

MANY VOICES

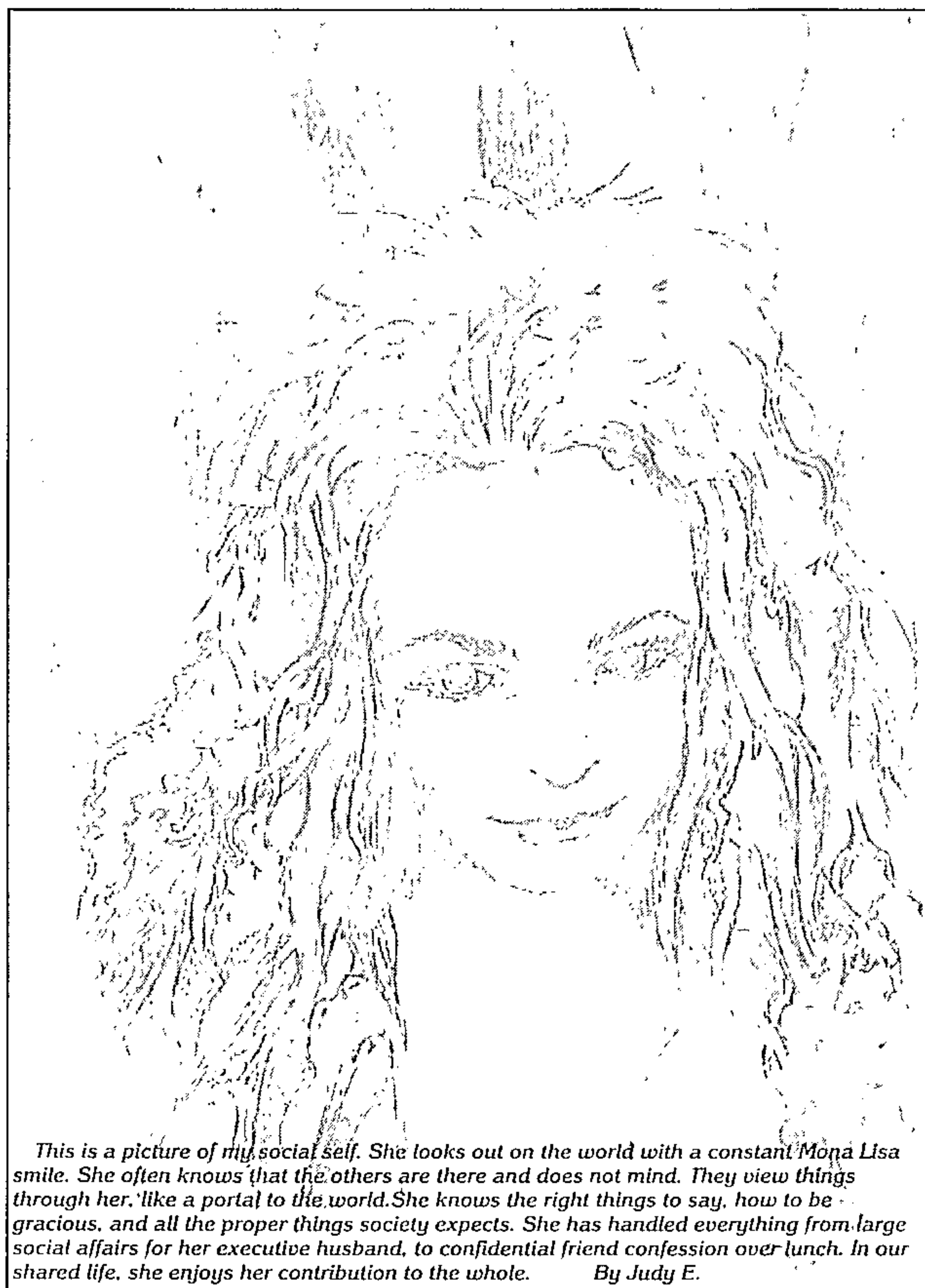
WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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Medical Concerns: Surgery, Scars, Eating Disorders, Etc.



This is a picture of my social self. She looks out on the world with a constant Mona Lisa smile. She often knows that the others are there and does not mind. They view things through her, like a portal to the world. She knows the right things to say, how to be gracious, and all the proper things society expects. She has handled everything from large social affairs for her executive husband, to confidential friend confession over lunch. In our shared life, she enjoys her contribution to the whole.

By Judy E.

Tower of Strength

As I sit on this rickety old country
bridge
Down below I see the muddy water
stirring

As it smoothly flows its path
With a ripple that is life
I wonder why I feel this way
So alone and blue

Can I see myself in this image?
The water mirrors my life
Does it not?
Muddy in confusion
Yet smooth at times
With just the right ripple to keep it
interesting

The bridge, now in its rickety old day
Is still a tower of strength
As it stretches from one side to
another
Over a pool of water underneath

Could this be the bridge to my life?
On one side are all the old troubles
The old defeats, and failures
Yet on the other side
Could that be the home of new
beginnings,
The new awakening, the dreams for
the future
And the reality of hope

Maybe I need a new mirror that shows
The deep blue water splashing freely
But I think I'll keep the old rickety
bridge
Yes, it has its scars
But maybe that is what makes it so
special to me

We are one, the bridge and I
We are a tower of strength!

By Lisa S.

MV

Living with Scars

By Anne and Others

There are so many kinds of scars, both emotional and physical, from many different kinds of trauma, and I believe that we all carry and live with our scars in different ways. My first thoughts about scars ran to the scars that I have on my body from years of self-injury. I have lived with much shame about these scars. These scars are the result of a time in my life when cutting or burning myself was the only way I knew to manage the intolerable pain I felt (and still feel at times). I remember, at the time that I self-injured, thinking very clearly that I wouldn't live much longer so any scars or permanent marks I might leave wouldn't matter anyway. And yet, here I am nearly a decade later—alive—with clear indicators of my internal struggle both past and present.

I often wish my scars would disappear—and then immediately know that in some way I need them. I need them to have physical, visible proof of my pain. I need them to see that wounds can heal and hurt less with time. I need them to wear as a badge of courage—battle scars so to speak. I need them to remind me that I have come a ways on the road to healing.

Over the years, my scars have meant different things to me. They have been a representation of my pain, they have been a source of shame, a symbol of my/our brokenness. They serve as a reminder, and sometimes, they are indicators of growth and survival. They are also, for one thing, an interpersonal hurdle. Whenever I make a new friend, I have a tremendous amount of anxiety as summer approaches—can I wear short sleeves around this person? How would this person react? Will he or she think I am crazy? Will they decide not to be friends any more—will they see these scars as a sign that I am too fucked-up? It's one (of the many) things which makes me feel different and separate from other people. Most people I know do not have a legacy of

white scar tissue coursing their arms. Every time I face this "interpersonal hurdle" I want to give up on the friendship, I want to decide that it's too hard to talk about, too hard to reveal that part of myself. But somehow, there are parts of me with enough courage—and desire for friendship and connectedness—that we do tell them, and explain how the scars happened. And to our surprise, we have always been met with a very accepting response from others—people still want to be friends with us even after knowing this information. It also seems that experiencing some acceptance from others helps us grow a tiny bit more in our ability to accept ourselves. We have also noticed that in talking about our own struggle, this often opens up the door for the other person to share more deeply about themselves and their own struggles. In this way, having this conversation can be an opportunity—though it is always difficult. I hope that with time and acceptance—both from others and from within—these scars will cease to be such a big interpersonal hurdle. Maybe instead, they'll be a side bar.

It is difficult to talk about scars without thinking about the dynamics of self-injury because the two feel inexorably intertwined. The feelings I had about the self-injury parallel the feelings I have about my scars—the shame and the secrecy, in particular. My self-injury was something I always did in secret. Now, through my work in therapy and positive experiences with friends, I find that my need for secrecy about my scars is lessening. This is a relief because we've had to keep enough secrets in our lifetime.

The most painful aspect of my scars has been my sense of almost crippling shame. I can't tell you how many social events I make up excuses not to go to in the summer time because of them, how careful I am about the clothes I wear, how fearful I have felt at times about being "found out". I suppose that the sense of shame is so great

because of the terrible abuse that led to the necessity of self-injury. I have noticed, however, in the past few years, that my sense of utter shame about them is lessening. I used to feel incredibly self-conscious about them if the cashier at the grocery store would notice. I know that I have altered my body language and mannerisms to compensate for this, in part because it is painfully obvious what my scars are from. But this year, for the first time, I don't bother to throw on a light jacket in the summer heat before grocery shopping—I have actually had the thought, "who cares"? Who cares if they see? Not that I want them to see, but if they do, so what. This feels like progress on the shame factor.

My scars have also, at times, served as a punitive reminder that I am too broken and too "crazy" to do or be anything worthwhile. They are a source of anxiety and fear whenever I make a choice about my future, employment, or school. Time and again, I have fought the voices inside my head which say, "See these scars. They mean you're no good. They mean you're too crazy, too broken..." etc. It has not been an easy battle and has involved weathering huge amounts of insecurity and indecision and also opening myself up to others who are supportive and able to offer genuine encouragement—both about my abilities and worth.

I have also encountered a range of responses from the medical profession about my scars. I have been fortunate enough to have found several doctors who are kind about them. I think that the most helpful responses have been a matter-of-fact acknowledgment of them and also a respect for the pain that must have led to them. I remember one plastic surgeon that I went to (at the request of my mother who wanted to see if they could be removed) who said, "Those are your scars of victory—you should be waving them proudly above your head!" I was

Continued on page 3

Scars, Cont'd.

shocked by his response (and immediately, someone inside said they wanted to marry him) and I felt that his pronouncement challenged me to see them in a different way. Unfortunately, I have also had experiences with physicians who have noticed them and reacted with shock, disgust and judgment. One went so far as to say (very conspiratorially) that he would keep them out of my medical record—which felt to me like he was offering to help me keep a secret. At this point, I don't care if they are in my medical record. They are there. They are a part of me. They are a result of my journey and struggle and they aren't going away.

My scars are something that I need to make peace with and accept. I need to live with them in ways that are not laden with shame or secrecy, in ways that allow me to keep my self-respect and honor what we did to survive terrible abuse. Sometimes, as I progress toward a more accepting place, I find myself looking at them, touching them, and reflecting on this painful journey and the progress we have made. It feels amazing to have the days of active self-injury behind me—though I don't want to suggest that we never think about it anymore. The urge or need to self-injure is, at times, frighteningly close, and we have had occasional slips during difficult times. But somehow, as time goes on, we have increasingly found other ways to deal with those overwhelming feelings, ways that are much healthier and life-affirming. I wonder sometimes, how other people who have self-injured and come through the other side feel about their scars. I wonder if they feel the same shame and aloneness that we sometimes feel. I wonder if they, too, have moments of acceptance and respect for what they did to survive. I hope so.

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If you know of clinics or conferences that need flyers, please call us!
We appreciate your support! — Lynn W., Editor

The Silent Voice of Illness

Illness crept into
my body, my belly
a dark creature in the night
deathly quiet,
its hot breath an ache in my ovary.
I hurt in the place where babies and
dreams begin,
where as a little girl
someone tore into me—
it makes an odd kind of sense that I
would hurt
in this place.
Pain sears through me
my body, through
dark and secret terrain,
my body that I turn against with fists
my body, that I have hated and
abandoned.

My face white as a sheet,
body shaking, the pain singing
through my entire being:
I walk in agony, double over
as though there are two of me.
There are the light years in bed,
unable to move—only the white of
sheet, unfurling shadow.

There is the joy of body dance I
miss:
the way I ran and ran as a child
the way a horse's back, sturdy and
wavelike, comforted
the way water held me, my small
mermaid self, womblike.

There are the tears that fall in
rivulets, sometimes torrents,
not so much because of the intense
pain,

—the white hot searing—
but because of the salty shakiness,
the way I can no longer rely
on my body to carry me.

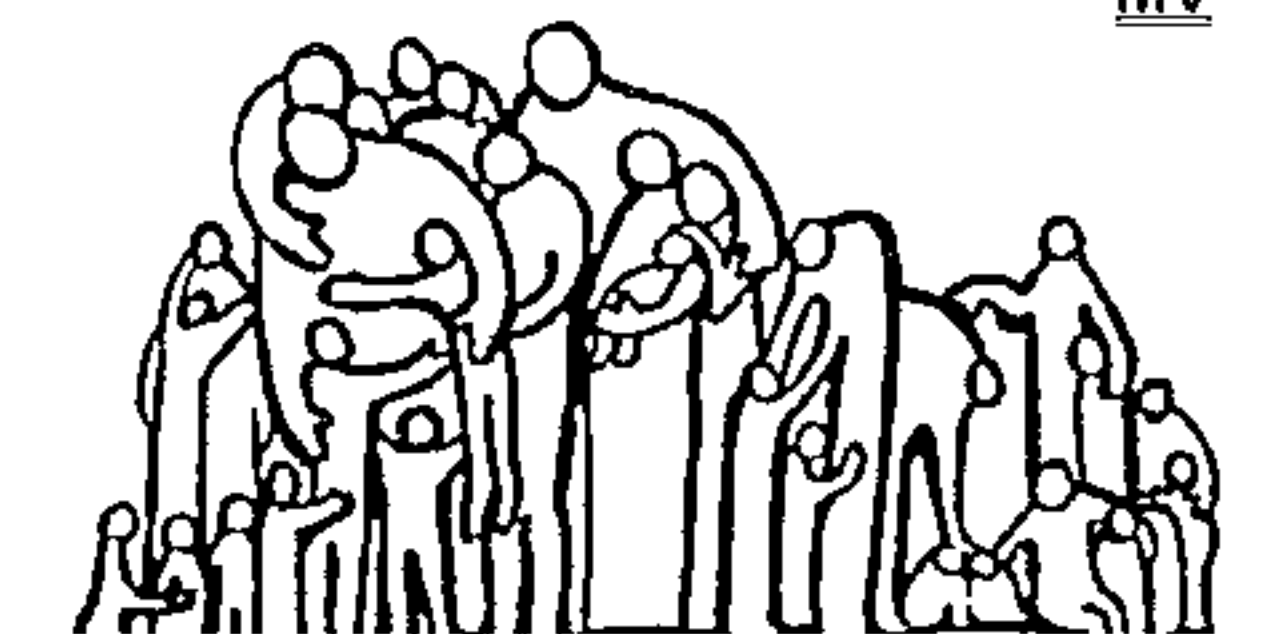
My illness seems to speak stories.
There is the baby asking to be born,
dreams whispering to be fulfilled,
and there is the past, too, the way
these attacks of pain feel so familiar
sudden and without warning,
the way I hear myself screaming in
the distance, dissociated.

When I find medicine, I can
experience some remission of the
pain.

I notice that I am like a child
holding her breath, and her life, still
chest taut, voice silent.

Somehow the hurting makes so
much sense,
wanting to tell me something.

By Gwen O'Hara Heston

MV

Medical Issues and Dissociation

(Note: Some of the following pieces include personal medical interpretations by laypeople, and mention of products or methods that worked for particular individuals. Many Voices does not recommend any of these opinions or remedies, and suggests that you check with reputable doctors or therapists before using them yourself. Different problems may cause similar symptoms, and self-diagnoses and self-treatment based on casual information are very risky and potentially life-threatening behaviors. Please be careful! Lynn W., editor)

Just as we are multiple, we have multiple medical issues. Like my alters, these issues are complicated and intertwined. Many times only part of my "Team" experiences the illness, making the diagnosis and treatment difficult. I often become frustrated and feel crazy before receiving the right diagnosis and treatment. I often feel alone in our suffering.

Throughout our childhood we suffered through school with labels of Attention Deficit Disorder, Dyslexia and other memory processing learning disabilities. It wasn't until we went to a community college five years ago that we were able to sort through all of this. We were able to realize that we were not retarded — to the great relief of our alter 'Retard'. We graduated with highest honors.

We also experienced frequent stomachaches, migraines and fainting throughout our childhood. We went through years of testing with conflicting test results and diagnoses. They ranged from reflux, ulcers, migraines, hypoglycemia, and psychosomatic illnesses. Over time, I believe some of us liked the attention we received while we were sick, so we developed Anorexia and Bulimia. After years of therapy as an adult, we no longer suffer from our eating disorders, although it remains a daily effort. Our migraines are controllable with our new medication.

As a teenager, we failed to develop beyond the age of 14. We failed to menstruate on our own. We were often told to wait, gain weight, or lose. At sixteen, we were put on assorted birth control in hopes of starting menstruation after tests showed nothing was wrong. Unfortunately, the pills often made us suffer irregular bleeding, insomnia, hot flashes, sore breasts, and nausea. We often experienced hemorrhaging, which resulted in emergency D&Cs to save our life.

At 20, we gave up on birth control in hopes of relieving our symptoms. We had no period or symptoms, so we simply ignored the fact that this was not normal. At this time we began to have Grand Mal seizures. Our tests showed no seizure activity. It wasn't until we had a sleep study, three years later, for a possible sleep disorder that they found we were having

seizures. We were also diagnosed with a sleep disorder.

At this time, our neurologist sent a gynecologist to examine us. We were very skeptical. It took her a week to talk us into and through her exam. Nothing prepared us for her results, though. Our breast development had indeed stopped at fourteen, and yet our body is post-menopausal. We would have to start hormone replacement therapy to help prevent Osteoporosis—which a bone density test revealed. We have a significant bone loss as a result of no estrogen. And heart disease. Unfortunately, our Team had a difficult time adjusting to the hormones. The progesterone made our dissociative/PTSD symptoms worse. We also experienced irregular bleeding and at times, hemorrhaging.

Last year, at the age of 32, we decided to have a hysterectomy in hopes of stopping the bleeding and decreasing our symptoms. It was a difficult decision, as it would be giving up all hopes of giving birth to our own child...not to mention the trauma-related issues. Fortunately, the surgery was successful in relieving our symptoms.

We have also been diagnosed with pernicious anemia—a severe B-12 deficiency. We have to have monthly injections. We need to have them in our buttocks because we have a reaction in our arm. We are the only known case in our area.

Currently, we are being tested for hypothyroidism. Our gynecologist found a goiter, and our blood work indicated we had it, yet an ultra-sound revealed there is no goiter. We are waiting to have a second blood test. In the mean time the Team is having several symptoms of hypothyroidism, including uncontrollable hallucinations which can be triggered by it.

We find it very difficult to find doctors who are educated about the complications of treating a multiple. I am looking forward to reading about other multiples' experiences in dealing with multiple medical issues.

By Mikki and Team



I am thirty years old. I have chronic Epstein-Barr (also called Chronic Fatigue-Immune Deficiency Syndrome.) I have some form of PTSD and DID due to ritual abuse and other traumas. I also have something called Candida Albicans, an intestinal yeast infection which is very treatable. I would like to say a few words about all this. Candida Albicans is a yeast that can be found in the back of the throat (known as thrush), in the vagina, and also in the intestines. Intestinal infections are said to cause a wide variety of symptoms. The yeast likes junk food and sugar. It is prone to over grow in the body during antibiotic use. In fact, I got really sick with it after taking antibiotics for two months because of acne. The acne did not get better, and I got much worse overall. After I began treating myself for Candida my acne got much better. It is very treatable, and the information can be found in readily available books. I use products like acidophilus and caprylic acid which are inexpensive, effective, and available at health food stores. For a while, I thought all of my food cravings were due to Candida, but just today I realized this is not true. All day I have been exhausted physically. I ran around too much yesterday and wore myself out, so today all my physical symptoms acted up, but it wasn't until this evening when I started to feel pain associated with my abuse issues that I wanted to overeat. I believe in a wholistic approach to everything, so I am trying to make my recovery and my life as wholistic as possible. It occurred to me today that I must treat my physical, emotional, mental, and spiritual needs all equally. It seems as though my illnesses as well as the abuse all conspire to hold me down, but in some strange way they also seem to come together to point me in the right direction to move forward.

Also, I plan to have my mercury amalgams (tooth fillings) removed. Every person I have met who has actually recovered from chronic fatigue has had that done and I hear it has been very helpful to people with MS as well.

I am hopeful about my physical recovery and a bit more skeptical about my emotional recovery just because I'm afraid of all the intense pain. Many Voices and all

of the readers are a helpful guiding light of hope, and I am grateful to you all.

By Deb and everyone



The medical incident: Late at night, having taken all meds and suffering from bronchitis (with a productive cough) the body went into the bedroom to lie down. We suffered an abrupt onset of wheezing, coughing, and an inability to breathe. "I am", an alter who acts as our doctor, began directing us to call 911, stating what was to be said. "I am" is soothing and reassuring. This alter called out to the paramedics.

My alter "I am" was joined by Christ as the body was pushed out the door of the housing complex and into the ambulance. We heard "I am's" voice talking, and then darkness. The next memory was in the ER of a hospital. We were in a cubicle, undergoing respiratory therapy. We had to be admitted due to a sore throat and upper respiratory infection.

A pulmonary doctor visited and said we had arrested—stopped breathing—and required aggressive treatment, for we had emphysema. We stopped smoking. We did not cope well following this incident. Exercise caused problems. Even walking was impeded by runs of tachycardia (rapid, irregular heartbeat). Our doctor altered the medications, exercise could be increased, and we were "better". But the psyche suffered. Most alters knew we had stopped breathing, and suffocation was a post-traumatic stress issue, compounding the trauma. None of us could go into the bedroom to sleep or lie on the bed. We thought the difficulty of breathing would re-occur. A neighbor helped. She walked us to the door of the bedroom and stayed while we kept trying to sleep. The voices in the head were piercing, and expressed fear. Interventions included talking with Cassie, our therapist, and our Dr. W. We increased exercise with new meds. We are talking about this trauma to each other, and focusing on prevention. We stopped smoking and altered our diet. But the fear still persists on the fringes of our minds. So we struggle to keep the optimistic focus.

By Constance Richards et al.



In 1995, before I knew I was multiple, I had surgery for the first time in my life. Even though the body was anesthetized,

a/part (an alter) managed to come out and felt the surgery, screaming inside, unable to move. I relived this terror for three years afterwards. It is only once I started therapy with a proper diagnosis that I now understand what happened. Also, my therapist was able to stop the reliving of the surgery by doing "containment". I have had dental work and surgery done since, but knowing I am multiple and the help of therapy has enabled me to undergo these procedures without the trauma I experienced before. I am in control now and it feels good. Yes, it is still scary, but it is scary for singles, too. I have found I always have a/part more than willing to handle medical situations. They see it as a challenge!

By Jessica



At the beginning of 1997 a medical problem (that I'd been neglecting for about three years) became too serious to ignore any longer. Over the course of that year I saw several different doctors and was subject to various invasive medical procedures. As the problem centered in my uterus, all this was extremely triggering. Some of my childhood abusers had been medical doctors, so I was retraumatized by having to deal with the medical profession again, as well. This was why I had disregarded the problem in the first place.

My therapist (at the time) had recommended a female Gyn doctor who saw other DID patients. Unfortunately, this doctor didn't believe my report of the symptoms. She was convinced that I was exaggerating about the physical problems I was having. The doctor told me that my inside "children" were probably over-reacting. On the contrary, I have parts inside who always take over the body when I visit a doctor and make whatever symptoms I was having disappear temporarily. By the time this condition got so bad that nobody inside could hide it anymore, it was almost too late. The day my doctor finally believed me, she wasn't sure if she could save my life!

My only child had been taken away by an ex-husband when my son was very young. I had been hoping to have another child at this time (after a few years of therapy) and do a better job at being a mother. In the end, I had to have an emergency hysterectomy. On top of everything else, I had to deal with grief over forced infertility.

Emotionally, I held up under the terrible stress while everything was happening. It was after the crisis and the major surgery were over that I fell apart. I was in and out of a local psychiatric hospital for over a month. I then was admitted into a Trauma

Disorders Program in another state (one who advertises in the MV Resource Guide) I stayed there for 32 days. It was my first experience with a specialized program. I learned about how to deal with and prevent crises, how to express my creativity more fully, and got therapeutic support for parts who were very traumatized by the recent ordeal. Every person who worked on the unit was well-trained and extremely supportive. It was also very healing to interact with other people who were DID; we learned a lot from each other.

It was exactly two years ago when I had that emergency surgery. I have not been in a hospital (psychiatric or medical) since. The tools I learned while at the specialized unit have helped so much! I have a different therapist and have uncovered a new "layer" of alters and abuse memories. We attend DID group therapy as well as individual therapy every week. The healing process is very hard at times, but with support and encouragement, we are happier than we've ever been in our life.

Sincerely, Lori et al



Poem of hope

Judy writes:

I am so very fortunate to have a husband who has been there for me throughout this long healing process. He believes in me when I can't believe in myself, applauds each small success, encourages me when I think I can't do the work any longer, and always holds the hope that I will someday get through it. As I have struggled with finding ways to help each part of me communicate with every other part, he wrote for me a poem of hope. I would like to share that small poem with the readers of MV:

Beneath the breast of one
All the parts must live
But cry not for them
They can be a pleasing
symphony

Therapist's Page

By Karen Carnabucci, MSS LSW CP CET

Karen Carnabucci MSS LSW CP CET is a certified practitioner of psychodrama, sociometry, and group psychotherapy and is a licensed social worker. Her practice, Partners in Healing, in Lancaster, Pennsylvania, offers trainings and supervision in non-traditional and experiential therapies, including psychodrama, as well as retreats, holistic program design and counseling. She can be reached at lifedrama@aol.com

For many survivors of trauma, talking provides opportunities to remember and report experiences of trauma and abuse. With the sorting of thoughts and feelings, people are often able to use talk therapy to make meaning out of extremely painful experiences.

But many survivors—as well as clinicians—also know that talk therapy has limitations, providing symptom management but often not addressing the continuing experiences of emotional flooding, intrusive images and dissociative episodes.

Experiential therapies, including the use of psychodrama, have regained interest in recent years as helping professionals continue to seek ways to address the complexity of recovery from trauma.

Psychodrama is an action method developed during the first part of the 20th century by Dr. J.L. Moreno, a physician with a strong interest in theater, mysticism and philosophy. Although psychodrama—literally “psyche in action”—has many applications, it has especially been used in psychotherapeutic settings, where therapists have employed action techniques, including role playing, with many personal problems, including trauma and dissociation.

One of the current organized ways of working with psychodrama and trauma is the Therapeutic Spiral Model, which was developed by Kate Hudgins, Ph.D., a clinical psychologist based at the Center for Experiential Learning, Charlottesville, VA. Hudgins' model is a complex one, which has evolved during 20 years of practice, and combines classic psychodrama, object relations and self-psychology along with the acknowledgment of our natural internal multiplicity. The model, which she has demonstrated internationally, goes beyond re-parenting the wounded “inner child” and is useful for clients diagnosed with Post-Traumatic Stress Disorder, Borderline Personality Disorder and Dissociative Identity Disorder. Hudgins has identified a number of roles that emerge from the experience of trauma, just as she has identified roles that recognize and strengthen healing, recovery and daily functioning.

A very helpful role to promote recovery and reduce dissociation is the Containing Double, which can be used effectively in action therapy settings and is highly adaptable to talk therapy.

In classic psychodrama, the Double is the role that speaks as the client's “inner voice,” often expanding what is said or hinted.

For instance, if the client appears anxious—or verbalizes anxiety—the Double would stand or sit next to the client and after taking a similar body posture would say, “I'm anxious because I'm in a new situation and I'm not sure how to respond. I always have a hard time responding in new situations.”

The therapist always gives the client opportunity to correct or change what the Double role is saying so that the words are accurate of the client's inner experience.

Hudgins saw that expanding the inner reality of the trauma survivor was often not useful—since a survivor easily expands from fear into terror, from anxiety into dissociation. To increase safety, stability and containment of strong feelings, she developed the Containing Double, which helps put boundaries on the experience as well as the affect.

She describes it this way to clients: “This is the role inside of you that knows your strengths, no matter what level of distress you are experiencing. This role can put words to whatever you are experiencing and let people know what is going on for you. If your Containing Double is wrong, please make sure to say what is right for you.”

The Containing Double identifies three segments that assist in containment: a reflecting statement, a statement to promote containment, and finally, a here-and-now statement to anchor the client.

It is unconditional in its support and stability. It contains unprocessed trauma material by building a holding space with flexible psychological boundaries so that internal experiences can be narratively labeled and expressed.

First there is a statement showing a reflection of the process, content, affect, intensity or defense structures that the client is showing in the moment. “I'm

feeling terrified right now—like I'm about 5 years old.”

Then, a statement that labels the ability to contain the reflected process, content, affect, intensity or defense structure into conscious awareness: “I know that I'm really scared right now and feel like a child. And I know that I can take a deep breath and get curious on why this is happening now. What's going on for me that I want to lose my adult role?”

Finally, anchor the reflection and containment in the moment, with time references, sensory information or interpersonal connections: “I can look at the other members of my group and know that I'm an adult having feelings from my past. I can feel my fear in this room and know that nothing bad is going to happen to me now.”

Not a formula, but a structure, the three segments are adapted to the needs of the moment. Rather than one-size-fits-all statements that are automatically trotted out, the Containing Double statements are instead spontaneous responses to the client's current state that create a holding space. Here is another example of the Containing Double:

The reflective statement: “I can feel myself floating up to the ceiling, and I notice that I'm feeling scared.”

The containing statement: “Yes, I am scared and I can take my time and remember that I can go as slowly as I need with my feelings. Today I have a choice.”

The here-and-now statement: “As I take a breath, I can feel my feet on the floor and look around to the familiar objects in my therapist's room. I can continue to tell my story when I am ready.”

Hudgins reports that a single case study by a colleague recently has shown that the use of the Containing Double brought about significant reduction of dissociation and later, depression and anxiety.

The therapist may take the Containing Double role periodically during an individual session or assign a co-therapist or other staff member to take the role if working with a team approach. In a group, the client also may select a group member who will take the role of the Containing Double. The person who takes the role of Containing Double stands or sits next to the client and moves and speaks as if he or

she was the client's inner voice that can provide self-support in the present moment. If the group is involved in a drama, rather than just talking, the Containing Double stays with the client throughout the drama. If the double is incorrect when speaking, the therapist can reverse the client into the role so the client can experience the Containing Double role firsthand. In group settings, Hudgins also may direct a team member to double silently, simply by sitting near the dissociating or distressed person and offering the containment of physical presence.

Hudgins reports that the intervention of the Containing Double can be used for a number of different therapeutic purposes:

Increasing ego development. Both the experience of being in the role of the Containing Double and being supported by the Containing Double in enactment help internalize this positive ego state.

Preventing uncontrolled regression. The Containing Double presence (even if the client does not spontaneously request it) is reparative by offering a companion so that the client no longer feels alone or overwhelmed during the recollection of the trauma.

Decreasing dissociation. The Containing Double supports the client to increase conscious experiencing of safety and conscious awareness in the moment, especially in working with groups where severe trauma is being treated.

Interrupting behavioral re-experiencing. If experiential work appears to trigger flashbacks, body memories or re-experiencing of unprocessed trauma material, the Containing Double can provide the support and the stability to interrupt the flashback pattern and stabilize the regression.

This versatile technique can be used in group or individual treatment, and the client can be encouraged to practice this

technique in journaling at home.

Therapists also may want to experiment in taping Containing Double statements for the client for listening away from the office setting.

Training in psychodrama is available throughout the United States and internationally. Interested persons may contact the Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy for names of certified practitioners and trainers by writing: Box 15572, Washington, D.C., 20003-0572. A separate professional organization, the American Society of Group Psychotherapy and Psychodrama, organizes an annual conference. Write: ASGPP, 301 N. Harrison St., Suite 508, Princeton, NJ 08540. Website is www.asgpp.org

In addition, Kate Hudgins may be reached at the Center for Experiential Learning, 1460 Stoney Creek Drive, Charlottesville, VA 22902 or by e-mail at expcenter@aol.com.

MV

"Curing" Chronic Fatigue/Fibromyalgia

For more than two years I was increasingly troubled by severe bouts of pain in my hip joints, upper back and elsewhere. I also had stiffness and pain in my hands. I had injured my back several years ago lifting two air conditioners from my car trunk to the ground (don't do this!) which resulted in many months of searing sciatica (leg pain that traveled up & down the nerve). I figured the stiffness and pain I was feeling were residual effects of that old injury. On top of all this, I was getting more and more depressed, and had major energy problems. My doctor didn't seem to take this as seriously as I felt it, though I was given a few tests, including nerve conduction exams, to rule out a "slipped disk" etc. The tests didn't show much beyond minor osteoarthritis, which most everyone my age (mid-50s) has to some degree. The doctor said, essentially, "live with it." But I didn't know what I had, so what was I to "live with"?

After a blood test showed positive for rheumatoid arthritis, I insisted on seeing a specialist...one of the best in town. He reviewed my records, took a thorough history...then looked me straight in the eye and said I had fibromyalgia, and it was this that was causing the constantly-moving pain, the fatigue, depression etc. He went to considerable lengths to assure me that yes, I was having pain, and that he believed fibromyalgia was an illness, but that it was a diagnosis that was made only when all other diagnoses had been ruled out. The rheumatoid test was a false positive, he said. Causes were uncertain. "Cures" were uncertain. This was something, he told me, I'd be living with the rest of my life. So I ought to do what I could to make myself feel more comfortable. He recommended

antidepressants and exercise, regular eating and sleeping habits, meditation, and so on. I told him I hated antidepressants... that I couldn't afford Prozac and the like, and besides, they made me feel "plastic". He said that some people were reporting good results with St. John's Wort, the herb which has been shown to act as a mild antidepressant. He also recommended that I read up on the disease.

I left the office and went straight to the library. No trouble finding books on the subject...I picked up two or three, came home, dove into them. And then I really got depressed!

All of these books discussed the long-term agony of people with this diagnosis, and while there were a few bright spots here and there, in general the tone I picked up was "you might as well surrender" to a half-life, a restricted and uncomfortable life. The more I read, the angrier I got. There was no way I was going to have this disease!

So basically, I decided I didn't have it. Since they didn't have any "cause" or any "cure", how could the doctors be sure? I did start taking St. John's Wort (300 mg, 3 times a day), and I began making myself walk and exercise more often. I had been eating pretty sensibly before, but I continued to improve where I could. I did my best to relax and not get too bent out of shape when the pains started to come up. (And, when the pain started, I told it to go away.)

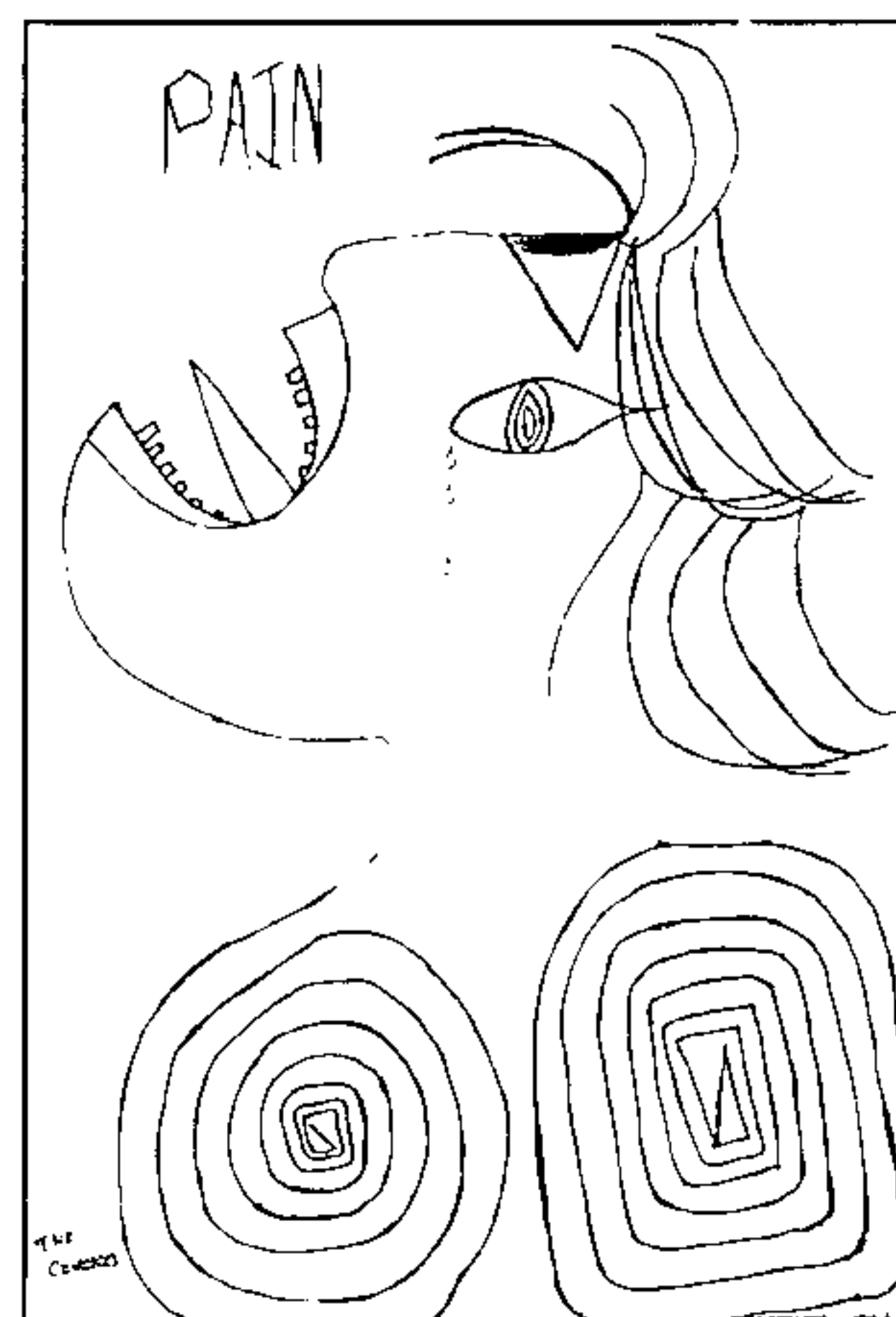
It's been more than two years now, since that "diagnosis". My pain has diminished considerably. My energy has improved and continues to do so. I'm not as stiff, as often. As far as I'm concerned, I do not

have fibromyalgia or chronic fatigue, and no one can prove it if they try!

There are people out there who will say I am "in denial". Well, maybe so. But it feels a hell of a lot better to be in denial, and I am much more productive, functional, and comfortable than I was when I was "sick". I figure this life is a one-way ticket, and it doesn't last forever...I'll be damned if I suffer any more than I am absolutely forced to suffer. So—there's my "cure" for chronic fatigue and fibromyalgia. You're welcome to give it a try.

SuzyQ

MV



Partner's Page

The Second Greatest Gift

By Richard

Of all the gifts you can give sexual abuse survivors, especially multiples, safety is one of the most important, next to unconditional love and support.

"Of course safety is a major issue for multiples," said my wife. "No place was safe when we were growing up. We weren't safe at home, we weren't safe at school, we weren't safe with the people who were supposed to care for us, we weren't safe in our own beds. The search for safety now is almost all-consuming."

That search can lead a survivor into some bizarre behavior. For years, my wife moved annually. It's driven her to sleep on the floor, refuse to leave the house for days on end, refuse to bathe, fill the bed with teddy bears, and jump at the slightest sound.

So support people sometimes go to extraordinary lengths to create a safe environment for our partners.

"My wife is threatened by anger—yelling, passive-aggressive behavior, things like that," said Tim, a guy in our support group. "I try to make our home a place where we reduce those behaviors."

"I find it more important to provide physical safety," said Dan. "When she wants to harm herself she has asked me to hide knives and other sharp objects. Dissociatives also tend to be clumsier than other people, so I pick up things so she won't fall and hurt herself."

"On the psychological side, I make sure she doesn't feel threatened by me," Dan added. "We defer arguments to appropriate times. We don't go places where she's not comfortable. Sometimes that means I have to give up things I want to do."

I also work hard to provide a safe environment for my wife. I must have discovered a dozen good places to hide knives and medications when she's asked me to. I'll bring out the knife just long enough to use, or her

medications once a week just long enough for her to fill her seven-day pillboxes. Then I'll hide them again in a different place.

We double-check the door locks at night. We use caller ID to screen our phone calls. I've promised to never hit her. But providing physical safety for a multiple is actually fairly easy compared to providing psychological safety.

Physical security can be as simple as a securely locked door. But my wife's system of alters seems to be a multi-layered labyrinth of insecurities. So I strive to make our home a place that invites my wife to relax and feel safe. As Travis McGee said in *Darker Than Amber* by John D. MacDonald, "You can be at ease only with those people to whom you can say any damn fool thing that comes into your head, knowing they will respond in kind, and knowing that any misunderstandings will be thrashed out right now, rather than buried deep and given a chance to fester."

My wife and I can both say up-front that neither of us has mastered that philosophy, but we try, and it works for us. Among the other things I do to provide psychological security:

Keep my job—I have a stable, fairly well-paying job, and I don't do anything to jeopardize it, or job-hop when the going gets rough for awhile. Knowing that our income is steady and secure seems to be a big help. As Joe Louis said, "I don't like money, actually, but it quiets my nerves."

Welcome each alter—I promised myself, long ago, that I would do my best to love each alter, because each is part of the woman I love. I try to make alters feel welcome when they come out, and try to help them get what they want or need.

Freedom to do what she needs—As I mentioned above, my wife's need for security has driven her to do things that seem fairly bizarre to a singleton. I

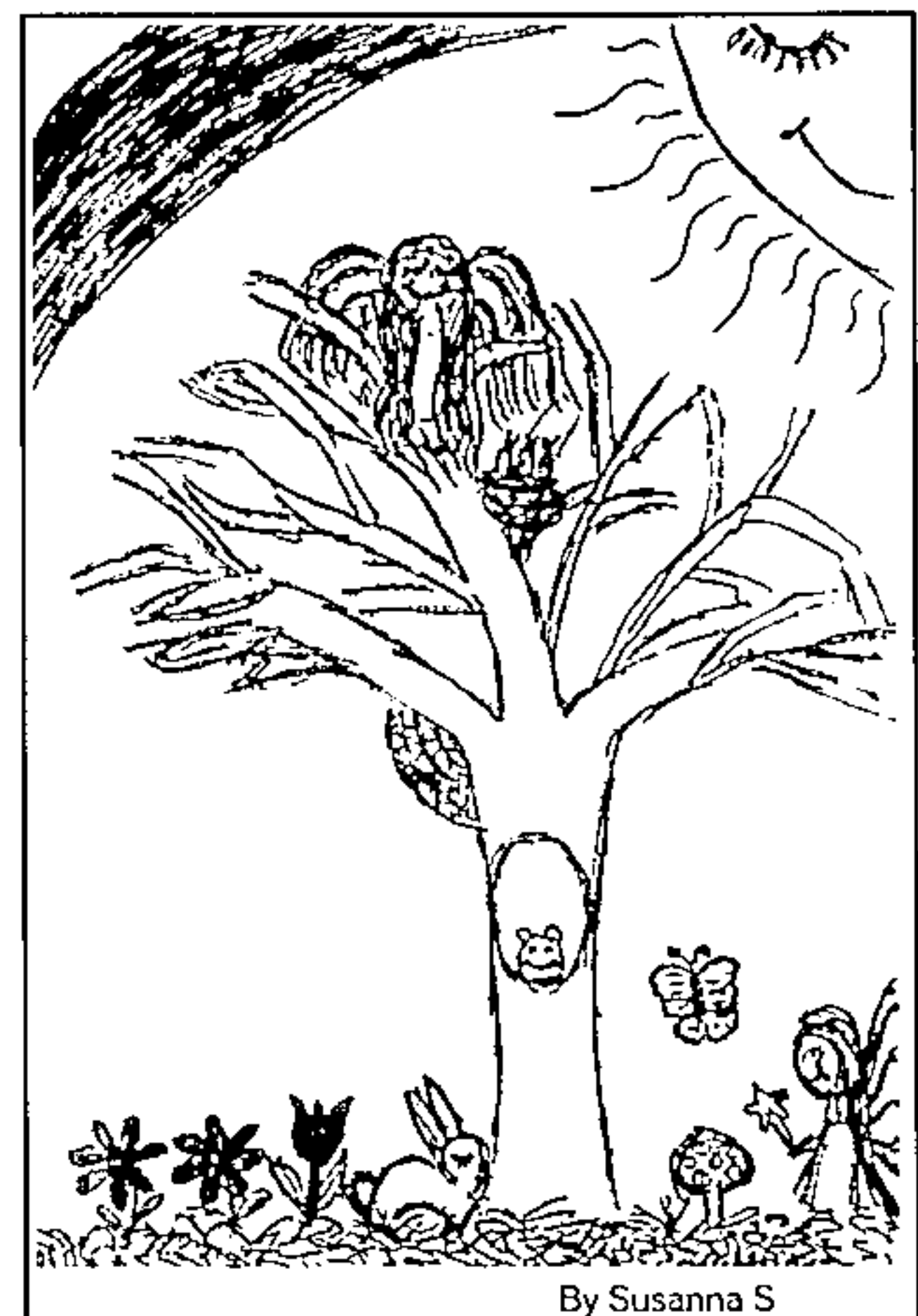
have the right to question what she is doing to find out what's going on, but I don't interfere unless her actions are unsafe or threaten our income or possessions.

No mental cruelty—Physical violence is not the only way to harm someone. Mental cruelty is just as destructive as a kick, and a lot more common. So we seldom yell when we fight. We also seldom curse, and even then we've declared some words off-limits. We don't use our exquisite knowledge of each other to unfair advantage. In other words, we strive to always fight fair in our arguments.

All this and more goes into providing a secure environment where my wife can do the work she must do to heal. There is an atmosphere to a safe place that is hard to define when it's present, but glaringly obvious when it's absent.

"Without safety, almost everything else falls apart," said my wife. "Without safety there's little chance that we'll ever heal, because we're too distracted, too intent on finding safety, to do the work we have to do."

MV



By Susanna S

Letters

Anyone may submit a letter...we will forward the initial reply from each individual. Future communication is up to you (i.e. MV is not responsible and you are on your own.) Keep this in mind when enclosing—or not enclosing—a return address. Thanks! - LW

Although I have hope that my scattered inner life will heal as long as my efforts continue to be honest and reaching, there are still some arenas that stop me dead in my tracks. It's nearly impossible for me to have a physical exam. The last one (approx. 3 years ago) was strongly urged by my doctor, and I agreed only after her continued warning that, though cervical cancer is not considered "hereditary", the likelihood or possibility was strong that I could also have trouble. It had been 12 years since I had consented to such an intrusion. Although an alcoholic who was at one time also addicted to valium, I agreed to take some valium with close supervision of my doctor and have a friend drive me to my appointment. I cannot even begin to tell you the terror and repulsion that visited me often before that day came. Over and over and over my mind would cringe at the mental sight of this humiliation. Though I say this without surprise...I remember nothing of the exam itself. Thank God for the gift of "disappearing". I know that it is not healthy for me to want to escape in this manner anymore, but there are still times when I feel it as an absolute gift. It is again time for me to try to muster up the courage for an exam, and I find it no easier this time than last.

What do the rest of you out there do? What self-talk makes it possible to agree to have needed medical attention? I would certainly appreciate any input that one feels safe enough to share. Thank you, MV friends... Win

My husband just filed for divorce...not because I am sick but because I am healing. He told me he loves the dog better than me. He got tears in his eyes and said, even though sleeping with the dog causes me to cough and my eyes to swell and me to get repeated sinus infections he can't hurt the dog. No lie. He has been sleeping with the dog on the floor in preference to us for years. He is sick. Do other people who heal find their companion was ill also, when they got married, and after healing they have nothing in common? Do many of us go through divorce when we heal?

Thanks, Wez

Are there other multiples like me and a friend of mine? We are both, of course, children of abuse, but we've never been hospitalized, nor slashed our wrists. We both function well in the "outside" world; we're able, now that we know we have other selves, to choose who appears in public. An example: for four years I was

writing a book, and was prepared to accept living as a multiple "forever", a la Trudi Chase, et al, and thought that we worked pretty well together. A sleepless night? Coughing fits? Pain in the hip? I had only to consult each of the personas to find who was in trouble, and usually, another of the personas could be called upon to help. But then, during the penultimate draft of the book, came the discovery that I was not the core charactr, and despite my kicking and screaming, we were going to integrate into a personal who had been created when I was 17. Given the stigma associated with DID/MPD, and given the dearth of reading material that addressed the issues I was facing, I felt very alone during this process, and was grateful to discover recently that my friend, whose brilliance and "togetherness" I had admired for several years, is also a multiple. Are there other middle-of-the-roadsers out there? If so, please write.

Sincerely, Carol

From Australia...

I am writing to you feeling desperate, lonely, and invisible. I've been diagnosed with DID and feeling quite defeated. My psychiatrist is wonderful, but I need more friends. I've tried to create and maintain contacts in my country, but it isn't working too well so far. Whenever I am told that I am "not alone" by a health worker, I feel like snapping completely. I have lost most of my friends now. (I used to write to penfriends all over the world.) I would love to write to anyone, preferably someone near my age (I'm 45). However, age is not a huge barrier to me.

Thank you. - Rosemary

(Editor's Note: I believe the address I have for Rosemary is current, but I am not 100% sure - There is no date on her note. If you write and do not receive a reply, it may be that I have held this letter too long.

Also: Gwen, a frequent contributor to MV, is recovering from major surgery. So far, so good...but she would appreciate your supportive wishes and cards. Send here and I'll forward them. -LW)

MV



(The following is excerpted from a psychology report written by an MV reader. We may be bringing you other portions of this report in the future. -LW)

Hallucinations

The majority of MPD patients suffer from visual or auditory hallucinations or both, with a subcategory of autoscopic hallucinations. Some MPD patients report visual hallucinations of seeing themselves as different people. There are times I see an older woman when passing by a mirror. She's very old, with short grey hair and hunched over slightly. She doesn't look like me, but I'm the only person standing in front of the mirror. My immediate inclination is to move away from the mirror and avoid mirrors as much as possible. This type of hallucination also allows us to hallucinate our alter personalities as separate people existing outside our bodies.

Another type of hallucination, called autoscopic hallucination, enables patients to look down from above and view themselves as if watching themselves on a movie screen. "These out-of-body experiences are usually accompanied by feelings of profound depersonalization and are similar to experiences described in near-death situations by some individuals" (Frank Putnam, 1989). Putnam goes on to say that they may hallucinate blood, hideous scenes or other evidence of violence, at times.

Auditory hallucinations almost always include voices that berate and belittle the patient and will command them to harm the body in some way. The patient will hear crying, screaming or laughter. My experiences have been to hear an infant crying and screaming, which is a constant throughout the day, and the calling out of "Mama". It can give you a headache, just listening to all that, day in and day out. I do suffer headaches quite frequently, due to the battles that rage within my head. As a patient of MPD, there never seems to be a "quiet time" or even time away from our reality. Given this scenario, substance abuse is understandable, in my opinion.

By MP

MV

Nutrition and Fatigue

By The Shadows

We just (unnecessarily) went through six months of ever-increasing fatigue and depression that just didn't make sense to us. It was almost to the point where we feared we might have chronic fatigue syndrome, and we were just shy of telling our therapist we felt we might need to be hospitalized and take a leave of absence from work, because we just couldn't cope like this anymore. It's one thing to be tired, but to be so tired that you can't pick up a piece of paper you accidentally dropped because that took too much energy, you know something is very wrong. All this affected how we thought, too. We were becoming more suicidal, yet we couldn't place the feelings to anything we were dealing with. To this point, we had always been considered highly functional and always had high energy, with maybe an occasional slump due to what we were dealing with in therapy. When the fatigue hit, our therapist suggested it might be sadness. We tried exploring what we could possibly be so sad about. There's always something, I'm sure, but we weren't dealing with any particularly heavy issues. We were too tired to even really "do therapy." As it got increasingly worse, we broke down and said we would be willing to try a medication (we have always been very fearful of meds) because then we were being told it must be depression. We have had no luck with anti-depressants in the past. And in the back of our mind it just didn't seem like depression, because we wanted to do things...we were just too tired. If you are depressed, you don't even really want to do anything. But we ignored our doubts and listened to the doctor, trying several meds over months, only to keep getting worse and worse.

It was only by chance that simultaneously we got diagnosed with Osteoporosis (at age 33-quite rare) and were sent to a nutritionist because it didn't make sense that I had this condition at my age. It's a good thing, though, because we finally found our cure to the fatigue and depression. It turns out our Osteoporosis and fatigue were due to long-term malnutrition. Now, I'm technically not anorexic. We do have some disordered eating patterns and similar issues and fears to deal with, but we have generally been able to maintain our body weight in the normal but low range. At this time we thought we were eating "well" at a 1000-or-so calories a day, and brought in our food diary for the nutritionist to see. We had been to see dietitians and nutritionists before when we tried to improve our eating, but all they said was eat more and eat better...which didn't help

a lot. We were lucky this time and got a really caring and helpful nutritionist that we could be open and honest with. It made all the difference.

This is what we learned:

First, anything under 1200 calories a day is considered a starvation diet. 1600 calories is still considered being "on a diet" and you will be lacking important nutrients and will need supplementation. For my body frame size (small) and height 5'4", and my activity level (working 40 hours in an office setting = moderate activity level), I was told I need 1800 calories, and more on days that I exercise. Even if I was totally bedridden I would still need 1400 calories just to keep my organs and inner workings functioning properly. I think the nutritionist saw me go white at the thought of so many calories, but she said we'd make a plan I could live with and I could work my way up at my own pace...and she promised if I followed the plan we made together, I would feel better (as well as gain bone mass). I warned her I don't take promises lightly, and not to make a promise that might not come true. But she insisted if I followed the plan very diligently, I would feel better. She didn't lie. Within days, I started to notice a little improvement, and in a month I almost felt back to "normal". She said it could take up to six months to really get my health back to a proper level, but it's been about half that time and I feel better than I ever remember feeling my whole life. Not only has my energy level increased, I'm no longer depressed (the depression was secondary to the fatigue...I was depressed because I was so frustrated that I couldn't do what I wanted to do!). I also feel so much stronger in general, as far as who I am and how I see things in life. I am able to handle stressful situations better. We dissociate less. We get far fewer headaches. I sleep so much better (I used to wake 5 to 8 times a night, or simply didn't sleep). We are no longer dizzy upon waking or during stress or exercise, and people have actually made a point to come up to me and tell us how much better we look. All these things that improved, we never even saw as 'wrong'. This is what had always been normal for us. But everyday we are feeling more and more in touch with our body, and we are learning to listen to all those little messages it is sending us.

A brief description of our plan:

1) Increase calorie intake. We were far too low and that was part of the cause for fatigue in general, but long-term, you are also missing a lot of very important nutrients. Some are water soluble and need to be replenished daily, even several times

through the day. Others are fat soluble and over time I had used up all my reserves...like a bank account, I kept taking out and never putting any back in. My "body banker" even allowed me to take nutrients out on credit for awhile, but I never paid my bill, and finally the body banker said, "Sorry, we're not doing business with you anymore," and shut down.

To increase without putting me in a panic, the nutritionist looked at my food diary. I was short on all the food groups, but I thought fruit would be the easiest for me to deal with. She suggested I make a fruit smoothie. That way I also get calcium, and it doesn't feel as much or as filling as actually eating a whole banana, a cup of strawberries, and a cup of frozen yogurt...but that boosted me a good 250-300 calories and got me out of the "danger zone". I just added this one thing each day for a month. This let my metabolism adjust to the slight increase, as well as help me emotionally adjust to the added calories. * (Important note to those fearful of weight gain: I am up to 1600 calories a day now and have not gained a pound. Actually, I lost a pound, but I'm not supposed to be happy about that. Anyway, your metabolism adjusts, and as you get more energy, you use more energy and somehow it all balances out!) I'm not even exercising like crazy...just half an hour of light aerobics with weights for my bones 3 times a week. Each month I increase my calorie intake by another 100-200 calories depending on what I feel I can tolerate.

2) Eat meat at breakfast and lunch. I never ate meat, but I'm not exactly a vegetarian. I just have a lot of hang-ups and fears about dealing with raw meat. But I had to overcome this. Only eggs and animal meats are considered 'complete proteins' with all the amino acids one needs. So I found individually-wrapped chicken breasts that are frozen. I can just cut open the bag and throw it in the baking dish without even touching it. Now I have half a serving at breakfast and the other half at lunch. A serving is the size of your palm, not like what they serve you at restaurants. Protein makes you alert so it's best to have the protein during the day and not at dinner, so you can sleep. (Note: if you are a vegetarian, you can mix certain beans and veggies to get complete proteins, but that took more effort than I was willing to deal with at this time.)

3.) Increase fluid intake. Lack of fluids causes fatigue as well as leaving toxins in your body that could cause cancer down the line. I didn't have a clue that I was also

severely dehydrated. I drank maybe 8 oz (one cup) total a day and felt 'fine', but I was so out of touch with my body I never had a sense of thirst. You need 8 cups (64 oz) per day. I didn't drink because I don't want to have to go to the bathroom. I'm still working on this issue, but I told the nutritionist I work best with structure and 'rules'. She asked me how much I thought I could drink in one sitting. I thought one cup (8 oz) if I worked hard at it. So my rule for myself is, If I take a calcium supplement I just drink 4 oz (to prevent constipation), and with each meal I must drink 8 oz, and with a snack I must drink 4 oz. It is really hard but I have been doing it. (*Note: your bladder is like your stomach. If you haven't eaten for a long time, your stomach shrinks and the smallest morsel makes you feel full...same with your bladder. If you never had liquids, your bladder shrinks, and then when you drink within minutes you will feel like you are going to burst and as if you always have to go. But if you hang in there, your bladder will stretch and be able to hold more, and you won't feel like you have to go all the time. It is normal, though, to have to go ever two or three hours, and your urine should be a light yellow (not clear, and not dark-yellow, which means you are over- or under-hydrated.)

You may think I'm weird to write all this, that it is common knowledge, but I needed someone to teach me these things, to tell me what is normal. I thought peeing once a day was 'normal'. I thought, if I just ate and drank only what I really needed, I wouldn't have to go to the bathroom and get rid of the 'left-over waste'. Now I know your body creates toxins whether you eat/drink or not, and the only way to remove them is by drinking plenty of liquids and eating properly.)

4.) **Supplements.** Until I get up to the proper calorie level on a regular basis, we must supplement, and not just your typical multivitamin. Initially we were put on mega-doses of various vitamins and minerals, but we have slowly been able to reduce those as we are getting our calories up. There were a lot of pills to swallow, and we don't swallow pills well at all, but we were motivated by our increased energy level. We were almost afraid later to stop taking some of our vitamins, but the nutritionist assured us we were getting it through our food now. Some eating-disordered parts wanted to just take the pills and not eat, but the nutritionist explained how that wouldn't work. (*Note: I think it's important, depending on your health and situation, to get checked out by a doctor and actually work with a nutritionist. Also, if you are on any medications or birth control pills, ask your doctor if it can cause you to be deficient in any nutrients...because many meds do cause nutritional deficiencies. I was on high doses of Inderal for

dissociation/anxiety and no one ever mentioned that it can cause a Co-enzyme Q-10 deficiency, even at regular doses. It was only through my own research that I discovered this. I then asked a doctor about it and it was confirmed. If you believe your fatigue is minor, you may do your own research, too. (Though if it persists, do get good medical advice.) There are lots of books out specifically on nutrition and fatigue, depression, and anxiety. I recommend *"The Nutrition Almanac"* by Kirschmann. It covers everything in a very readable manner. You can look up specific ailments such as fatigue or the flu and it identifies what nutrients to boost or decrease during this time period, and by how much. Some important elements to check into regarding fatigue are your levels of:

Calcium: Lack of calcium can cause fatigue.

Magnesium: Lack of magnesium is common and can cause fatigue.

B complex: Important to increase as your stress increases! It is water-soluble and is out of your system within 2 to 4 hours...quicker under stress.

Iron: Even a slight deficiency can cause a reduction in your physical work capacity, but also too much can cause fatigue.

Potassium: It's best to not supplement this mineral, but to get it through food (ie, a banana). But a lack of potassium can cause fatigue.

Omega 3: I was recommended to take a fish oil pill and to include flax seed in my cereal or yogurt. If mildly deficient, it can cause fatigue. It may also affect your neuro-transmitters in the brain (i.e., have an effect on anxiety and depression.)

You can check into alternative herbal remedies such as ginseng and bee pollen that have an effect on one's energy level.

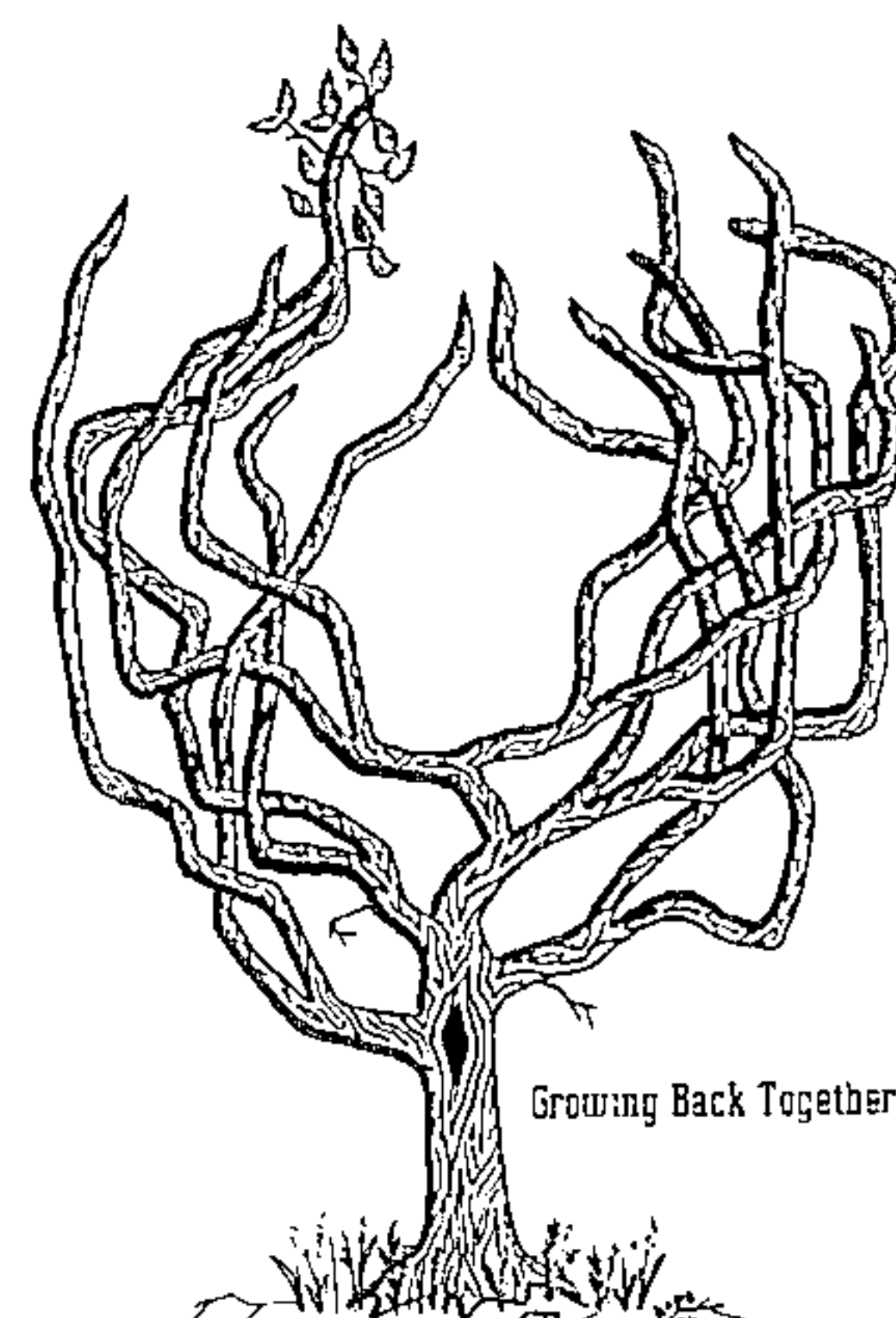
(*Warning. Please don't just start popping supplements without consulting a doctor, a nutritionist, or at least doing some serious research on your own. I was given very specific dosages to go by. Too much or too little of any one nutrient can cause a whole chain reaction of other problems down the line. If you increase one, you may have to increase another to keep your body in balance. Some can be toxic at high dosages.)

I also want everyone to know this wasn't a quick fix or an easy one. I couldn't believe not one doctor ever suggested that our fatigue could be nutrition-related, especially knowing our difficulties with eating. I think, perhaps, most people come in wanting a quick fix, and eating right plus supplements is not a quick fix. It has required a complete lifestyle-change for me...as well as facing many of our foods with food, eating, bathrooms, cooking and grocery shopping on a daily (even hourly) basis. We saw the nutritionist the first time at the start of a vacation and spent our

vacation solely concentrating on eating, supplementing, hydrating ourselves, dealing with our bathroom fears, learning to cook and handle food, and to shop for food not just once a month but every few days so we always have fresh fruits and veggies, etc. It gave us a good base to start with and a way to develop a routine we could stick with. When there are so many food and eating issues to deal with, it is a constant struggle...but for us it is very much worth it. We never want to go back to feeling so fatigued and out of control, ever again. I think it really took our body to scream out loud to us and refuse to go on, to get us to finally start learning to eat right. If it had just been the Osteoporosis diagnosis without the fatigue, we probably wouldn't have been so motivated to change our ways, but if we hadn't been diagnosed with Osteoporosis, we would never have found the nutritionist we did, and discovered that relationship of our poor nutrition to our fatigue. Funny how things all came together, but unfortunately, I feel I wasted six months of my life. I hope by writing this and sharing it with you, it may save many months of unnecessary agony for those who may be suffering as we did.

P.S. If you decide to see a nutritionist, I must say that I have not had a good experience with hospital dietitians. We found our nutritionist through our gynecologist office, which is part of a full woman-care facility. Our insurance covered our visit to the nutritionist (less a co-pay). But even if insurance didn't cover it, her fee was only \$35 per visit. We had two visits and a couple of phone calls. Tight as our budget is, I think it is well worth the money, versus seeing a doctor for meds and not getting any improvement. At least, it's something to consider.

MV



The Art of Dissociation

By Katrina of Kat & the girls

On April 5, 1999 I had an extensive major surgery. At the time of writing this I am still recovering. In fact I have been told that it will take from six months to one year before full recovery. This has been one of the most difficult things I have been through, and that is saying a lot, considering I have 14 disorders/diseases in addition to MPD. And have 8 doctors, a physical therapist, and did have 2 therapists (one is currently moving to another state.) To explain how this all got started, I had gone in for a routine gyn exam. I hadn't done this in a long time. I have had some bad experiences, and have so many medical appointments, it just didn't get done. I also went to a new doctor. I had been having some changes, but no real problems.

The Ultrasound Test

Well, the doctor said I needed a vaginal ultrasound test. Said it was no big deal, just routine—my age, fibroids—and so because of some stress stuff I ended up putting it off several weeks. I was concerned about how the test was to be done. I asked the doctor, the ultra-sound department and so forth. What I was told and what it was were two totally different things!

Not to be too graphic, but I had been told I would put something inside myself in the bathroom before the procedure. When I was taken to the exam room and told to go undress and put the gown on, I asked about that. Well the tech just looked at me and said, "Oh no...it is attached to the machine." So all I had was the time alone in the bathroom, to prepare ourselves for what turned out to be extremely embarrassing and distressing! We did our best to put the "little ones" in their "room" and then used the Art of Dissociation to the best of my ability! Basically, the device looks like a very large dildo attached to the ultra-sound machine, which I had to put in, then lay there, while the techs moved it around in all directions!

This was on a Friday. I had the test, left the hospital at 2 PM, being told that the earliest I would hear anything would be on Monday. Well, at 3:45 the phone rang and it was the doctor's office. She said I had many large fibroids, a cyst on my left ovary, and thickened endometrium lining. And that I needed to have a hysterectomy. Well, I was stunned to say the least. She gave me a list of gyn surgeons and said to choose one by Monday. To make a long story short-er, I ended up at another doctor. The first doctor couldn't deal with all of my disabilities. So I got set up with the gyn surgeon and an internal medicine doc (to admit me and deal with all of my

meds). Dr. Rita (gyn) saw me on the following Wednesday, scheduled me for a biopsy the following Tuesday, and sent me to the hospital for a cancer blood test.

MPD and Anesthesia

I had been told by several people that persons with MPD can have very unusual experiences when under anesthesia. I have Dr. Frank Putnam's book, *"Diagnosis & Treatment of Multiple Personality Disorder"*. I looked up what he had to say on the subject. "Some alters may go under, but others may wake up on the table, causing problems and consternation among the surgical team. Excess doses of an anesthetic may be necessary to achieve sufficient depth of anesthesia across all alters."

He also states... "It is advisable to acquaint the post-operative recovery room team with the patient's multiplicity, because child alters often are the first to wake up after general anesthesia." (Page 259)

Oh boy. Now the fun really begins! So after discussing with several other people with MPD and my therapist it was decided that all involved doctors, etc., should be informed. I had put a post on the Internet's "dhearts forum" about this and received many good responses. My therapist told us he would take some time and talk to "Katie" (our strongest child alter) to explain to her what was going to happen, to reassure her, and tell her about when he was a child and was in the hospital. We believe this helped.

The Biopsy

I was very anxious about the biopsy. I knew it would hurt, and yet again I would be in "that position," but this time I did have a very kind, gentle, lady doctor. And a nurse friend of mine had suggested that I take someone with me. So she got to go. I had one of our stuffed animals in our backpack, just to have in the room with us. But as the procedure was to begin, my friend reached into the back pack and gave us our stuffed kitty! We were so embarrassed.

Later, when telling this to my friend Pat, he started laughing and said, "You are in 'that position' and you are embarrassed because you had a stuffed animal handed to you? Not because of the position you were in?" Well, I guess that explains how the Art of Dissociation works. We were as disconnected as we could be from the lower half of our body. And as the procedure was happening, we just focused on a spot on the ceiling and breathed. Yes, it did hurt, but we survived it too.

After the biopsy, Dr. Rita told us that the blood test was positive and she had already talked to the cancer surgeon. They decided I would have surgery the following Monday. My provider was gone out of town and we wanted to put it off a week, but she said No. That was when we got scared. This was also the time we told her about my MPD and gave her a copy of what Dr. Frank Putnam had written in his book.

I had been told that just because you have a positive blood test doesn't mean you have it. And also, if you test negative, it doesn't mean you don't. So I'm not sure what good that test is! But the fear of ovarian cancer is very scary.

The surgery

Well, my world was really turned upside down, and it was doctor appointment after appointment. Blood test, pee in a cup, tell me your medical history again, again. Then came the day of surgery. I was scheduled for 1:30 PM. Ugh. Then after getting there and checked in...they're running late. 2:30 PM they take me down to pre-op. This is when mega-panic was starting. Since they didn't have anywhere else to put me, they put me in post-op! Then there was an emergency, and we had to wait. The only thing that enabled us to lay there was they put in the epidural. It helped calm down the panic. I was there for two hours and don't remember it all, but do know that Katie did come out and became very terrified.

The surgery became much more extensive, once they got in there. The endometriosis was very bad, the doctor said, and luckily she had the cancer doc there. The endometriosis was so bad, it had strangulated my colon. She didn't know about doing a bowel reconstruction, and that doctor took over. We didn't get back to our room until after 11 PM and five hours of surgery.

They said I was lucky to have gotten real cleaned out before surgery or I would have had a temporary colostomy, and if the surgery was delayed much longer, I would have had to have a permanent one. UUCCKKK! And thank God. I had been having diarrhea for over two years, but my Crohn's doc said I just had to learn to live with it. That is what I did. The doctor now thinks within the next year my digestive system will heal...that this was the worst he had seen. However, I did not have cancer.

At this point, I would like to urge anyone reading this...if you have had trauma experiences with gyn experiences...please find someone to help you and don't put it off for three years like I did. This could have been

much worse for me if I had waited any longer, and we really didn't feel as if we had any symptoms to let us know that the endometriosis was making a real mess of our insides.

The Respiratory Treatments from Hell

This surgery has been one of the most difficult things I've had to do in a very long time. I got so ill in the hospital with the respiratory treatments. I have never puked like that in my life. I told them before it started I felt as if I was having a reaction to the treatments. But no one would listen, and every time the respiratory tech came and I would say I didn't want to, someone was always there to talk me into it. And this went on for over two days, my laying on my side, puking and having hiccups.

Finally on Friday PM I got a respiratory tech who actually listened to me. I found that the internal med doc had increased my medication dosage and how often I had it. I'd gone off the pain medicine to prove it wasn't that making me sick. It had been just three days since surgery. Up to this point I felt like all the "girls" were asleep, but this brought out our protector Denise. She told them I wouldn't take any more treatments. I didn't care if I got pneumonia. No more. What part of No don't you understand?

Well, they gave me lasix, which I was supposed to be getting anyway, and by the middle of the next day I was up and walking again. My oxygen levels, which had been extremely low, were almost normal. I still had that poison in my system and still puked for another week, just not so much.

I didn't tell them about that, because I really wanted to go home. I knew I needed to get home to get better. Finally after 8 days we got to go home.

The ER visit

Well, I was home for ten days and ended up back in the hospital. I hated that so much! But the gas had me so distended that when I walked into the ER two different people went running to get the RN because "there was a lady in labor in the lobby!" Even as bad as I felt, it was funny. Anyway, there was a pocket of drainage on my colon trying to paralyze it. We were in the hospital two days this time, with the girls waking up, quite frantic about being there. They got very scared and went back deep inside. Ten days after going home, the surgeon had to open up the incision in his office, and for three more weeks we had RNs coming twice a day, cleaning and dressing the incision. We always used the Art of Dissociation during this procedure.

How are the "girls"?

We felt the "girls" (alters) had been "asleep" and we felt so lost, sad and lonely without them. The psych doc and therapist made a big deal about how pleased we should be that it is quiet inside. We were glad that there wasn't a lot of commotion. But we didn't like not having the girls with me. I've read that others who become integrated feel very lonely. This somewhat reinforced my feelings about not becoming integrated. My goal is for cooperation among alters, working together as a team. About three months after surgery the "girls" slowly returned, and the familiar noise and

chaos have returned. But I am still glad they are back.

My Gift

I found out my worst fears were not realized. No one saw me as different or a freak. Under some of the most stressful and out-of-my-control conditions, my DID/MPD didn't show. Now all of my doctors know, and have shown me much acceptance, so now I don't have to try to cover it up. Many of my friends did come through and helped me. It was two months after surgery that I was able to drive. My mom really came through, much beyond what I expected. She has her own physical and mental challenges, and most of my life I have been "her mother". Now we have a closer and more balanced relationship. My best friend Pat has been so great through all of this. He took care of the kitties and my house. The kitties are really so attached to him. He comes over every day to check on me, and the first week he came by on his way to work to make sure I could get out of the water bed. He even cleaned the litter box! Now, that is a good friend, when he cleans up your cats' poop! I don't know what I would do without him.

I still have to work on my neediness issues. I have always been extremely independent, and believe most MPDs are, probably because we had to be, for survival. But I was able to allow myself to lean on others, and I survived. And the final point...my "girls" (alters) were "down-deeply asleep"...and they came back

MV



After the Storm

already the sidewalk & street are nearly dry
& yet—just a short while ago
the thunder was so strong and loud
the wind so forcefully moving the trees
& the rain so powerful in its thrust for release

—that even the angels bowed their heads
in humble recognition of nature's voice
athunder

the experience exemplifies my spirit of late
the storm—strong—relentless—powerful
& the awesome calm that follows
leaving only traces of having visited
& a weary heart to gather rest for another day

—perhaps the angels are bowing their heads

in humble recognition of God's
transforming grace

I hope so—

God—I hope so!

By Win

(Last issue, we printed Win's "Boundary Quiz". JM found it so much fun, she decided to try something similar. Here's her offering. You are all welcome to try this yourself.—LW)

Therapy Session Quiz

1. Your therapist comes into the bathroom where there are two toilet cubicles. You are already using one toilet, so she uses the other. What do you do?

A. You pretend you aren't there, i.e., you are suddenly "invisible".

B. You flush the toilet to create noise, so you won't have to say anything.

C. When you flush the toilet, your new \$40 book about incest falls in. It is now "baptized".

D. You leave the room quickly before she exits her toilet cubicle.

2. You invite your therapist to an event where many members of your dysfunctional family will be present. What is her response?

A. She says she would love to come.

B. She says she has a previous engagement.

C. She says the invitation is an invasion of her boundaries.

D. She laughs and says she would rather get a root canal.

3. Your therapist wants you to examine your feelings. What happens?

A. You tell her that you don't have a clue as to what feelings are.

B. She refers to them (feelings) as that awful "F" word.

C. You tell her that your feelings are hiding (dissociated).

D. She has a list of feelings. You throw a dart at the list in order to choose.

4. Your therapist is going on vacation. What is your reaction?

A. You dissociate right away and don't hear anything else.

B. You decide to end therapy forever because you feel abandoned.

C. You are relieved that for awhile you won't have to go through all the anxiety that accompanies each session.

D. All of the above.

5. Your therapist asks you a question that deals with sex. What do you do?

A. You stare at the floor and can't think of anything to say.

B. You pretend you didn't hear what she said.

C. You ask her to repeat the question because you distanced as soon as she said 'sex'.

D. You change the subject and hope to distract her by telling her you feel suicidal.

6. You talk to your therapist about yourself and dissociation. She says "that's a useful way for you to think about it". You haven't a clue as to what she means by that. It took a lot of courage to bring up the subject, and you're afraid to pursue it further, so you try to imagine what she means.

A. She means: "I know dissociation when I see dissociation, and you couldn't possibly be dissociated, but I'll humor you if that's what you want to believe."

B. She means: "Maybe you're dissociated. But let's wait a few years before we decide."

C. She means: "This isn't an important issue, so let's ignore it."

D. She means: "I really do think that what you have said makes sense, and it is a good way to think about it."

Comment: The "D" option was the only answer that I never considered to be what she really meant...and of course it was what she really meant. It took me several years to figure that out.

MV

"Managed?" Care

Therapists and clients have struggled for some time with the limitations and hassles involved under "managed care". A counselor in Cincinnati recently decided to stop working with managed care altogether (and feels a lot of relief since that decision). Here is her story. I would like to present more examples from therapists. If you or someone you know has had a truly outrageous encounter with managed care, please let us know. E-mail LynnWatMV@aol.com or send in writing to us at PO Box 2639, Cincinnati, OH 45201.

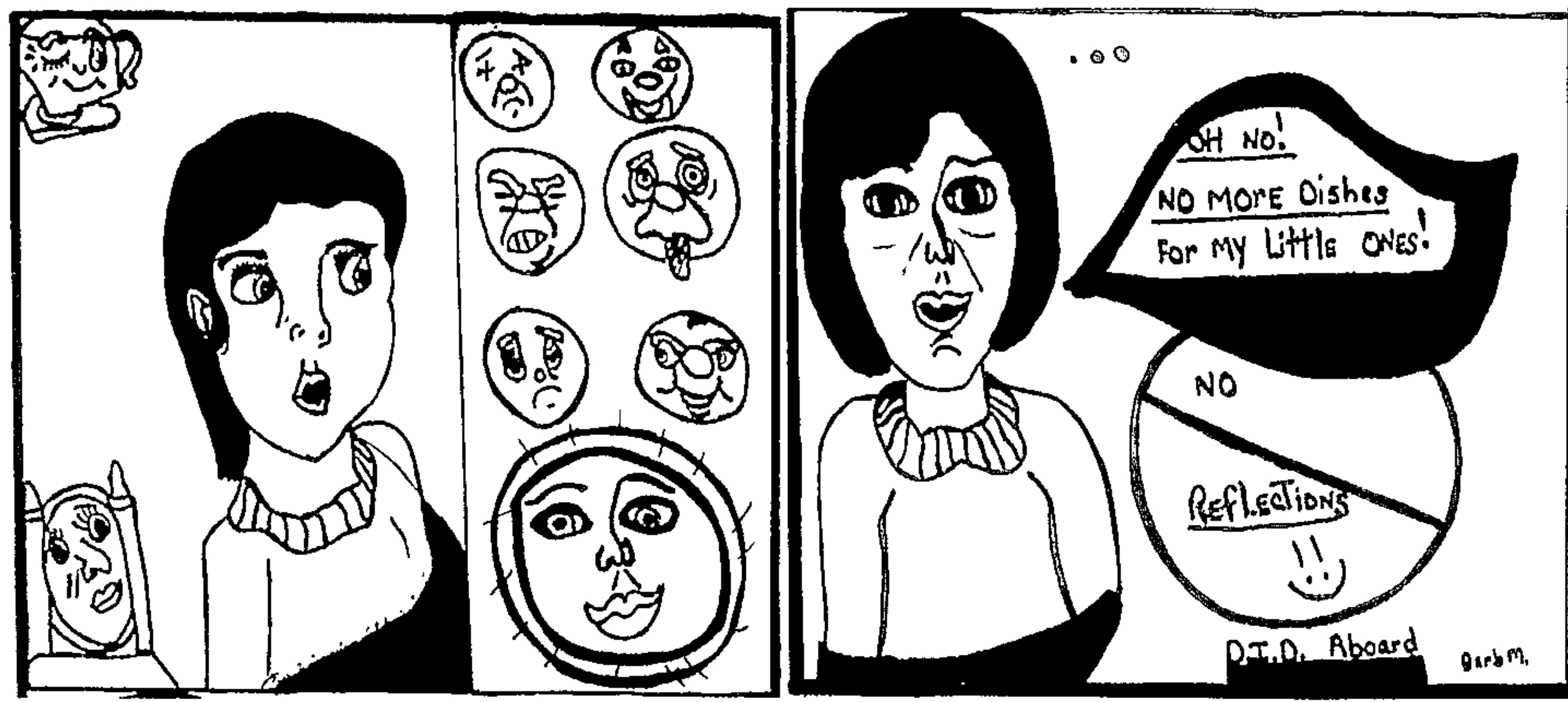
My favorite story is an incident that happened only last month. My bookkeeper had been trying since April 1998 to collect payment from a managed care insurer for three sessions of psychotherapy that were with a woman whom I diagnosed as having a condition called Vaginismus. I asked my bookkeeper what the problem was. She said that they have refused to pay because they don't cover sexual "fetishes". In fact, vaginismus is an involuntary contraction of vaginal muscles that, in many cases, makes intercourse impossible. The woman was referred to me by her gynecologist because she was soon to be married and the gyn

was not able to do a pelvic exam because of the disorder.

When I called the insurance company I spoke to the person that had made the decision not to pay. I asked her if she knew the definition of vaginismus. She stumbled around and then put me on hold. She came back and told me that she and her supervisor had looked it up and that it was a sexual problem and they don't cover sexual problems. She asked why I hadn't diagnosed something else! I said, "Wouldn't that be insurance fraud?" (In fact, if the woman had had some other problem, I would have diagnosed that, because it is a well-known fact that insurance

companies consider sexual problems unimportant and routinely won't cover them.) I told her that I wanted to speak to the Medical Director because I felt sure that he would know what vaginismus was. She put me on hold again. (I had been on hold now two times, for a total of twenty minutes.) She came back and told me that since the therapy was only three sessions, the Medical Director would make an exception in this case. I hung up and laughed for awhile, knowing that I was resigning and would never have to play such stupid games again.

By Jill Bley, Ph.D.



Books

I Never Told Anyone This Before: Managing the Initial Disclosure of Child Sexual Abuse Re-Collections. By Janice D. Gasker, DSW. © 1999 by The Haworth Press Inc. (800) 429-6784 US/CAN. Elsewhere (607) 722-5857. Hardback. 172 pgs. \$29.95. (You may receive a 20% discount if you ask!)

This book presents useful ways to reframe and bypass the "false memory syndrome" controversies in therapy where child sexual abuse memories are revealed. To put it much more crudely than she does, Gasker's approach essentially says that both sides of that debate are subject to error... and that the real issue for professionals is not the innate "truth" or "falsehood" of disclosed memories, but "How might we use our clients' memories of traumatic events to enhance the quality of their lives?" —Sounds good to me! Her view is that traumatic material is part of the client's "life narrative" and that extreme material is sometimes separated from the central flow of the story. Gasker coins the term "re-collection" (hyphen added) to describe the process used to assemble separated fragments of memory or feeling into a cohesive whole.

Validation is important, she says, because holding "the secret" saps psychic energy, and the client may be surrounded by friends or family who prefer to invalidate those traumatic experiences. But in her research, Gasker maintains, it is not necessary to agree that an event occurred in order to validate the client, nor is it necessary to discuss in detail its devastating consequences. Rather, the primary requirements are to take the report seriously, hold it in confidence if requested, and acknowledge the emotion that surrounds the memory. Finally, there should be a "present-oriented focus on the

current life story," i.e., an effort made to relate the past with the present situation. The goal of treatment should be integration of the abuse experiences in a way that supports a positive self-image, and where the client comes to believe he or she has control in present life. She describes in detail the structure and operation of a group therapy where first-time disclosures could occur. (These revelations are not "encouraged" but emerge spontaneously in a trusting environment.) She discusses a number of therapeutic techniques, including extended "conversational silence" that may lead to a breakthrough disclosure. She repeatedly reminds us that the memory of traumatic events must be seen as flexible narratives, and they don't need to be objectively proven to anyone. Also, she cautions professionals who get caught up in judging and condemning families of clients. "Take away a client's family—dysfunctional as it may be—and with what, with whom, will you replace it?" That's a good question—too often overlooked. I like the way Gasker walks the tightrope of validation over the yawning chasm of "belief." I encourage you to read this book.

—Lynn W.

The Family Inside: Working with the Multiple By Doris Bryant, Judy Kessler, and Lynda Shirar ©1992, Norton & Co., NY hardcover, 268 pages. \$32.95 US, \$39.99 Canada

This book was written by two therapists, Drs Bryant and Shirar, and their client, Judy, who was a multiple. The therapists were Judy's co-therapists, which, in itself, makes the book unusual. Co-therapy is something I've always felt could be a beneficial approach for multiples, who

need so much time and support. The authors found it worked well for them.

The second thing about this book that differs from others I've seen about MPD is the therapists' application of "family systems theory" to MPD. Drs Bryant and Shirar applied their understanding of how families work to how a multiple works inside. They distinguish different kinds of family systems: open and closed systems, and compare abusive family systems to what happens within those with MPD. "The different personalities play out their family roles with no understanding of the interconnectedness of their roles..."

The authors discuss many other aspects of MPD: from manifestations (losing time, body memories, etc.) to lost developmental stages, to dominant vs nondominant personalities, clusters, groups, negative introjects (who are not real personalities, but mirror images of the abuser(s)), to techniques of treatment (art, journaling, support groups, hypnosis, etc.), different stages of treatment, coping cycles, abusive personalities. The final chapter is on ritualistic abuse.

I just found so much helpful insight in this book. It has become one of my main reference books. It has helped me to accept my MPD also, because it identified my kind of system so accurately, and also explained to me why it is that most of my alters haven't come out in years (I am the dominant personality, who didn't know of the existence of the alters, except vaguely). Another thing I learned is that not all alters simply have different information; one may have a visual memory while another has an auditory memory, and yet another may have the emotions.

— Jennifer

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