

MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

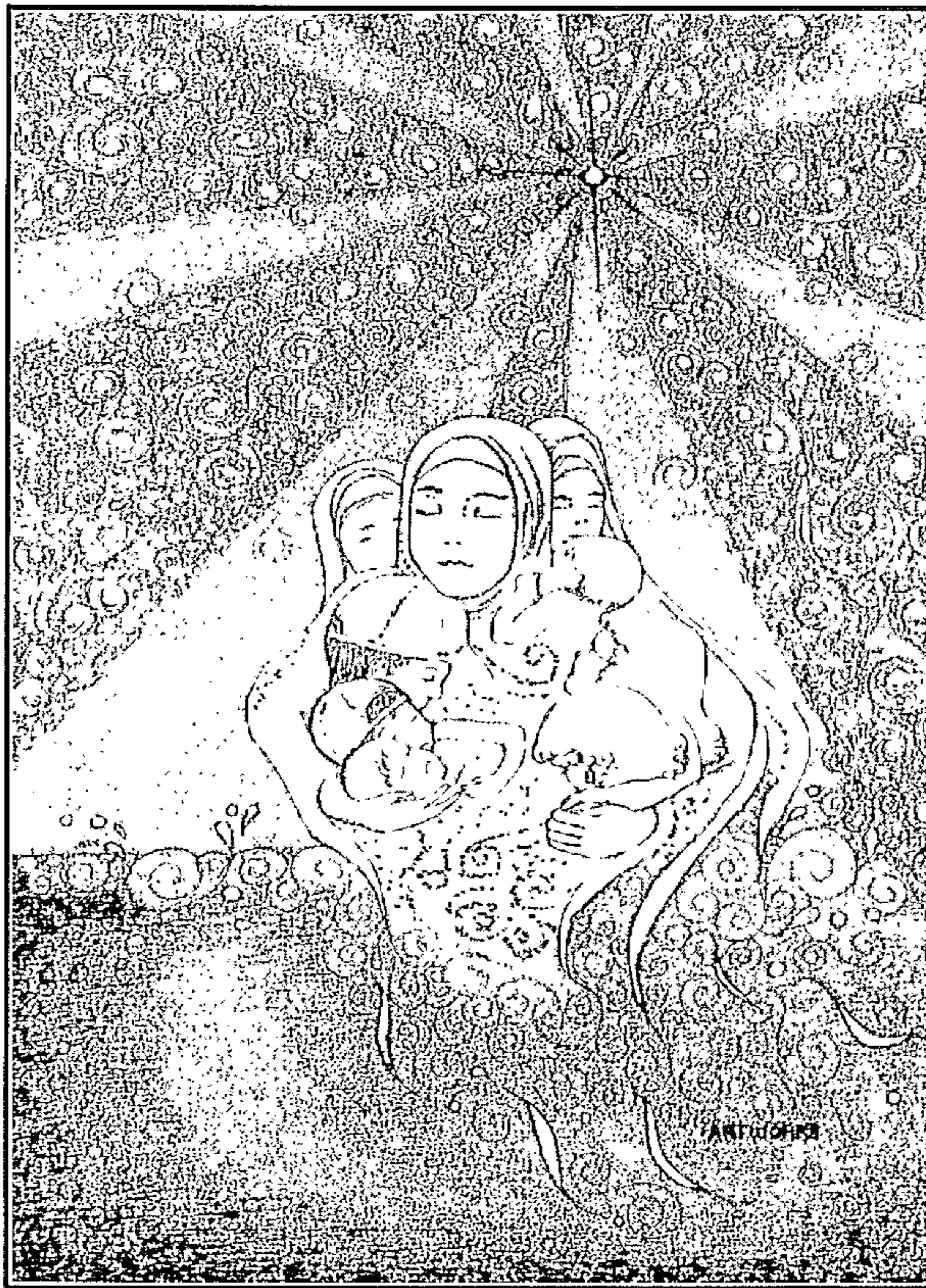
Vol XII, No.6

December 2000

ISSN1042-2277

Inside:

Tough Therapy Problems: The Treatment Challenge



Let's Be Easy On Ourselves

Our days can sometimes be very confusing. We seem to have too many things to do, too many different problems to solve, too many voices that need to be heard, and never enough time to accomplish everything.

We tend to forget that each day together is a beautiful miracle like us, and there is so much love and enjoyment to be experienced.

We don't have to solve every problem or accomplish all our goals in one day. Finish what we can today, and leave the rest for tomorrow, allowing time to relax, time to be with friends both inside and out, time to play, and time to sit together in the sunshine of life.

We must be easy on ourselves, and we will find that whatever problems we face will be easier to solve, and that we can accomplish more with the time we have.

We will also find that our lives will become more peaceful, our days more fun, and that we will remain happier and more content.

By NK

MV

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Hard Problems Solved

By Anna for Pat's Flock

I have a system composed almost entirely of children. My system has a "hostile" (in a protective way—not in a harsh way) in-charge + gatekeeper part, Peter, who was so protective of "his" system that he resisted all therapy interventions as tricks to destroy him. Since this part is age 5 and extremely set on keeping all "harm" (perceived or real) away from us, treatment came to a standstill, a stand-off, and war seemed inevitable. This was the scenario:

*Peter was backed up against the wall in a last (military-type) stand. This is his own perception as Doc was very gentle with him and he refused all efforts to help him as "tricks."

*He was at the end of his rope and had issued an ultimatum: "Either the therapist dies or he kills off the system." His thinking was that a swift death is better & less painful than a slow poisoning—and death was the only way out. The others refused to end therapy and were lost as to what to do.

*He was drawing graphic pictures of Doc cut up & bleeding, beheaded, etc.

*The rest of the system wanted to go on with treatment and Doc was willing to continue at a very slow, careful, safe pace. "Doc" is our psychologist with 17 years experience in treating D.I.D. Doc was uncomfortable, but no action was actually taken against her.

*He had threatened to kill Doc on several occasions and the day he brought a knife to treatment, we went into the hospital's psych unit.

While in the hospital, we spent 1 to 1-1/2 hours daily with our psychiatrist, Dr. B., and much time on homework in our room since this hospital does not offer D.I.D. treatment. Since Peter had taken a military stand, we worked to acknowledge him as a war hero with an outstanding record and a real-life hero who deserved respect—not tricks. Though he refused to come out or to communicate directly out of fear, he was given every chance to make his wishes known with the agreement he

would be listened to and respected. Other parts also spent much time with Dr. B. We did not see Doc in the hospital. After we got out of the hospital, things were calmer—but not changed much. And there were two agreements reiterated: (1) no physical harm and (2) safety was #1 priority.

After seeing that Doc kept her agreements, Peter made his first demand via Anna, who sometimes speaks for him. He demanded a period of "discovery" during which he would allow selected information out and selected questions answered. During this period, there were to be No Interventions of any kind and NO efforts to make changes, since changes are all "tricks." Some of the parts were extremely upset at being "placed on hold" and required increased time in sessions in order to tolerate the slow pace. This discovery period lasted nearly nine months, and Peter was shocked to see his demand was met to his specifications. Treatment crawled at a turtle pace.

During this period, Peter relaxed and actually became curious. So when Doc finally suggested treatment be discontinued for lack of progress after so long without changes allowed, he began to slowly show outwardly the incredible shifts he had made.

I thank Doc sincerely for her patience and for not giving up on us where others probably would have. Peter's plan was to hold out until Doc gave up and then take his family back deep inside. Others in the system had already changed too much for this to happen. Prior to treatment, each part was isolated. With treatment, parts became friends (some became enemies) and one part repeatedly threatened to kill Peter (if she could find him) to liberate the others from "jail." The only thing that kept treatment going at times was the agreement that Doc will not desert us—and Anna's ability to tell Peter that Doc is NOT going to go away; that she could hang in as long as he could. So

he was forced to deal with her—as soon as he was ready.

Today, Peter remains secluded in an area unknown to all (even Anna) and communicates via thoughts only with Anna, but he is beginning to trust Doc a little. Rose occasionally gets ticked off and threatens Peter, but we are working on this. We are also beginning to mentally separate from our parents (who were both abusive—and both deceased). Peter has finally accepted a "mother" secluded with him (no outside contact with her) and created to give him hugs, love and support (which he has never had and had no concept of before—love was a big trick) which is now beginning to enjoy. Anna, the system's only adult, has been given limited authority. And treatment is moving along at amazing speed with major shifts following major shifts. There are no more cries of "Trick!!!" and no more extreme paranoia, and we are well on our way to recovery. Prayers are answered. Though there is a way to go, the hard work is done.

Last evening, my family took me out to dinner to celebrate our accomplishments. It was a "great job, Mom" time, and it felt wonderful!

MV

All Parts are for Free...



...with I could lay in
for help for the rule me
and when we talk

by Amanda
Gage

My Life

Here I sit in a park
 This park is like my life,
 The playground equipment and
 immediate trees are like my family,
 Doctors and therapists
 Close at hand, able to be touched
 Able to be felt.

The trees near me are like my
 Australian net friends
 Can't quite reach them but know they
 are close at hand,
 Only a phone call away,
 And if needed a short trip away.

The outer perimeter trees are like my
 international net friends,
 Out of reach, a long way away,
 A lot of effort and resources to get to,
 I think I can see them
 I am not sure
 Are they just a figment of my
 imagination?

A world I have developed for me?
 But deep down inside I know they are
 all here like the trees,
 To shield and protect me from the
 elements.

I hear peaceful sounds that
 envelop me,
 Strange yet familiar,
 Foreign but reassuring,
 Stark but peaceful.

As I sit here I realize I am not alone,
 I have my totem
 My special dragon
 Some think I am crazy
 I can see her but others can't.
 Maybe she is part of
 my imaginary world,
 But I don't care; she is here
 holding me close,
 Comforting me in my time of need,
 Being my power of reason,
 being my rock,
 Always there no matter what,
 Always around, only a call away.

As I sit here knowing my friends are
 near in my heart,
 The cold, the rain, the wet disappears
 A ray of light opens up
 I know with this new realization
 I have the power to go on
 To survive
 To live and love

By Kathy Q.

MV



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 We appreciate your support! — Lynn W., Editor

What Will It Take?

Is it so wrong to have hope that my
 health will improve?

Or is it best to just acknowledge this
 state as best I can?

Mindfulness is a continuous
 achievement at best.

I guess instead of an acceptance, I
 would like to continue with my resolve.

I met a person who really cares and
 takes her time with me.

Her explanations are up front, a
 no-holds-barred attitude.

It is true that I have had great hopes
 before this time.

Several clinicians, given more of me,
 could have helped me attain my
 desires.

Since I was twenty or so, information
 such as I am hearing was given me.

Maturity and confidence came
 between the recommendations and
 myself.

Instead I followed a curvy course, and
 it wasn't so bad...as here I am.

Now I am in a position to listen and
 consummate that placed before me.

Endorsement is still an imposing
 factor, though I wish it were not.

To this day I seek comfort and support
 from my two confidants.

One of these is committed to me for
 life, as he has stated many times over.

The other I am striving to release, and
 she says I will, when it is time.

Still the approval of both these dear
 people remains an eager wish.

The dearest man to me loves me in
 his quiet fashion and soothing
 touches.

Am I so misguided as to think the
 woman who knows me like no other

Is going to pronounce my notions of
 wellness as unattainable?

I need to remember that absence
 makes my mind soar with obsessions.

The notions that my therapist will
 dismiss my hopes are out of
 proportion.

For weeks I have wanted to discuss
 these feelings of silliness.

The process I seem to be embracing is
 making me cling instead of letting go.

Validate, validate—I am beginning to
 despise the word. I have overrated it.

For years I fumbled and suffered,
 seeking to be substantiated.

My truth is exposed and for naught;
 they thrive as if it did not happen.

I have been in hell and lived to talk
 about it. I crave now to verify myself.

By Dee et al

MV

Therapy Troubles and Solutions

Last year I wanted to comfort my inner children by letting them suck on a bottle in my therapist's waiting room.

My therapist said "No way." I asked her what would happen if I did it, and she said we'd have to find a new therapist.

We were terribly upset. We (the adults) wanted to find a new therapist.

The child alters, however, loved our therapist and wanted to keep seeing her.

Finally, our therapist said we could use the bottle during therapy, but not in the waiting room.

We accepted the limits she set and have continued to see her.

We still feel our therapist was in error here, but that it was not important enough to quit seeing her.

By Sally B.



Hi! My name is Mouse-Mouse. I got a brother named Echo. They say we get to write tonight. We have had a lot of upsets in therapy in the last two years. We changed therapists to a woman — he had a hard time trusting women, but she is easy to trust. She likes us all a lot. We lost our case manager to one who will be going away at the end of summer. Even before we changed to our new therapist we had to change places that we saw our therapist...three times!

It was really hard to lose our old therapist. We made a contract inside to not hurt our body, try to die or go to a hospital because of it. We wanted to honor how much he helped us. It was very hard to keep the contract. One of us broke it and burned us. Then she made a contract of her own and went in. She's not back yet. That was a long time ago.

We never used to cry...we were trying to work it in therapy, cry and give it up, to be sad and say "Ok God, you take it." But we could never cry, until this. When we lost him we cried a lot. It hurt

almost as bad as when we lost our kids in our divorce. We cried and cried. We knew why we were changing our therapist so we accepted it, because we trusted him with our life. So our old case manager said he had not seen anyone take a change like that as well as we did. We told him about our contract — the one inside. He was happy that we used skills we learned from therapy and him to stay healthy. It is still hard. We are only allowed to call him if we *absolutely* need him. We try to call his wife who helps too. She is smart and loving.

We ask her advice because we trust her. She taught us how to get rid of bad bad headaches that pills never worked for.

Our new therapist is serious but fun. She will color with us or play with us. She gave us a birthday cake candle so Echo could have a birthday cake when he got his 9th birthday. I got to use it on my 7th birthday. She has cats and a new puppy. She brought them to therapy — a cat one day, the puppy another day. The puppy has one blue eye. She is cute.

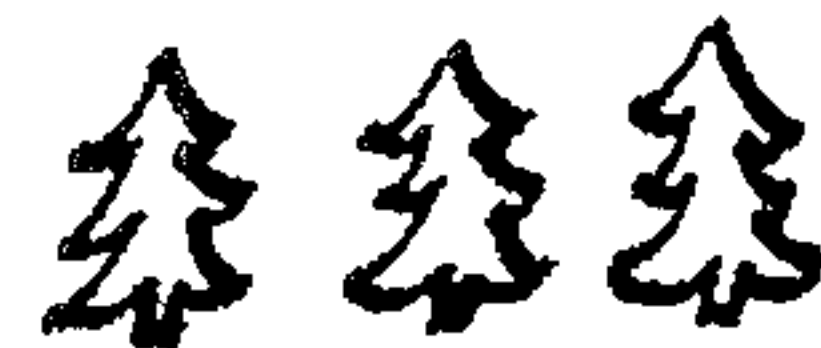
Hi. I am Echo, Mouse-Mouse's brother. We could have never done this alone, without God. He helped us to stay out of the hospital and helped us to grieve our loss in a healthy way. Before we would have hurt us or tried to die, but this time we could use what we learned in therapy to stay out of the hospital.

At first it was loss in therapy. Now we see it as a good thing. A good chance that let us know our new therapist. She has different eyes to see how to help. Same with our case manager. Our leaders decided to work really hard to cope with the changes, to not let them trip us up. Now we are ready to go deeper in to find bad, bad things. Like with the old therapist, it took some time to trust. We went step by step to trust in parts and pieces. But now it's ok to be hurt or scared in front of her. We were ashamed of the hurt and fear until our "lead mom" person — the mom inside who loves us kids and helps all of us — finally got it into

everyone: "Child and adult shame and blame are not ours." It is the bad stuff of the people who hurt us. So it's ok to let her see our pain, just like we let our old therapist see it. For us it was easier to show him, because he is a man. Women were bad, bad people to us. Our worst abuser at our youngest age was a woman babysitter. Sin stuff to our small body. So it was scary to have a woman therapist.

Now it hurts a lot in her office, but we try to leave it there so our week won't be messed up. We try to hide the pain, but we can't. We get mixed up about it, but know it's important to go and talk until the accepting is done. It's ok to talk about bad stuff in therapy, so we can sleep at night. Good bye!

By Echo (9) and Mouse-Mouse (7)



Our problem was not about a particular therapist, but about too many. Four in one year, to be exact. We were on Medicaid when we started treatment, so our choices were severely limited, and though we don't believe they were what we needed, due to program changes or therapists leaving, we didn't have much time to find out.

We had been in treatment just under a year when our third therapist told us she was leaving. We were ready to give up, but she told us that her supervisor was going to take our case.

That put us in a bit of a panic, because we had met her before and she was very straight-forward, and that kind of scared us. But it seemed like our last chance to get better, so we gave it a try. We are so glad we did.

During one of our first sessions, we expressed our frustration of seeming to have to start over again, and she did something we never would have expected. She made a commitment.

She said that even if she left the program we were being seen under, she would continue to treat us, regardless of our ability to pay, and she

Therapy Troubles, Cont'd.

assured us that she would be living around here a long time.

It's been a year since then, and it's been tough at times, like truly good therapy is...like when she thought we needed to be hospitalized, and we didn't want to, or when she banned razors and knives from our house. But we know, without a doubt that she is not only more than competent, she honestly cares, and is absolutely committed to helping us become functional and happy.

We give thanks to our earth forces,
for bringing her into our lives.

By Mel et al MV



Three 'god poems' by Hannah D.

god's walk begins

On a December day
sometime
sort of close to Christmas
god was taking a walk
(he's been known to do that
now and then)

A stray cat
meowed pitifully beside him
and god wondered
why he hadn't thought
to make cats who like snow
He reached down
picked up the little one
tucked her into his pocket
and was rewarded instantly
with the rumble of a purr
god smiled
and continued on his way

unzipped clouds

it was god
and the cat again
This time god
was jogging in the rain
over the strong objections
of a very annoyed
damp fur-ball.

god personally thought
summer was overrated
preferring the smell
of wet leaves
carpeting his steps

as beginnings
of autumn red and orange
softly kissed the trees.
Even the cat's now wailing protests
couldn't dampen god's spirits
this day.

You see-
someone heard the cries
of a grown-up
little girl soul
as she teetered on the edge
of yesterday
clinging to a grandma quilt
sobbing
praying
one last prayer
before leaving
today
and all her tomorrows behind-
and reached out a hand
to break her fall.

So god rested
in a back yard garden
helping himself
to a snack of
fresh raspberries
wishing he'd thought
to bring cool whip
Scratching the ears
of a resigned companion,
and unzipped the clouds
covering the morning sun.

waiting cocoon

The cocoon waits
offering safety
in the fact of
violation
Comfort
in its pastel decorated interior
Windows
to look out at the world
Curtains
to close against it
Warmth
to ease chills
enveloping the soul
Wrapping a quilt
around the battered butterfly
seeking shelter for her spirit
Bandages for her wings
A soft candle light
giving hope
A quiet meadow
where god
wears blindfolds

By Hannah D.

MV



Therapists' Page

By Joan A. Turkus, M.D.

Joan A. Turkus, M.D., is the co-founder and medical director of **The Center: Posttraumatic Disorders Program** at the Psychiatric Institute of Washington, D.C. Dr. Turkus has extensive inpatient and outpatient experience in the diagnosis, treatment and psychopharmacological management of complex posttraumatic and dissociative disorders. She frequently provides supervision, consultation and teaching for therapists, nationwide. The following article first appeared in *Centering*, the newsletter of The Center, Fall, 1997, and was adapted from a chapter written for the book *Treating Women Molested in Childhood* (C. Classen, Ed.) published by Jossey-Bass, San Francisco, 1995. It has been updated by Dr. Turkus and is reprinted with permission.

The Treatment Challenge

Therapists working with adult survivors of childhood abuse quickly become familiar with the triad of C's: "confusion, chaos, and crisis." To this, one might add another C, *challenge*. This is challenging therapy for both survivors, who struggle with life and recovery, and therapists, who struggle with containment of the work and finding adjunctive resources for individual psychotherapy. Even a toothache may precipitate a major crisis for a survivor! I would like to outline a problem-solving approach that matches treatment planning with a range of possible interventions. This decision-making process helps clinicians and clients stay grounded in a therapeutic stance, rather than being caught in the anxiety that the work engenders. It also opens up the possibility of creating an outpatient team to share the therapeutic work. Years of experience in the trauma field have taught me that a therapist can not do this work alone.

Why is there confusion, chaos, and crisis in the lives and therapy work of clients who were abused as children? Survivors, despite intelligence, resilience, and even professional roles, are confused by the ongoing struggle with relationships, parenting, and the waxing and waning of symptoms over many years. The more seriously affected survivors have a lifestyle filled with chaos and crisis. The symptomatology of the Posttraumatic Disorder spectrum of adult survivors is intense and destabilizing. It is not unusual for these clients to suffer from depression, suicidal ideation/behavior, self-injury, panic, flashbacks, reexperiencing of traumatic memories,

body reactions, nightmares and dissociative experiences ranging from "spacing out" to internal ego states, to discrete dissociative identities with amnesia. There are often relationship difficulties, questions about sexuality, and sexual avoidance or compulsion. Survivors are frequently revictimized by interpersonal violence as adults. Substance abuse and/or an eating disorder are often comorbid conditions. And then there may be concomitant medical problems such as migraine headaches, chronic pelvic pain, fibromyalgia, or irritable bowel syndrome. I have also observed a number of connective tissue disorders (e.g., rheumatoid arthritis and mixed collagen vascular disorder). A client may easily meet the criteria for six or seven DSM-IV diagnoses (how daunting!) These symptoms interfere with one's ability to function and are, in themselves, frightening and humiliating.

Therapists and clients are taxed not only by the difficulty of the work and the nature of the traumatic material, but often feel helpless and overwhelmed in the face of frequent crises. The therapy work requires staging and exquisite pacing and containment to avoid further decompensation. However, in spite of our best technical efforts as clinicians, the three C's — confusion, chaos, and crisis — are still part of the work and are to be expected.

One of the most useful experiences that I ever had was as a consulting psychiatrist to a case management practice (Community Connections here in Washington). Clinical case management is the comprehensive management of mentally ill clients in the community. It "strives to bring order out of chaos, to stabilize the

client in the community, and to encourage the highest level of function during treatment." The concept has much to offer us as trauma therapists. There are often too many current life issues to be ignored. We see a range of clients with a variety of skills and backgrounds. Lack of coping skills may be hidden until a crisis develops. I have learned not to assume that survivors know "Normal 101." How can they, coming as they do, from such backgrounds? Case management takes a broad look at needs and resources, including available health care options. Case managers for insurance companies are often pleased with this broad-spectrum approach and the thoughtful emplacement/conservation of resources. I try to integrate *case management* and *mentoring* with the psychotherapy of trauma survivors.

In my experience, it is helpful to create a checklist of all possible resources for treatment planning. Here is my personal list (to which I encourage you to add others):

*Outpatient Psychotherapy

Individual, group, current family/significant others, expressive therapies (particularly art/poetry therapy)

*Outpatient Psychoeducational Groups

aftereffects of trauma, life skills, parenting

*Pharmacotherapy (by a psychiatrist experienced in the trauma field)

*Physician/Medical Consultants

Internist or Family Practitioner, Gynecologist, Neurologist, Gastroenterologist

*Dentist

*Consultants in the Trauma Field

*Self-Help and Support Groups

(recommend selectively)

Alcoholics/Narcotics Anonymous
Overeaters Anonymous
Survivors of Incest Anonymous

*Nutritionist

- *Exercise counselor
- *Financial advisor/teacher
- *Low-income housing
- *Crisis beds or housing in the community
- *Detoxification Unit
- *Partial Hospitalization/Intensive Outpatient Programs
 - trauma-orientation, chemical dependency, eating disorders
- *Inpatient facility
 - general psychiatric unit (with admitting psychiatrist and trained staff, if possible) or specialty trauma unit

Partial Hospitalization and Intensive Outpatient Programs deserve increased consideration in the acute care of the survivor. Partial hospitalization is approximately one-third the cost of inpatient hospitalization and has creative possibilities for either day or evening treatment. It may be useful both in preventing inpatient hospitalization and as a step-down to shorten an inpatient stay. A skill-building, stabilization approach can be a wonderful supplement to individual outpatient therapy, in addition to providing much-needed socialization. Chemical dependency programs have long used evening partial programs for after-work treatment; now eating disorder programs are following this model. With the recognition of the numbers of trauma patients in treatment and their need for specialized treatment, we have created a continuum of care including all levels of structured ambulatory care with a "menu" of day and evening group therapies.

Inpatient treatment is a useful resource for clients who need a safe, therapeutic structure in which to be treated for (1) active suicidality or self-injury (2) disabling depression, or (3) marked impairment of function due to intrusion of traumatic memory or uncontrolled dissociation, when less restrictive interventions such as intensive outpatient treatment or partial hospitalization are ineffective. Inpatient hospitalization is best framed as a treatment resource, not a failure of either client or therapist. Clients sometimes need a safe place to regroup. Therapists may be asked to assist in the precertification of a hospital stay. In these days of case review by third-party payers, inpatient stays are short and focused on rapid

stabilization, so it helps the inpatient team to know the goals for the client on admission. Trauma clients sometimes have a difficult time on a general psychiatric unit in a community hospital. The general unit has a wide variety of patients from adolescent to geriatric age with all types of diagnoses. Trauma clients often complain that their needs are not met by the staff or group therapies. Therapists may help clients by education of staff, if receptive. Private psychiatric hospitals have become sensitized to the needs of this population and may have a trauma track or even a Specialty Unit, which treats only the Posttraumatic Disorders of adult survivors. It is important to survey the closest resources, ask for tours to look at the accommodations (ambiance, locked vs unlocked unit, policies with regard to your participation in hospital treatment) and talk to admitting psychiatrists before a client is in crisis.

Let's look at this creative, problem-solving approach, using the example of a toothache. This clinical vignette is a composite of my clinical experience over the years and represents a not-infrequent occurrence.

Clinical Vignette:

Barbara is a 32 year old single woman who works as a computer programmer. She is a known incest survivor. She struggled with alcohol and marijuana in her late teens and early 20's, but with the help of Alcoholics and Narcotics Anonymous, she has been sober and clean for the past seven years. Because of troublesome flashbacks and "retreating into a cone of silence when stressed" she decided on a course of psychotherapy with a woman social worker. She has been in twice-weekly therapy for the past two years and is now working through the traumatic memories. In spite of a pacing and containment approach, she is feeling overwhelmed at times. She has developed symptoms of gagging and aversion to certain foods, as she works through memories. In the midst of all this, she develops a toothache and is suicidal at the thought of anyone inserting something into her mouth. She thinks that she would rather die.

She knows her thoughts and feelings are out-of-proportion to the present, but is unable to control them. She and her therapist agree on an emergency session to problem-solve the crisis.

Here is the ideal collaborative crisis management approach:

Barbara and her therapist meet to problem-solve the dental crisis. Within the session, it is important to give Barbara time to verbalize her fears and thoughts and have them accepted within the PTSD framework. The thoughts of wanting to die are cognitive flashbacks, and what child would not feel terror and want to die in the midst of such trauma? Only then, should the therapist move gently into how to manage the visit to the dentist. It is of inestimable value to have a sensitive and understanding dentist, one who knows survivor issues. Even so, advocacy is indicated. Barbara (or her therapist) might call the dentist and explain what she needs in way of understanding and control. Control is critical; the dentist should be willing to explain exactly what is being done, each step of the way, and be willing to stop for a short period if necessary. Other interventions might include a p.r.n. antianxiety agent (which dentists can prescribe), self-hypnosis tape (relaxation with reinforcement of "now" in contrast to "then"), accompaniment by a friend, and check-in with the therapist post-dental visit. Barbara also agrees to work on her self-nurturing skills and return to Alcoholics Anonymous meetings "just in case". Assuming that the dental visit goes well, the therapist should be sure to reinforce the mastery of the experience. If not, Barbara and the therapist should continue to learn from the experience and to problem-solve for the next time.

Treatment planning for survivors of childhood abuse must be thoughtful and grounded in the full range of clinical interventions. The intensity of the symptoms and the level of disability should be matched with strategic interventions to stabilize and maintain function as quickly as possible. Here's to sharing the challenge!

Partner's Page:

The Heaviest Issue

By Richard

If your partner is a sexual abuse survivor, especially a multiple, there is a good chance he or she will gain weight. Often a lot of weight. Among support people, there seem to be six levels of reaction to our partner's weight gain:

- 1) Honey, have you put on a few pounds?
- 2) Well, you've gained a little, but I still think you're beautiful.
- 3) Sweetheart, don't you think you need to lose a few pounds?
- 4) Maybe if I don't mention it again, she'll start reducing on her own
- 5) I love her, no matter what.
- 6) Oh my God!

My Oh my God! moment came when my wife returned from spending 10 days with her family. You know how it is when you visit family — Mom fixes your favorite meal; your sister invites you over for supper; you meet old friends for lunch; your favorite aunt takes you out to her favorite restaurant; you visit the drive-in you cruised as a teen-ager; and on and on. Every time you turn around, you're eating.

She stepped on the bathroom scale, and I knew it was bad news because even from out in the hall I could see the dial spin.

"What's it say," I asked.

"Two hundred and twenty pounds."

"Oh my God!"

It just slipped out, like she had dumped a bucket of ice-water over my head. The numbers added up in my brain like some berserk computer. My wife had gained 10 pounds in 10 days. A pound a day. When I first met her, she weighed 120 pounds. Fifty pounds from when I met her until our wedding day. Fifty more pounds in less than three years. She had gained 100 pounds, and something about that number — one hundred pounds! — hit me like a ton of bricks.

That outburst came from my gut, and it meant, "Oh my God, what have you done?" and "Oh my God, will you keep going to 300 pounds?" and "Oh my God, I can't ignore it any more!"

There are a lot of reasons why your partner might gain weight, and my wife seems to have had all of them at one time or another.

Fear of beauty

My wife can define the exact moment when she started to gain weight. We were at a party having a great time on the dance floor. She looked smashing — slender, sexily dressed, radiantly vivacious. Then she caught a single look of lust from one of the primary abusers from her past.

A trigger can be the smallest thing, and rationality seldom has any control over it. That one glinting glance threw a switch in her brain, and "that group of alters felt it wasn't safe to be slim and pretty and sexy any more because he still lusted for us," she said.

Even my wife didn't realize it then, but that night those alters started stuffing themselves.

Medications

That story upset me far more deeply than I realized at the time. During our blow-up over her weight, I accused my wife of deliberately gaining weight to destroy her beauty. That led to a major confrontation in her therapist's office.

"Something you're forgetting is the effect of the medications she's on," her therapist told me. At the time, my wife was on two mood stabilizers, an anti-depressant, and sleeping medications. "I don't think she would naturally be more than 150 pounds, maybe 170 tops, but the medications slow down her metabolism and add at least another 50 pounds.

"Everyone I know who is on medication gains 30 to 50 pounds," her therapist continued. "I have a client who weighed 110 pounds before

she went on medication, then she gained about 40 pounds. And she only eats about 1,200 calories a day, which is barely survival level."

It didn't help that my wife's psychiatrist (meds doc) never warned her.

"She didn't tell me until I complained about gaining weight, about a year after I started taking medication," my wife said. "We discussed every other side-effect, but she didn't tell me the medications would make me gain weight. When I complained, she finally told me that the medications slow down my metabolism and increase my appetite. She recommended exercise to counteract it, but she never explained how I was supposed to exercise when I could barely stay awake."

Emotional reasons

"The personalities who gained weight for protection integrated a long time ago," her therapist told me. "You can't blame your wife now for what they did back then."

Maybe not, but there sure seemed to be a lot of other alters with their own reasons for pounding down food. At various times she (or they) told me:

— "I feel like there's a big empty void inside me, and I need to eat to fill it."

— "I'm trying to stop smoking, and I'm eating so I won't buy a pack of cigarettes."

— "I eat and eat and eat until I feel drugged so I won't feel the bad feelings."

— "I find myself standing in front of the refrigerator 10 or 15 times a day, just looking 'til I find something to eat. I don't seem to have any control over it"

Any multiple has a lot of personalities, and any of them can have personal agendas concerning food.

Effect on support people

All of this can be difficult for a support person to bear. I won't tell you not to be angry, because I experienced a lot of anger. It sometimes felt like the old bait-and-switch advertising scam - I fell in love with one person, then ended up with someone who looked quite different. It's hard to sit by and watch someone you love bury her beauty, and lose control around food, and use food as a drug, and listen to what sounds like a lot of excuses.

And there didn't seem to be a damned thing I could do about it. No matter how gently or tactfully or bluntly I tried to approach the subject of her weight, she ignored me, or got mad, or changed the subject. It's hard to deal with an issue when your partner is that deep in denial.

So I became adept at denial, too. I learned to mentally close my eyes and see her as she was when we first met. I discussed the issue with my therapist, I discussed it with my support group, I prayed for acceptance, and all of that helped. But everyone has a breaking point, and eventually my wife reached mine, and I couldn't shut down my feelings any longer.

There's not much I can tell you about how to avoid exploding. All I can tell you is what I wish I had done years ago. I wish I had:

- Known that weight gain is a possibility (even a probability) for a sexual abuse survivor.
- Found out much earlier what effect the medications would have on my wife.
- Been aware that nothing I could say would make an iota of difference.
- Realized that different alters have their own agendas about food.
- Realized that she can't do it all. "You wanted me to stop all my self-destructive habits at once - the stuffing and the picking and the nail-biting and the cutting and the smoking and everything," she pointed out. "And I couldn't do that. I can only work on one thing at a time, and sometimes just staying alive was all I could do."

Progress, not perfection

Learning all that has helped me deal with my wife more compassionately.

She once asked, "When you look at me, do you see someone who is pretty and desirable, or do you see a frump?" The answer is complicated.

There's no denying the weight gain affected her looks. When I first met her, my wife had a heart-shaped face with a defined jawline, big blue eyes, delicate shell-shaped ears, and a perfect nose. As she gained weight, her face widened and rounded until she looked matronly.

But I also see someone who loves me. I see a beautiful personality. I see a born-again Christian. I now know the history behind her weight-gain, and why it happened. And I know she's doing something about it. (More on that in a moment.)

I make an effort to focus on those, and on what did not change (or even improved) when she gained weight - her eyes, ears, and nose, her large breasts, and muscular calves. I still become aroused when we melt into each other's arms and lose ourselves in a good, long kiss.

And it helps that my wife has made some progress of her own. The heavy-duty fights and joint therapy gave her a touch of that precious and terrible gift to see ourselves as others see us, and she realized how her behavior had affected our relationship.

One of the first things she did was reduce her medications. (Note: I do not recommend this for everyone! Monkeying with your medications is dangerous! Her meds-doc and I trusted my wife because she has years of experience with her medications, has proven herself trustworthy, and keeps me, her therapist, and her meds doc informed.)

"I'm losing weight now that I'm not on all the medication," my wife said. "It's happening naturally; I don't even have to try. Now that I have more energy, I can go for walks. Heck, for me, right now, just getting up and functioning is exercise!"

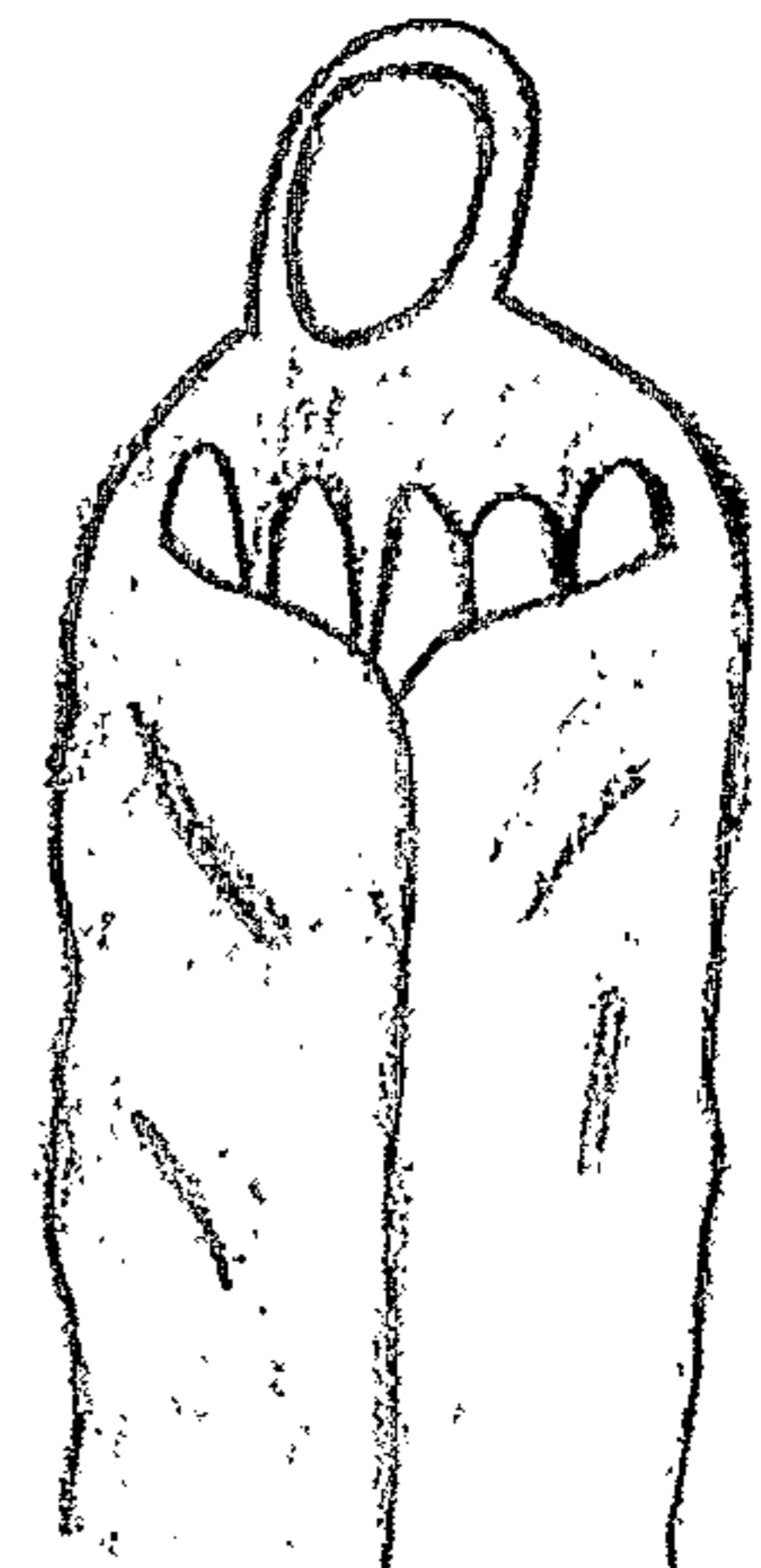
She has made other changes as well. One day my wife complained to a friend about the impossibly high standards of beauty that society places

on women. He agreed that very few women can meet the standards set by magazine covers. But among real women, the women that men actually marry, the standard of beauty is often as simple as taking a shower, washing and brushing her hair, and putting on clothes that coordinate. She has made greater effort to do things like that, after years when she could go for days wearing the same pajamas and not bathing.

And I've noticed that my attitude toward my wife's weight improves greatly if I just know she is making an effort to lose and to take care of her appearance.

It would be great to end by saying that my wife lost 100 pounds and is now a fitness queen or something, but real life is seldom that dramatic. She is making progress, and progress is enough for both of us. With getting off the medications, watching what she eats, and walking more, her weight recently dropped below 200 pounds, which we celebrated by making love.

MV



Protecting the Little Ones
By Molly of the Little Bird Family

What I Expected From Therapy

By Kathryn A.

Depressed and suicidal, crying and on emotional overload, confused and in denial, I seek help from a trusted friend. She insists I go to someone with more experience, and arranges for me to meet her friend. This person has all the credentials for a therapist, but is not in practice because her mother is dying of kidney disease. It takes me three weeks to find the courage to call this woman and set an appointment.

We work well together. My memories are beginning to return. I am overwhelmed by the fear, grief, anger, and resentment. I draw pictures using my left hand (I am right-handed). To my surprise, this woman was raised in the same town where I was born! My pictures are familiar to her, and she gives names to places in my illustrations. These confirmations give me the foundation on which to rebuild my life. Her mother takes a turn for the worse and her attention is diverted from my crisis memory cascade. She is not available to help me. I find myself in the admitting room of a psychiatric hospital. This is not something I want! I refuse admission, but I get the names of therapists I can call.

The first two names on the list are not accepting new clients, but the third one is. I make an appointment. By now, I am a broken, shattered mass of emotions hoping to be put back together again—just like Humpty-Dumpty. We begin our therapeutic relationship on December 15th, 1992. I am not sure what to expect, I just want to be fixed. I am not sure what I thought would happen in therapy. I knew she didn't have a magic wand to wave over me to make everything better, but I also didn't know what a long arduous journey was ahead of us.

Anne never questioned my multiplicity—even though I did on a regular basis. She helped me identify all my inside parts and process their experiences into my own psyche. Reconstruction was a lot of hard work

and we spent a lot of blood, sweat and tears, toward integration. I learned about negotiation and acceptance. Processing the memories brought harmony and eventually, oneness. I tease Anne regularly about one of her favorite phrases, "That was then, this is now" and tell her she should get a nickel for every time she says it. She would be a millionaire by now! Two and a half years after integrating into "one," she still uses that phrase with me. Yes, I integrated down to one, but I am still in therapy. At the beginning of therapy, we spent a lot of time trying to control raging fires. Then we progressed to putting out the fires. Now, we are in the "mopping up" phase. There is still work to do.

I became a returning college student after almost thirty years. I can't say that integration loses information, but I truly believe some knowledge was never input at all. I had heard of adverbs, but I had no clue what they were. I was miserable in math in high school, but I aced all my college classes. Of course I had the wisdom to start with basic math and work my way up to the college level, but it was refreshing to find "A's" on my papers. I was raised in the period that females were considered too stupid to understand algebra, yet were severely punished for not getting better grades. I CAN learn new things and feel good about the process. What a boost to my self-esteem. I even made the Dean's List for the honor roll. Who would have thought it was possible?

School filled in the missing gaps like mortar between my building blocks of reconstruction. I learned how to "be myself" and not worry what others were thinking. I learned about relationships and made behavioral adjustments. I learned that I could have friends without having to buy love through expensive gifts. Instead, I could give gifts out of love. Most importantly, I learned that people like me for who I am. They do not need to know my past or how I got where I am

today. I can acknowledge my past, but leave it behind me.

Anne and I continue to tweak me. We use E.M.D.R. to clean up residual problems such as anniversary dates or triggers we missed along the way. I am learning independence and confidence that I can "do" for myself. I have learned I must love myself first before I can love others. That is a very hard lesson to learn. I was taught it was selfish to think of me, but now I know that nurturing me makes it easier to face the world and its problems.

I am a work in progress. I want to learn more about assertiveness, getting along in crowds, and how to find my spirituality that ritual abuse so blatantly destroyed. I want to continue working on my self-image. I still worry about being picked for jury duty and what will happen if I am faced with the grisly details of a murder. I worry about what I will do after therapy and the Social Security/Medicare safety net is gone. I am not sure what I want to do with my life, but I'm very happy to know that I have choices never afforded me before. I don't have the aspirations to be president or go to the moon, but I knew if I did, I could! I am no longer afraid of the big "out there!"

How will I know when I am done in therapy? I imagine that there will come a time when trivial problems will seem trivial, and I will run out of things to fill up a 50-minute hour. I will forever be grateful and appreciative of Anne's resourceful help. It will be difficult to say good-bye to a trusted therapist and colleague.

Colleague? Yes, I think of Anne as an equal. I know it is transference to call her a friend, but she knows every intimate detail of my life. As a colleague, we have worked together to make a person whole and healthy. That new person is ME!

Rewards of staying in long term treatment

By Gwen

I'd like to share with you what I've found to be the rewards of staying with one ethical and caring treatment provider, in long term treatment. This is not to say there aren't difficulties. But for me, I have learned that the difficulties are within me—that the fear, for example, of allowing the voices to speak—is within me.

1. Ability to learn how to work through difficulties rather than cope by avoidance.

2. Deepening trust over time. This process has been painful, because it has naturally reminded me of when I trusted in the past, and was hurt.

3. Continuity.

4. Increased ability to express myself openly and honestly. Whether you say therapy is like peeling an onion or reveals a blossoming flower, the concept is the same. I experience an increased sense of depth and authenticity with time.

5. Transference patterns, blocks, impasses, core issues and missing developmental stages surface. Along with many feelings that have left me wanting to take the next Southwest train. Sticking it out is difficult, but in the long run, has been deeply healing for me.

6. Increase in resilience...the more I've stuck it out and worked it through, the more resilient I have felt.

7. Deepening compassion for self and others.

8. An enriching alliance, more treasured with time.

9. An opportunity to see myself grow in a consistent environment over time. This is reparative in a way. There was no consistency in my childhood.

10. A sense of accomplishment.

11. Immersion in the therapeutic style of one treatment provider. I sometimes wish my therapist were more confrontational, let me "get away" with less resistance. But it is a delicate balance, and in the end, he does what is safe and what maintains therapeutic integrity—and in the end I

learn how to manage and decrease my own resistance for myself.

12. I learned to face that only I could meet my own needs, no one else. Not leaving for another treatment provider who I imagined would have the "magic" words, or just the right style for the moment, helped me learn to rely on myself, and to change my own behavior and expectations. This was ultimately hugely beneficial in my life and relationships. These times also served as red flags and helped us (me and my psychiatrist) to define areas where change was needed and important issues were waiting beneath the surface (like landmines) to be attended to. Through this process, I learned both the limits and flexibility of therapy.

13. Many times I have felt very threatened by closeness. Learning not to run from closeness is still a great challenge for me, but I am learning.

14. I needed to learn to experience safety. I think having a consistent treatment provider helped me learn to experience safety slowly, and at my own pace. This was not interrupted by needing to learn to trust consecutive therapists.

15. I have been given a reflection of the many parts of me. This has been both wonderful and painful.

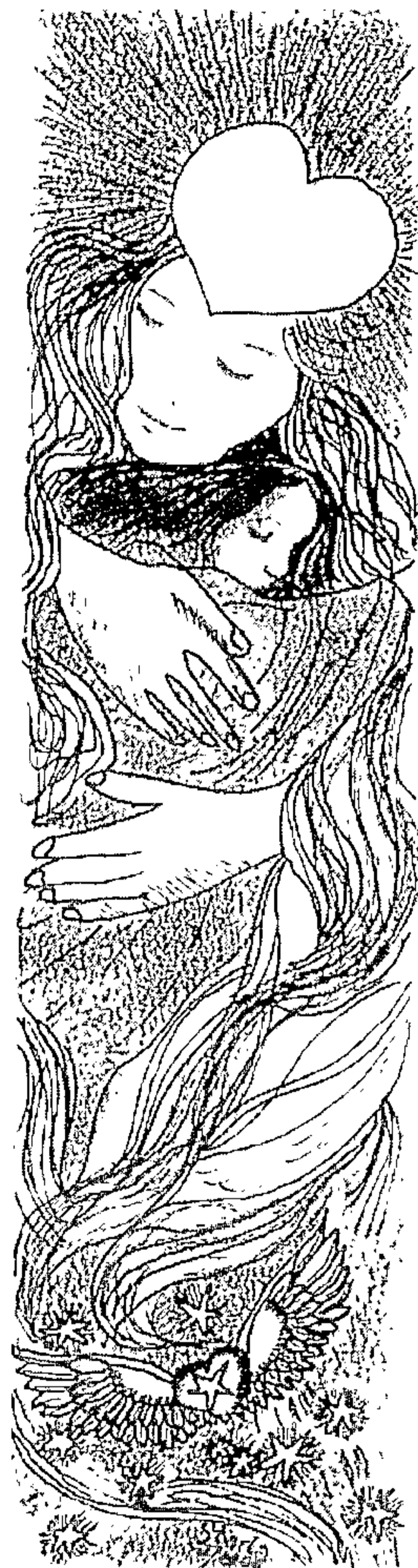
16. I have a sense of wholeness, and am giving up separateness that has protected me for so long.

MV

She who listens

To She who listens
When my heart aches for more
to find the bridge
between myself and Her
One lucid moment
when light shines brightly
on my soul...
and I know
that She is Me,
and I dance in Our light.

By Kit and Echo with Kore



This is part of a card we made for our therapist for Valentine's Day.

With this picture we wanted to let her know how much we love her and to thank her for all her caring and kindness, and for how much she's helped us. Despite having developed a deep trust with her over our many years, it took many more years for us to accept a caring hug during a rough time from her...but now it feels warm and safe and reaches deep within us all. The heart on her head (and below with wings) is because even while we are not with her, she still thinks of us and is sending loving thoughts our way, which means so much to us, too.

By The Shadows

Low Self-Esteem

From a Psychological and a Spiritual Perspective

By CE

When I examine what is left of me after ten years of treatment for DID and post-integration, I immediately think of my persistent depression. However, there is something that takes precedence even over that. Low self-esteem has plagued me for as long as I can remember and I have come to believe, plays a major role in causing that cursed depression.

I think, as with any central truth, to be fully believed and assimilated, you must take it in at a psychological/intellectual level as well as at a spiritual level. I equate that with the often-heard statement that it is a long 18-inches from your head to your heart—from your mind to your spirit, if you will.

Recently, I was describing how I felt therapy was progressing with my new psychologist, Cindy. One thing I hit on was how regrettably it was no different with her than it had been with any of my previous therapists, in that it is extremely painful to hear, let alone to truly receive, any kind of compliment. Recently, when Cindy had complimented me very directly about being bright and creative, I literally had to fight the urge to cover my face with my hands in embarrassment!

The following weekend, I spent time with a very good friend Kim, who is DID also. We began talking about my lifelong battle with low self-esteem and Kim nearly yelled in excited agreement. She said, "It's just the same for me! Especially when I'm depressed, I feel as though I'm not worth anything and no one can convince me differently. I just seem to go deaf when they try to encourage me. I swear it's like I've been programmed."

We sat and stared at each other for a few seconds, letting the impact of the last word she had said sink in, because Kim and I both have SRA backgrounds. It hit us at the same time that it is particularly possible, even probable,

that such content was an element of what was drilled into us—or programmed into us—at a very early age. In fact, even if one discards the ritual abuse angle, I distinctly remember my father verbally putting me down and telling me in various ways that I had no value from early childhood through adolescence and young adulthood. He said I should look for a man to marry who could take care of me, that I would amount to nothing, that I was capable of nothing, that I should aim for a career in a typically women's profession, as secretary, teacher, etc. There was worse, but I won't elaborate here.

So, in the case of many people who are abuse survivors, particularly ritual abuse survivors, there is what could be an answer to why it is next to impossible to fix the psychological part of our poor self-worth issues. Kim and I even discussed the possibility of seeking the help of a professional de-programmer instead of relying on our therapists to fix this tremendously persistent and all-pervasive problem.

This is the key point—my friend and I both intellectually know that we are bright, capable, articulate women who have a multitude of reasons to be proud of ourselves. However, having that head knowledge travel the 18-inches it takes to be sincere heart knowledge has so far been an unconquerable task.

(The next section is appropriate for those MV readers who practice the Christian faith.—Ed.)

Now, as for the spiritual element...Kim and I are both indebted to our Christian faith for bringing us this far in our healing journey. Although we are very aware of our past sins and have suffered greatly through many guilt and shame issues while in treatment, we still believe God's word, "Therefore, if anyone is in Christ, he is a new creation; the old has gone, the new has come!" (II Cor.5:17). We are

certain we have been given the chance to start over, to be born again, if you will, with a clean slate. So, not only are we not worthless, we are as clean and innocent as newborns!

We are not damaged goods, and our faith assures us of that with the above verse and countless more. We are, in fact, made in the very image of the Creator, and we know that devaluing ourselves is the same as criticizing Him.

There is the spiritual piece for those reading this who consider it significant. Specifically, we have head knowledge that we are precious in God's sight and, through the help of the Holy Spirit, we have permanent heart knowledge of it also.

I hope I have made the distinction between psychological and spiritual knowledge crystal clear. If not, perhaps another verse might clarify my point. It has been a favorite of mine through all my treatment.

"Therefore, do not lose heart...For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all. So we fix our eyes on not what is seen, but on what is unseen. For what is seen is temporary, but what is unseen is eternal." II Cor.4:17-18.

To me, the psychological knowledge is within the realm of the earthly, the temporary, the seen. The spiritual knowledge, on the contrary, is part of the heavenly, the eternal, the unseen. There is a significant difference. Our psychological knowledge is for our use here in this world; our spiritual knowledge enriches our life now, but is primarily for use in eternity.

So it seems that the missing link seems to be in psychotherapy—that we do not have that deeply-felt conviction or heart knowledge that we have value. And it hasn't been for a lack of trying. We have diligently practiced our self-affirmations, we've carried on long pep talks with our bathroom mirror, and we've listened at

length to our well-meaning therapists spout optimism and enthusiasm over any shred of progress. In the case of Kim and myself, we have even undergone exorcisms in an effort to rid ourselves of the possible remnants of SRA influence. And still the self-loathing persists like a stubborn stain.

Now, because after a decade of trying, I have been unable to partner with any therapist or psychiatrist who is able to vanquish my low self-esteem, personally, I have reached the conclusion that it is time for me to turn this problem over to the most renowned Therapist of all. If I am able to do that with sincerity and conviction, I don't think a de-programmer will be necessary.

First, I will continue to utilize my current psychotherapy setting to regularly practice hearing, accepting and verbalizing compliments that bolster my self-worth.

Secondly, I will make this a subject of regular prayer, asking God to intervene on my behalf in order that I may complete the earthly portion of my life with a brand new sense of wholeness. I know that He can accomplish what I've been unable to do—to move that psychological/intellectual head knowledge of my value a mere 18-in. lower to my heart, and, in doing so, to make me into the strong woman He would have me to be.

MV

Two Prisms Inside

In my darkest hour
the moment when my very existence
was threatened by abuse
too terrible for an infant to understand

God touched my mind
and gave it
the gift of dissociation.

And from that time forth
there was a prism place
at a vital place INSIDE
where the light of my soul
could escape
from abuse
and no one
could touch it
as it refracted into myriads of colors

and each of these living vivid colors
held a portion of me
my anger, my pain
my joy, my innocence
my essence
my self
my core

The colors danced inside my mind
forming and reforming
gathering to themselves an identity
giving themselves names

they united and divided
to protect me from harm
to help me function
in a world that didn't make sense.

All of this happened, happened,
happened. I knew nothing, nothing,
nothing. I knew no abuse. I thought I
was one, one, ONE

Then on the same day
that the memories broke
the barriers of 35 years of disbelief
and rushed forth as a flood
overwhelming me,

God touched my mind
and gave it
the gift of integration.

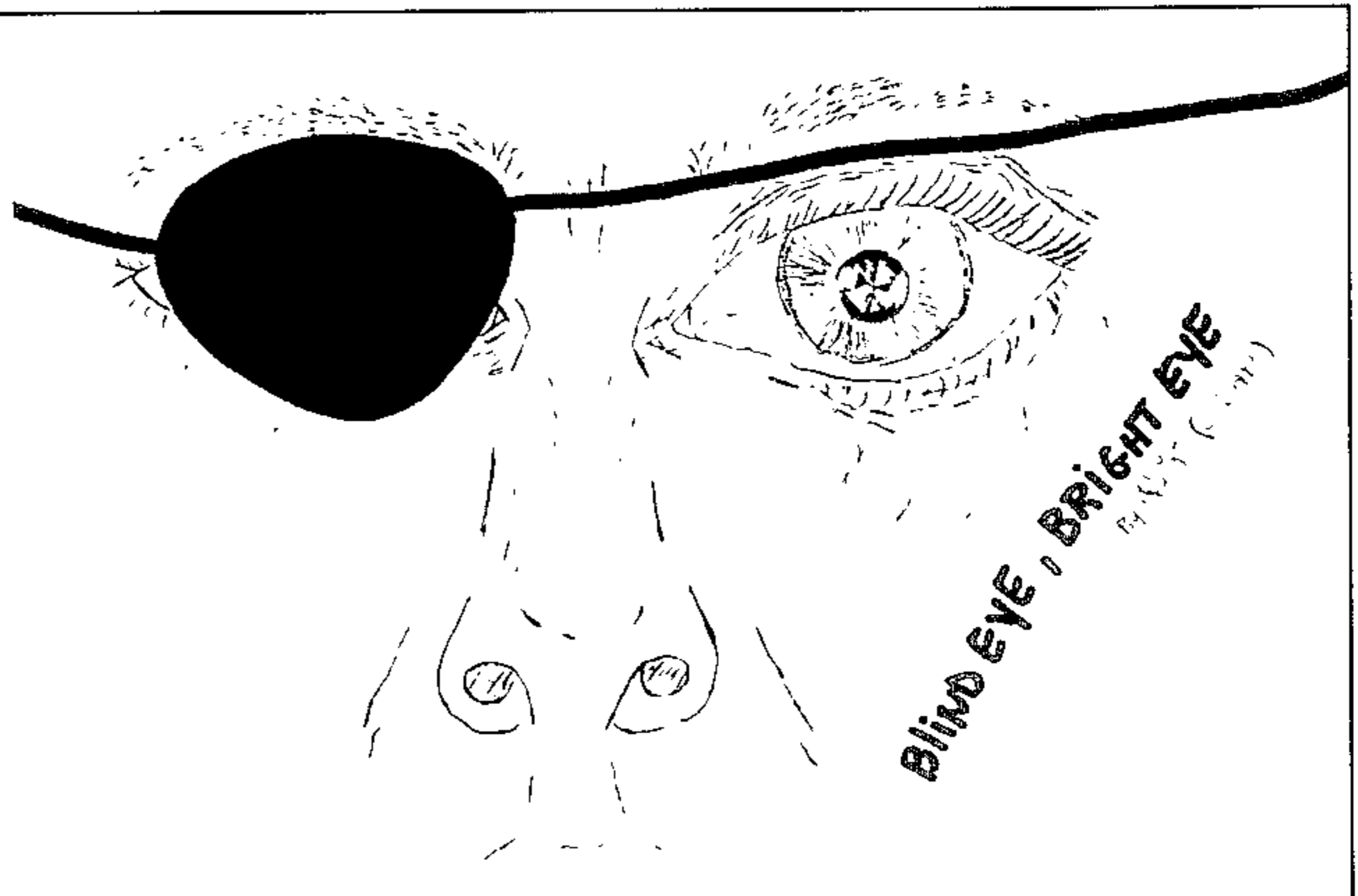
And from that time forth
there was a prism place
at a vital place INSIDE
where the colors of my soul
could gather together
and choose when to blend
jumping into the light
of healing and strength
each bringing their gifts for all to share
in a powerful burst of vibrant energy.

By KARI

MV

We feel so ostracized from the world because of our abuses and the taboo against speaking of them. We are at the point where we are weary and tired. We desire understanding, compassion and comfort—not pity, avoidance, or "being an inspiration." But as with others, there are too few people who "get it." So we are left with a dilemma—do we show our blind eye to the world as it has done to us (becoming callous/uncaring) or do we go on trying to keep our colors reflecting to and from our eyes (remaining joyful/compassionate) even when others continue to give us a blind eye? The urge to give back exactly what we get is overwhelming.

By Animal for Barb



Letters

Dear Friends :

Please note that our new website, www.manyvoicespress.com, has a section titled *Sharing* as well as a *Letters* page. Your questions and replies are welcome at both of these sites, and selected replies will be posted (with your permission) for others to share. Since some of you do not have access to the Internet, I am repeating a couple questions here, in hopes of gathering more replies.—Lynn W, Editor

I'm interested in the typical dreams of multiples. All my life I've dreamed of forgetting. As a child I'd dream of walking all the way to school, only to get there and find out there was no school that day. After I got my driver's license, I would dream of walking to school, then remembering "I have a car!" so I'd walk all the way home and drive the car to school. In school itself, I'd forget what class to go to, where the classrooms were, what my schedule was. What's my locker number? What's the combination?

As an adult, I have dreams about forgetting to take care of or feed the dog (It's always a German Shepherd, and I don't have a dog!) In my dreams, I realize it's been three months since I've fed and watered the dog! Same thing about "the baby". She's so good, I forget about her (for three months!) Another weird dream I've had all my life can only be described as "It's me, but it's not me." Sometimes, the person in my dream looks like and answers to my name, but it's someone else. Also, sometimes I feel like me, but look totally different." *Submitted by Dawn*

When Dawn sent this, I realized I too have "the baby" dream...where I've forgotten to take care of "the baby" for weeks or months (Miraculously, the child is still alive despite this incredible neglect.) I suspect it is a reminder that I'm neglecting the infant self inside me, yet she is so strong she thrives despite being ignored. In my dreams I also encounter large groups of giggling children in a basement, who slam

the door on me to keep me out. (More little 'selves', I suspect). So how about YOU? Do you have any unusual dreams that seem related to your dissociation problem? Please send them to us via email (LynnW@manyvoicespress.com) or the usual surface mail address (PO Box 2639, Cincinnati, OH 45201) And please include permission for us to print your answers on paper or the web...unless you prefer we send them only to Dawn. That's OK too.

Other letters:

Red Bob would like to know if anyone else has "psychotic alters" and what has been done to work successfully with this difficult situation. Write to him in care of Many Voices, and we'll forward the replies.

...and a reply to Rene's recent letter, about ringing in the ears. .

I have experienced the same type of ringing, only I call it "wind through a tunnel." For me it is only heard in my left ear. It seems the closer I come to working on an important issue, the sound becomes louder. I agree with Rene that it is a signal to internal conflict. But I want to find out what causes it, how many DID patients actually experience it, and why. What is it trying to tell us, or warn us of?

Please let me know of anything you find.

By Debi

(Please reply to any of these questions, or ask your own. Now that we have the web for questions too, we can use LOTS of questions! Thank you for sharing!)

MV

The Sound of Agony

We had thought of killing, not the first time, but this time, we were scared, we worried we would cross the line, our heart was in jeopardy, we did not want to kill

We thought this and that's when we made the horrible sound from our body

The horrible, wretched sound of agony

To know it and to feel it and hear it is horrible

We felt this way, we felt our skin burn, and inside someone had squeezed our heart, and all our organs, they were pushed together, nothing felt right, our head was so filled with an ache we thought it would explode.

Our body was pierced with needles starting at our legs, and going to our arms

We felt burned from the inside out, and a huge boulder rested on our chest, we tried to get it off and come out from under it, we could not move it

So we lay there and screamed, it was the only way to expel the agony

We watched it leave our body, our soul, and we saw it stand in front of us

It was a huge orange flame, we put our hand in it, we felt pain, we were free again, we felt our skin burn from the flame, and we knew we were no longer in the grip of the invisible pain, the hate, the anger, the agony

Our heart was no longer stone, we melted the stone, and we were free

We filled our lungs with air, we walked and felt the earth on our feet, we touched the sky and we thanked the Great Spirit of Hope and the Earth, we would be okay again

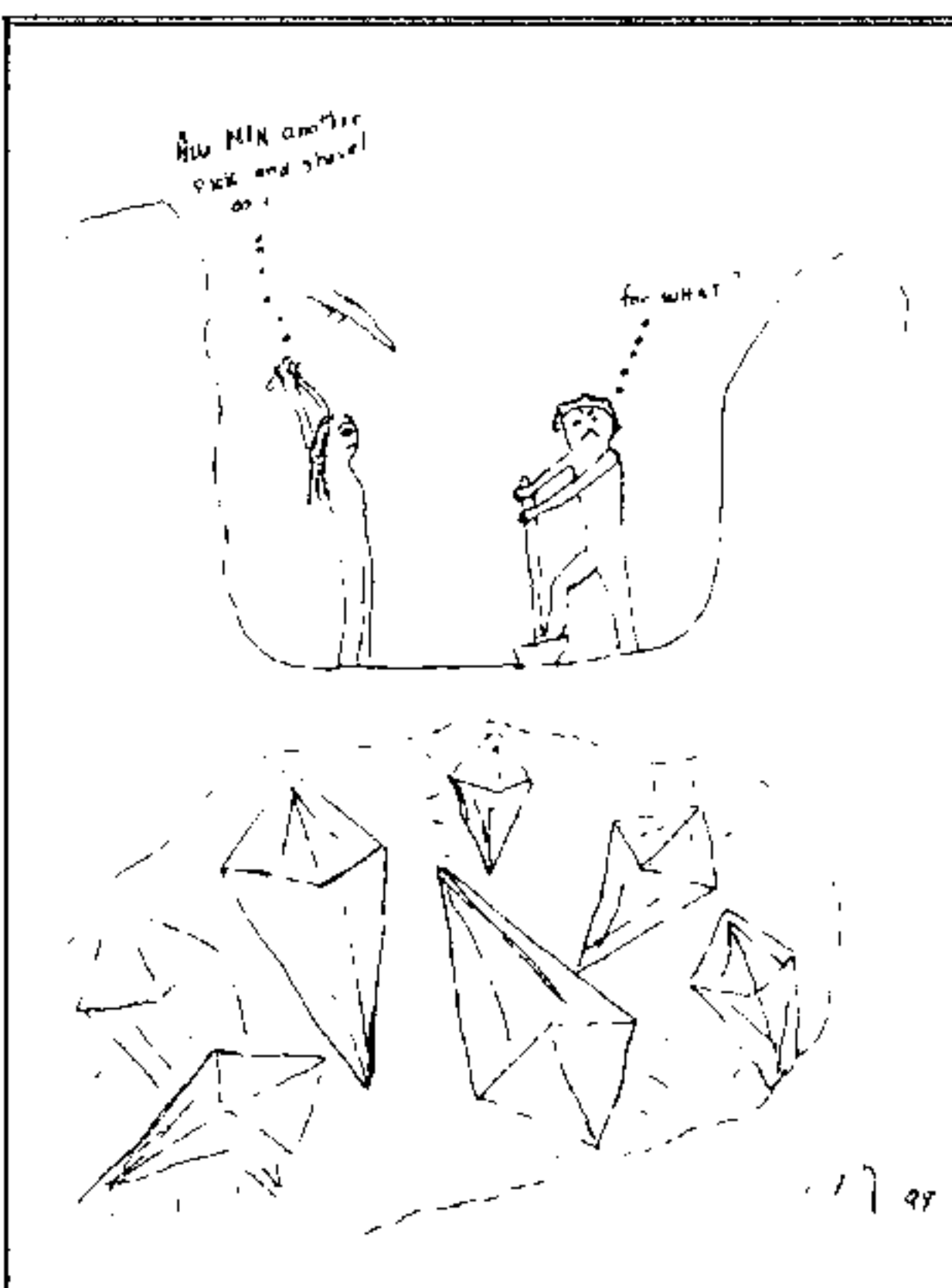
Everyone was so relieved we were no longer dark inside, the light came in our eyes, and took away the burnt, black insides, and now there was light

We could be free again

We would not kill,
we saved our heart,
thank you, thank you

By Rain

MV



Anxiety

I concede to my iniquities of lies...I desire to tell the truth...but my innermost parts destroy my will and desire.

I compel myself to the truthfulness held so deep within, yet accessible by oh so few.

I desire for the freedom, but know its penalties.

The strengths within overpower any living desire.

I bow down to an unknown Father. Who has taught me to change with difficulties.

His way is not of ours, nor is ours. His I'm lost, yet thought I was found. .

but I know no where to look. and am afraid of what I see...

can anyone help me...Please...

Is there anyone!!!!???

Where are you, then?

By clinton

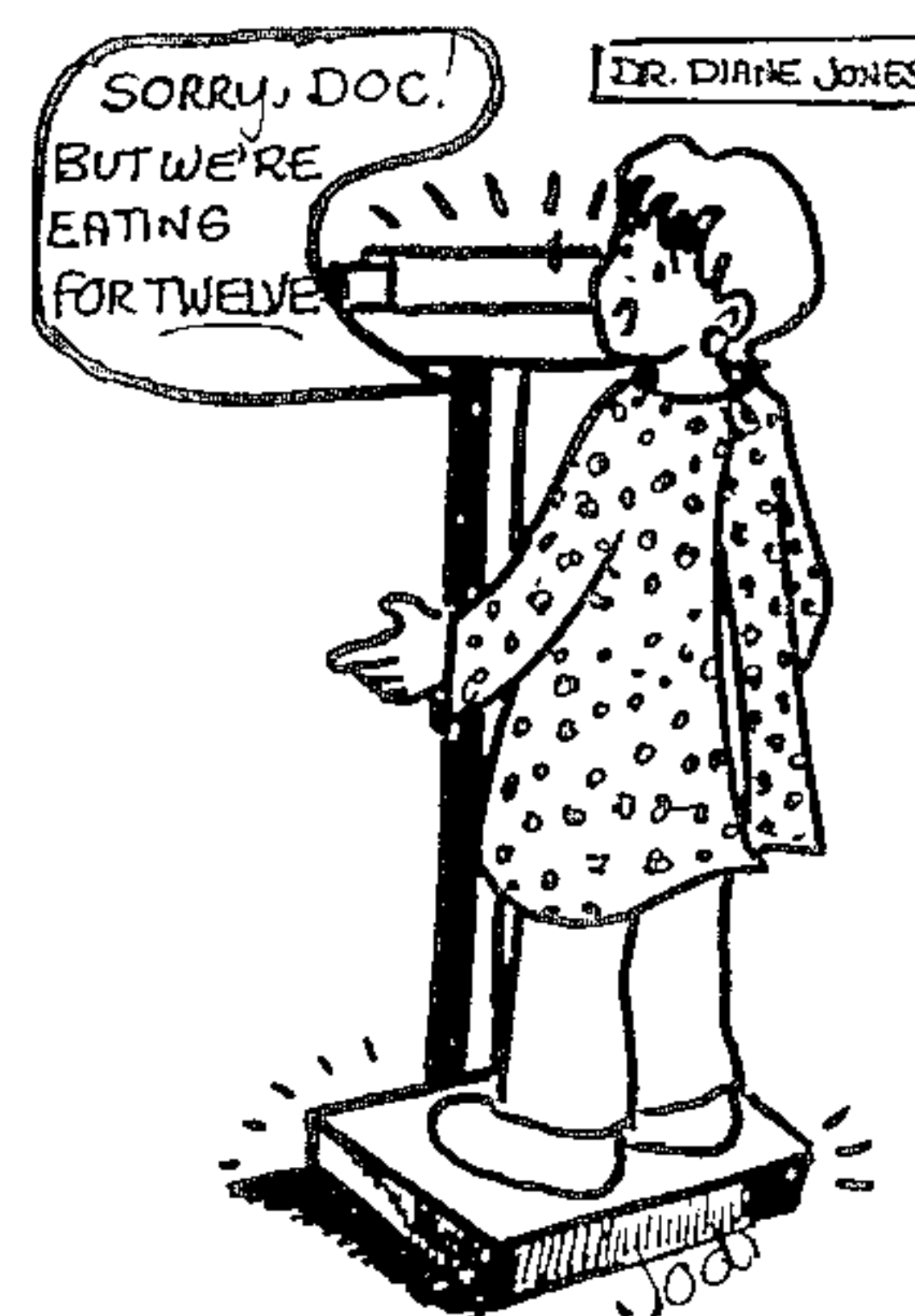
I am 37 years old. I wrote this poem when I was first diagnosed with DID 4 years ago. I thought your readers might relate. (Reaching out to those who still suffer)—Brian

Dissociation

Serenity, Tranquility
Silence, Absolute Silence
Librarian at Desk
Sedate, Serene, Sober
Me, I'm in the back, working on an
English paper
Engrossed, Enthralled, Entranced
Silence Shattered, Violently Shattered
Scream, Scared Scream, Shrilling
Scream
Arms Frantically Flying, Muscles
Convulsively Contracting
Torso Twitching Tremendously, Legs
Running
Without Touching the Ground
Starting on Couch and Ending on
Floor
Violence, Uncontrollable Violence
Then Peace, Heavenly Peace.

People Staring: Looking in Concern,
Panicking in Confusion
Me, Well...I'm Relating
Ambulance Arrives: Quiet, No Sirens,
Only Lights
Ambulance Attendants: Apathetic,
Torpid
Facts, Just the Facts
"Open Your Eyes," One Says. "I know
you're awake."
Victim: Lassitude, Lethargic, Lifeless
In a world only he knows.
To the Bystander: Fraudulent, Unreal,
Inconceivable
To Me: Reality, Survival, Life
Why do I Dissociate
Somewhere, Yes Anywhere, is Better
than here and now

By Brian M.



Books

The Stranger in the Mirror Dissociation: The Hidden Epidemic

By Marlene Steinberg M.D., with Maxine Schnall © 2000 by Marlene Steinberg M.D. Published by Cliff Street Books, an imprint of HarperCollins Publishers, NY. \$25 316 pages, hardback.

This wonderful new book by Marlene Steinberg, M.D., one of the most respected researchers in dissociation, is one of the few I've read that is accessible and interesting to laypeople, even as it provides cutting-edge information to therapists. Since discovering it, I've recommended that non-dissociative friends and relatives buy, borrow, or browse this book in a bookstore, if only to read the very clear and sensible introduction that describes what dissociation is, and is not. This intro alone is worth the price of the book, to me. It directly counters many of the myths about dissociation and DID: that it is rare, that it is always 'serious mental illness,' that claims of childhood abuse are usually false, that people who are abused would never forget it, that DID cannot be cured, and more. An early segment explains how Dr. Steinberg came to develop and test the SCID-D, (the Steinberg Clinical Interview for DSM-IV Dissociative Disorders), now probably the most accurate diagnostic tool available for dissociation. The SCID-D helps therapists decide whether a client's level of dissociation is normal, slightly elevated, or well-along the continuum of a dissociative disorder. With good information, appropriate therapy can be

employed to help those who dissociate excessively learn to manage their coping mechanism.

The book also illustrates, via case studies, some of the range of symptoms and treatment experienced by people who dissociate.

What I liked best, overall, was the reassuring tone. Several chapters offer checklists to help readers rate themselves on different primary symptoms of dissociation: amnesia, depersonalization, derealization, identity confusion and identity alteration. But at the end of each of these checklists, there is the same comforting message for those who scored high enough to suggest they should see a clinician for further evaluation: "Should an experienced clinician find that you have a dissociative disorder, you have a treatable illness with a very good prognosis for recovery. Your illness is widely shared by others who coped with trauma by using the self-protective defense of dissociation...Eventually, you will become a more integrated and psychologically healthy person."

From my own experience, and that of many MV subscribers, Dr. Steinberg's words are absolutely true. If you can't afford your own copy, ask your local librarian to order it. Everyone who has concerns about childhood trauma should read this book. — Lynn W

I Will Not Die An Unlived Life: Reclaiming Purpose and Passion

By Dawna Markova © 2000 Published by Conari Press, 2550 Ninth St. Suite 101, Berkeley, CA 94710-2441 (800-) 685-9595, 510-649-7175. www.conari.com \$13.95 150 pgs., paperback

Here is an inspirational title that I'm tempted to buy for most of the people I love, especially those who are struggling with middle-age crises of various sorts. Here Markova, who wrote the frequently-quoted poem "I will not die an unlived life" shortly after the death of her father, describes her personal and spiritual journey as she struggled with the meaning of life for herself.

In a lyrical prose style, she asks numerous pointed questions that are common to survivors: "How do we walk through the door of rage to find our passion, which is what we fear and yearn for most?" "How do we walk through the door of inertia?" "How do we reignite our passion after immense loss and grief?" and after thoughtful consideration on these and other topics, she asks more direct questions: "What's unfinished for you to give?" "What's unfinished for you to experience?" "What do you truly love?" I believe the simple act of contemplating these questions can help shift internal parts into more clear communication and a more harmonious life. The price of this book is so small, and its potential to heal and inspire is so great...a reader can't lose.

—Lynn W.

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