into light and hope and trust in a future.

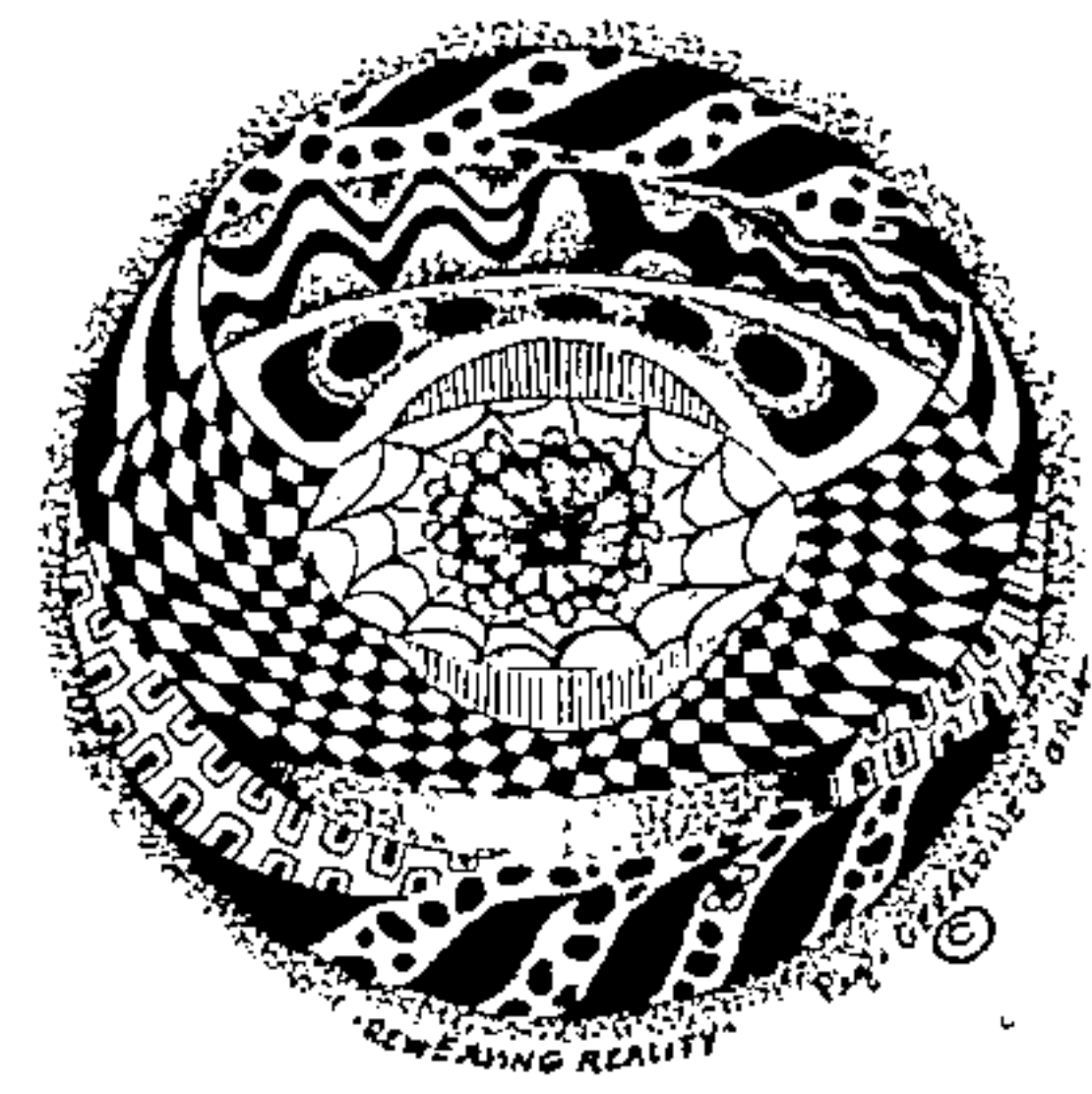
The choice is obvious, you might say. No. Not so easy, I'm afraid. For there is a comfort found in giving in to the water. Down there I don't have to try anymore. I don't have to be strong, or to pretend I am when I don't feel it. Down there I can pull my problems

and perceived inadequacies around me like a cloak, denying that solutions are possible, that things just might be better tomorrow.

So, what was accomplished by this exercise? Quite a lot, actually. For within my core, I felt an ever-so-slight shift in attitude. The part of me who likes the hole lost some respect, I think. I see some benefits in choosing the light and periodically, I'm feeling as if I might enjoy living there.

I suppose all this could have been accomplished without the tool of EMDR, but for me, and I can only speak for myself, it was a valuable augmentation to the sometimes tedious process of talk therapy. Removing that human tendency to edit what you say in order to please the listener is the key I think...and I think I'll keep an open mind to trying it again...soon.

MV



Peg's Mandalas

Peg is a part of myself who endured unrelenting ridicule and taunting re: art work, while I was in art school and still living at home. Sometimes drawings were destroyed by my abuser.

Mandala: The Sanskrit word for circle. Two years ago Peg began drawing Mandalas with colored pencil on black paper with no co-consciousness; the symbols she expressed gave me a glimpse into a part of myself that was whole. Gradually I began to have co-consciousness with Peg. Now we work together drawing mandalas. Seeking order in the chaos within the boundaries of the circle, yet

unknowing of what will become of each safe place. Spontaneously placing marks or dots one after the other. And soon there is form, and healing symbols that create the feeling of transition — a passage to something beyond the paper.

Earlier this year I embarked on a journey...the day I bought two dozen red markers and several black markers *cheap* at Big Lots...a Re-Membering Trek in red and black markers on white paper.

I soon discovered that red triggered many parts of myself, sometimes overwhelming my inside system. And at times I wished I hadn't bought those markers!

Undaunted, Peg began creating mandalas with these markers. The mandala is a safe place to work through conflict. A place where energies are free, and are spontaneous creations of line, form and color that help my selves see. It invites conflicting parts to appear — self-discovery.

Perhaps some MV readers may wish to explore the mandala too. Mandalas can be drawn with pencil, markers & crayons of all colors. Pebbles, grains, feathers, flowers can form collages on all kinds of surfaces. Let your imagination run riot!

By Geraldine G. Brua

MV

Letters

We will forward replies to the following letters.

I'm looking for information about multiple diseases/disorders and MPD (DID). I have nine diseases/disorders and six doctors. Sometimes I feel like a freak. Life is such a balancing act: one disease flares up and triggers another one. I'd really like information, but if there's anyone out there who has the multiple diseases like me, I'd appreciate hearing from you. Just knowing I'm not the only one would help. Thanks.

Beverly and the Girls

I've known I was a multiple for 10 years. My problem is that I have one alter who controls everything and everybody inside. She/he has full control over the body and others. This alter refuses to talk to the adult part and does not allow any of the rest of the alters to talk to the adult about anything. Over the last 10 years they have taken the adult out of commission and have taken her away inside. The adult part and some of the others are suicidal. We feel we don't want to go on in the hell that the others are giving us. We know that we are not "out" living this life anymore and want to kill the body. We're tired, frustrated, mad, angry, and outraged. We don't know why this one controlling alter is being so abusive to us. Does anyone have any suggestions? We're barely hanging on and now we're in-between therapists, which doesn't help. We feel our life is hopeless. We know multiplicity is a permanent thing in life and we're tired of putting up with the war inside our body. Please help us!

Tracy

I am writing about my experience with Electroconvulsive Therapy in the hope that it will not only be informative, but will prompt responses from others who have undergone ECT. I'm very interested in the effect ECT had on depression, suicidality, and if ECT affects alters.

Over the years I have had many bouts of depression and suicidal ideation of varying intensity. Last month appears to have been the worst yet, and I was hospitalized for 3-1/2 weeks. During that stay, it was suggested that ECT was worth a try. What a tough decision! My general belief was that ECT is barbaric and could be harmful as often as being helpful. After two days of thought and talking it out with my therapist and psychiatrist, I decided it was worth a try. I was so depressed and miserable, I decided that anything would be better than how I was feeling. I couldn't function and knew I would have more bad days and hospital stays if I didn't try something new.

Being a heavy smoker, I have diminished lung capacity. Prior to each ECT, I was

given inhalation therapy. That, and the clock beyond the foot of the examining table, are the only things I clearly remember about my ECT sessions. Physical problems from ECT were minor. I had a headache after only the first session. But the sense of overwhelming tiredness remained the entire day of each session.

How cocky I was after the first treatment! I remembered everything and thought I'd be different from those people with memory problems. I was wrong. After two sessions, memory problems began. Luckily, I kept a journal during my hospital stay. What a revelation! My journal made note of a case of hives discovered when I went for ECT one day. Since I was covered head to foot, the session was cancelled. The journal noted that a nurse gave me two shots to calm the itch. I had no memory of that incident. That shocked me, as it seemed to be something I would remember. Another forgotten incident was related to me by my therapist. He said the day we discussed whether or not to go ahead with ECT, I got so mad at him for not deciding *for me* that I hit him! That was so unlike me. I have a lot of anger, most directed inward, but never engage in actual physical attacks.

The Hamilton Depression Scale was given me several times to note changes in my mental status. It was administered prior to ECT, after three sessions, and after ending treatment. I'm not sure if I had six or seven sessions because I didn't write everything down and my memory is fuzzy. I did not actually see the test or my scores, but my therapist told me there was definite improvement over time. Fellow patients told me, near the end of my hospital stay, how greatly they thought I changed — smiles, more talkative, etc. It is not as easy for me to see the changes in myself. I no longer have suicidal ideation and am much less depressed. Was that thanks to ECT, or would I have changed anyhow, possibly only by being hospitalized?

During my entire stay, I was the out-person. My alters seemed to hibernate and had no desire either to cause internal chatter or become out-persons. Now that I am home, they still are more quiet than before. I don't know yet how (or if) ECT affected them.

I'd like to hear from others with their experience of ECT.

Paula

I am in the process of filing bankruptcy. This is partly due to some of my alters who have, unknown to me, acquired loans and credit cards, etc. My question is this: How do I protect myself from getting into this situation again in the future? How have other readers dealt with this? Thanks!

Terry E.

Resources

PLEASE! Be sure to send us updated information for **MANY VOICES/MULTIPLE CHOICES** listings of support groups, health care facilities, organizations and more. Survivor ads, 50-words, classified format, are free of charge for products and services offered. Paid display ads are available. Write PO Box 2639, Cincinnati, OH 45201 or call (513)531-5415 for details.

Believe the Children organization is requesting donations of money or professional services to assist Det. Jerry Simindl in defense of lawsuits that have resulted from his efforts to educate the public about ritual abuse. If you can help write or call Believe the Children, PO Box 797, Cary, IL 60013.

One Voice: The National Alliance for Abuse Awareness, joins with Ellen Bass to announce the first annual Messenger for Children Quilt project. The Quilt will display messages of hope and courage from adults (survivors, advocates, etc.) to children. Send your 10-word message to One Voice. Please also send money to support this project (\$40 minimum requested). One Voice, PO Box 27958, Washington DC 20038-7958.

Something fun! Janette, one of our readers, sent us the following message: "The dishware company *Correlle Ware* has put out a 25th anniversary set of dishes. We feel they would brighten up any multiple's day. The dishware says on it, 'Imagine what we can do together.' On the main plate it has part of a world map and all kinds of children, adults and disabled underneath it. My local Kohl's department store carried it, at about \$10 to \$15 per place setting. I thought other multiples may be interested in getting them."

If you are concerned about peripheral neuropathy (damage to nerves that end in muscles, blood vessels and skin causing weakness, numbness, pain) join the Neuropathy Association, PO Box 2055, Lenox Hill Station, New York, NY 10021 for sharing experiences and info to cope with the disease. Free to join.

American Women's Self Defense Association offers rape prevention training programs and more. Contact AWSDA headquarters at 1-888-STOPRAPE, or write AWSDA, 713 N Wellwood Ave., Lindenhurst, NY 11757.

More options for your writing and reading: Myriad Penpal's Newsletter is available at PO Box 1607, Hot Springs, AR 71902. Write for information.

SHARE in Los Angeles County needs support. They offer support group meetings for a variety of survivor needs. Join the Emotional Health Association for \$25. Call (310) 305-8878 or write SHARE, 5521 Grosvenor Blvd, Los Angeles CA 90066.

MV



I'm Ready Now

I can draw my hand
 God heals my hand
 Many blisters and cuts made
 but not too many for God to heal.
 My hand has grown larger, and so has
 my pain.
 God can heal that pain.
 I can't release my pain through tears,
 my emotions are confused,
 but I know God feels it too.
 I pull my hair out but God counts each
 hair on my head.
 I don't understand me and sometimes
 I feel I hate me,
 but God never does.
 Alone, He can heal me.
 I'm Ready Now.

For Liz-E-Beth (5 years)

Grieving a loss

When this poem was written, I was just beginning my recovery process. Because of severe PTSD symptoms I was unable to maintain my job as an Electronic Design Engineer. I wrote this after I'd been on disability for three years. I needed a soothing ritual to help me grieve the loss I was feeling. At the time, I incanted this poem as I lit a candle.

*Today we are here to grieve those parts
 which have experienced a type of death. We
 feel the deep sense of anguish over the loss
 of our innocence and the deprivation of our
 right to experience intimacy, passion and
 sexuality as a natural, inquisitive
 adventure on our path through life. A
 beauty to be discovered when we were ready,
 and willing to explore our desires.
 To this loss we give voice through the light
 of this candle which represents the warmth,
 validation and acceptance of our feelings,
 our realities, and ourselves.*

By Amass



BOOKS

Beyond Bedlam: Contemporary Women Psychiatric Survivors Speak Out

Edited by Jeanine Grobe. ©1995 by Third Side Press, Inc., 2250 W Farragut, Chicago, IL 60625-1802. \$15.95. 253 pages. Paperback.

When I first glanced at this book, I assumed I wouldn't like it, because it was "anti-psychiatry," and psychiatry has helped me and others I know. But then I read it, and I realized I was wrong, and narrow-minded in my assumption. The women who write essays and poems here have had serious problems with the psychiatric establishment, and their concerns deserve to be heard. The first section, titled "*When the World Can't Face Its Fear, We Get Locked Up*" is explicit in its rendering of abuses in mental hospitals and psychiatric wards.

Although some of these writings appear to reflect experiences some years past (they don't still do lobotomies, do they? Or insulin-coma therapy?) others are as recent as 1992. Much of this is gut-wrenching stuff, and I doubt that it's exaggerated. The second and third sections, "*It Doesn't Have to Be Forever*" and "*Standing Our Ground: The Political Context of 'Madness'*" are comparable in their sincerity and point out the need for better care, understanding, and treatment of those deemed "mentally-ill" by society. Some of the writers have chosen to reject psychiatric treatment altogether. Others have found alternatives or outpatient treatment that works for them. But the operating word here is "choice." All of us have choices. And as adults, the writers make clear, we

have the right and responsibility to decide what choices that serve us best. This book enlarged my understanding. You may find it compelling, too. — LW

Other Publications

Multiples in Love, by Sanda Davis (mentioned on page 10 & 11, this issue) is published by Personality Press, Seattle WA. © 1994 \$32US. (800) 370-9172.

Chicagoland Area Sexual Abuse Resource Guide available in October 1997. \$35 plus \$5 shipping to Vicki Polin, c/o The Awakening Center, 3166 N. Lincoln Ave Suite 213, Chicago IL 60657.

Closer to Free: a 12-Step Odyssey for Abuse Survivors, By T. Thomas, is available for \$16 from Timothy J Fleming, D. Min, 5201 E 2nd St #D-4, Tucson AZ 85711-1344. Audio cassette available at same price.

THANK YOU

For sharing all your wonderful writing and art with your friends, the readers of *MANY VOICES*. We could not do this work without your help!

And don't forget to send us your free ads for MVMC #5, plus any local support information or other listings information that our readers need to know. — LW

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



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. Back issues always available, each issue 1/6 yearly price. 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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