

MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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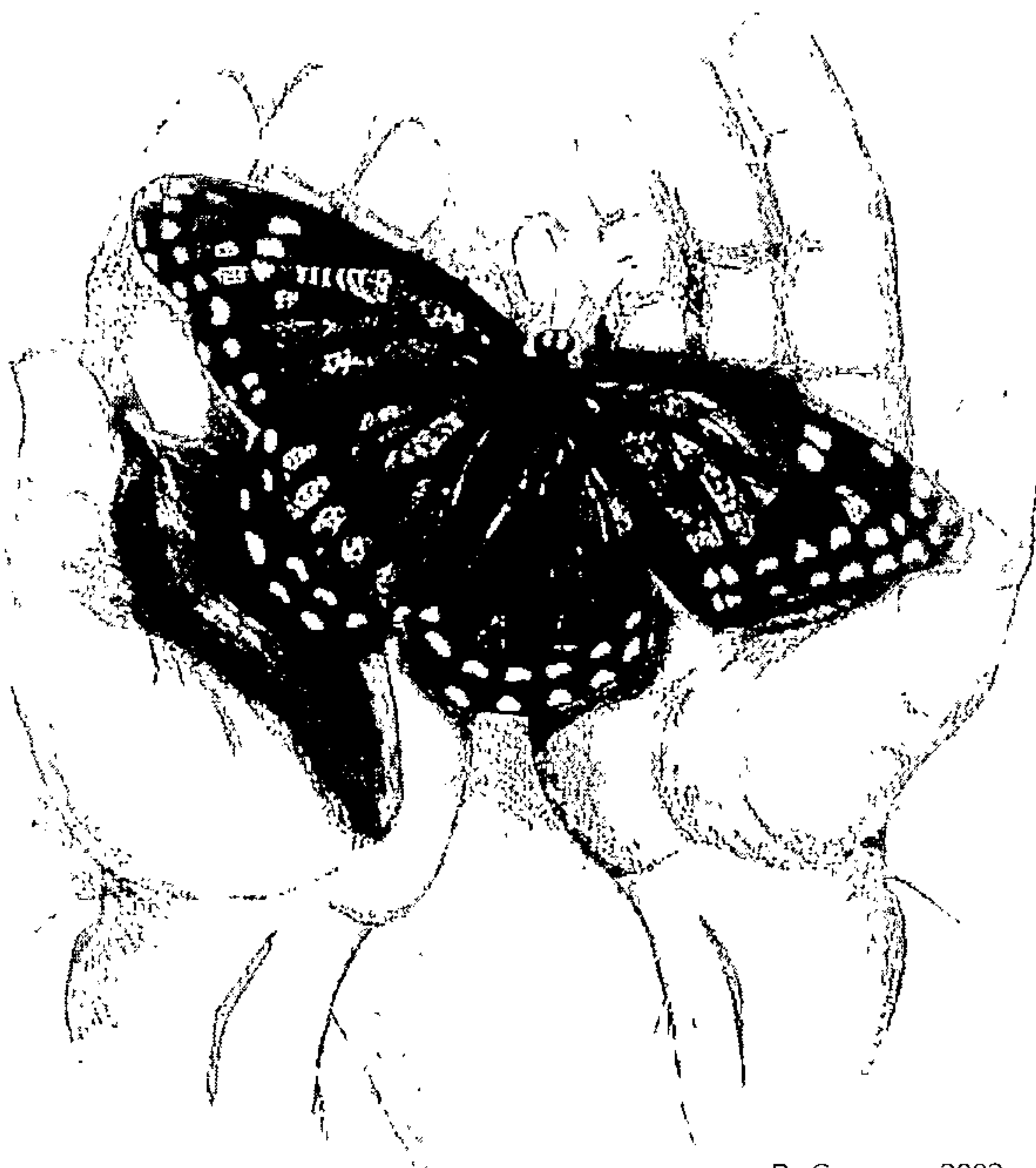
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Eternal Love

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Walking on without fear...
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Of eternal love...

By Kathleen M. Colica

By Cocoon© 2002

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How I Deal With Fugue States, Depersonalization, Amnesia Attacks and Flashbacks

By Ellen P.

As a Dissociative survivor I have had them all. All the above are very upsetting to me. RE: depersonalization. After "attacks" of depersonalization, I remind myself what the symptoms are actually due to. However, do not get the idea that I am not disturbed by this dissociative symptom. Intellectual knowledge and emotional knowledge are two different things. I know this because I am a social worker, but I am psychiatrically disabled. I am on Disability at the present time and have been so for years. My emotions usually "rule" my intellect, and this is one of the main reasons I wrote in for this issue. With depersonalization symptoms, I usually suffer from severe anxiety and panic attacks. I have such severe symptoms and panic attacks, I am on medicine for this 24-7. Needless to say, I do take my meds.

I do not mean to suggest that all survivors need meds. However it is appropriate in my case.

A responsible psychiatrist made this decision for me, so I abide by it. But meds are not totally "perfect." I still suffer, but my symptoms are greatly reduced.

When the depersonalization symptoms subside, however, I am still left with significant anxiety and panic. I find it helpful to take even breaths to regulate my breathing. I also find it helpful to do something relaxing. For me, it is hugging one of my stuffed bears in my Bear Collection. If symptoms are extreme and I can't control them, I phone the psychiatrist (who is my therapist) for an extra one-time dose of my medications. This helps me to control the panic and extreme anxiety.

I also find it helpful to do something that I used to do with my dog Stevie. Stevie is now living with the veterinarian because I became too ill to properly care for him. I call the vet to see how Stevie is faring. During these times I must start to write my feelings down in my journal.

Journaling is helpful for me. Sometimes I am able to do this, but other times I cannot. I must try harder.

RE: Fugue States. I've had them for years. I try very hard to not "beat myself up" after them. I "stuff" feelings and experiences, and hide them from my shrink; I've just made an "about face" and recently came clean with my shrink about what I did during one of these states. And guess what? I didn't drop dead, and the shrink didn't abandon me or hurt me with my disclosure.

Always tell your therapist everything. That's the only way you'll get help. He didn't yell at me either—something else I feared. So I'm moving away from this m.o.(modus operandi) of "stuffing." I also accept the fact now, that I suffer from Fugue States. That's the first important thing. Denial doesn't help. I know this because it never served me well.

Shrink and I, needless to say, have a lot more to discuss on this issue. Develop support systems. But also pick and choose who you disclose to in your support system. It is only reality that not everyone will understand the Dissociative spectrum of symptoms.

Also, in an emergency situation regarding all topics I'm writing about—always call your shrink. I do. Make sure you tell secretaries if it is an emergency situation. But don't "cry wolf." I never did and never will. Survivors have an intrinsic way of knowing what is an emergency and what is not. Listen to your gut.

I've gotten into suicidal panic over these issues and called my shrink. He's always "been there" for me. And I have a rule regarding calls. I don't phone for no reason, nor do I casually ask for permission to take extra meds, either. Therapist and client must work as a team.

RE: Amnesia Attacks. Accept them. They are normal for some survivors. Acceptance is the key. When you "come back" to reality you must deal

with the consequences of what you did during these times. Denial doesn't help.

RE: Flashbacks. During a flashback, tell yourself: "It's not happening now. It's not then. It's now." Anxiety and panic are common for me during these times. I revert back to behavior I described during dealing with Depersonalization Symptoms. I still have chronic anxiety and panic attacks. Nothing takes all anxieties away.

Please remember not to beat yourself up. Don't expect to be perfect. No one is. I am very hard on myself. Too hard, I might add. But I'm still a "work in progress." It has helped me to write this. I hope it helps you all.

MV

Trespassing the Haunted House that is Me

Rumbles from the floor above,
Muffled voices I can almost decipher
Coming through the vents,
Hazy forces that, unseen, push and pull me.

Cautiously I trespass this haunted house that is me,
Quietly tip-toeing around the bed
And peering down the stair,
Hoping to catch a glimpse of
You, whose shudders wrack my body
and You, who paralyze me mid-sentence
and You, whose screams travel through my mouth
on their way out into the world.

You have burrowed so long within me
That our flesh has become one
Though we remain many.
Your presence is familiar,
Yet we have never met.

By Laura

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So Many Lives, So Many Voices

According to one textbook, an alter (or alternative) personality is "a personality fragment, often based on identification with individuals from one person's past. Perceived as talking to one another inside the person's body; auditory hallucinations. Previous to 1988 diagnosed as schizophrenia."

But sitting here—in one very lonely person's shoes—I have to wonder. I have been diagnosed as having MPD/DID. Perhaps you have, too. Do I have any way of knowing my alters? Do I know when I'm not L.P.? Are my alters broken-off pieces of the Host Lynne, me, L.P.? Are they things I've lived? Or memories too deeply suppressed? Ways I only wish I could have lived at X age? Why all the conflict over simple decisions?

Then again, are these "alters" total strangers to me? Are their actions and ways like I want mine to be? ...or don't dare to be? Where do they come from and why? Is their sexual life important as far as my life is concerned? Their stand regarding God?

Why do I go through Life either silent because don't know how to behave at a given moment, or living the life story I've built up as Host Lynne, L.P.?

Do you have any way of knowing when others outside you catch a look at one of your alters? Just that puzzled look, the quick separation from you—is that it? Is it because they met an "alter" when they expected Host Lynne, L.P. when they spoke to me? How do you respond?

Very few people will ask you directly, (unless it be your therapist,) "Who are you?" Nor would they likely understand if we knew what to tell them. "I have a migraine," becomes a handy excuse. People can deal with a migraine, you know.

Therapist says, "Don't worry; I'm in control." But in control of *what*? For such a fleeting forty minutes, then it's my fight, very alone again. Is there, aside from hiding 24-hours-a-day in a hole, any way to live with MPD?

How do you cope?

By Lynne P.

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We appreciate your support! — Lynn W., Editor

Coping with Flashbacks

By Rachel A.

I integrated all known personalities/memories twelve years ago and have been free from PTSD/flashbacks until recently.

Interactions with a friend triggered me into flashbacks and PTSD symptoms. Since I was no longer dissociative I had to find new ways to cope with the flashbacks. The standard stuff such as "Open your eye, look around the room, you are safe now," etc., did not help me.

I was flooded with flashback feelings of terror, horror, betrayal, and desertion. It was the feelings that were intolerable.

I felt attacked by them even more than the specific memories. I thought there must be a way to handle them. I kept trying to image the feelings in some concrete way, so I could handle them. Then I had the "A-Hah!" moment.

I saw the feelings as out-of-control dogs that needed training. I have years of experience training dogs. I know exactly what to do with out-of-control dogs. Then I knew what to do with the out-of-control feelings.

I imagined the feelings as dogs that I kept in kennels until I took them out to bring to training class. I gave the dogs

/feelings names: Horror was named Rocky; Terror was named Tyson; Deserted was named Duke, and the flashbacks were named Fernando.

I took each dog/feeling out of the kennels individually to take to class. I began by putting on a training collar and explaining to each dog/feeling that I was the Alpha Wolf and in charge. I imagined teaching each dog the basics of sit, stay, down, heel and come. I

imagined the training area and took each dog/feeling through the paces of beginning obedience training.

Once I was able to do this, I was able to manage the feelings and the flashbacks. I took charge of the feelings as I would take charge of an

unruly dog. I regained my emotional stability. In addition, when I shared this approach with my therapist and friends, we all had a good laugh with the various names and the concept itself.

I hope this example will encourage readers to find unique ways and metaphors that match their experience.



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Healing Problems and Solutions

For many years I have dealt in therapy with my abuse. In the beginning, I blanked out a lot. I had friends who eventually told me what I'd done. Before I started therapy, this happened with some frequency.

Since I have been in therapy so long, the instances have become less and less frequent and of shorter and shorter duration. Of late, there is only one part who is not co-conscious when she comes out. I don't get as upset now as I did before my integration was this far along.

My current periods of losing time are three to five minutes maximum and happen only under extreme duress. When they are called to my attention, I am much calmer than I used to be. I can tell who is talking, since all I ever do now is talk.

What helped make this process less terrifying for me? Accepting friends who would tell me when I blanked out. Therapy. Letting my parts holler about how rotten I behaved toward them, when I never let them out to do the things they liked to do. Which I didn't. The coloring book wars were extreme and are, thank goodness, mostly over.

After my parts hollered and scolded about me to my therapist, and after I started doing at least some of what they wanted, sometimes, I could start to appreciate them, be grateful to them, and love them for what they did to protect and sustain me in the terrible period of the abuse. The more I sincerely loved them, the closer we became. The closer we became, the more they yearned for the closeness of integration. They would let me know when and how they wanted to integrate, and we would do it. I think everyone has a different metaphor for integration. Everyone that I knew or read about had a different one.

The two that are now not fully integrated are a young one who is co-conscious and cooks and grocery shops with me. The other is not co-conscious, and is coming to trust my caring for her, though she finds it very difficult.

By Jessica



I have always felt that life as a multiple was a life filled with hope, optimism and self-improvement, even when I/we walked through deep despair, self-doubt, and intense grief.

I/we coped, adapted and overcame...obstacles...long before co-operation.

Before counselling I had severe and sometimes sustained black-outs. I now think I/we were trying to decide whether to "forget" or trying to find the courage to "remember."

I/we (the adults, teenager and young children inside) had set the groundwork for integration long before counselling by developing our own personal coping mechanisms. For example, the inside children were always attempting to steal something from the store, so I began by letting them buy a timer, every time we visited the store. Any type or design was OK. I/we would put these timers all around the house and I would use them to track anything. I'd put the clothes in the washer or the dryer and set a timer, and/or begin to soak the dishes, and I'd set a timer with a note attached "dishes/timer."

So even during switching or during blackouts, when the other person emerged and looked around to get her bearings, a timer would go off and I/we'd walk over, look at the note and follow the instructions.

Even after integration I still use the timer method, if for no other reason except it keeps me moving forward. Resting is important, but also important is the concept of fluid movement. Positive movement.

No matter what we might think is our lowest point in our life, even during times as dark as self-mutilation or "walking on the wild side," in one way or another, I am convinced that all of us as multiples have a core genetic drive to survive and to thrive in the future.

Ever since the abuse began and I had my first split, each person or personality had their own way of "acting out" or "showing off" or just reminding the body that they were "still there." Whether it was shoplifting, our outrageous behavior, or taking on another lover, I am convinced that these were not negative behavior traits, but a way for each unique person inside to find their own truth and their own road to recovery.

Integration is not a smooth line from point A to point B, but it is a path with forward, sideways, and even backwards movement. But it is movement.

Our stealing habit was the hardest negative (?) trait to break. Harder than breaking our drug habit, harder than saying goodbye to my (Sally's) lover of seven years...I was (and still am) married at the time. Sally used to say, "Only Shirley married the husband, not the rest of us." But with the positive support from a professional PhD, and group support from people who also have D.I.D., even this habit was overcome and conquered with positive results...which then encouraged more "forward movement."

Never give up, even if you "just" survive today. Remember...it's all "forward movement."

By Sally/Shirley



Probably my first moment of change in my recovery was to recognize that I did, indeed, have MPD/DID; then I accepted it. Then I learned, through trial and error, how to deal with "us." We were diagnosed in 1985, and did not get into real therapy until 1991.

We tried talking, one hypnotherapy session, journaling, but these were frustrating and did not work very well. One day I ordered a book through an ad in MV...an MPD Coloring Book. At first I was disappointed. I thought I was getting pictures to color in. But there

were no drawings. Just writing at the bottom of each page.

I began using it and "the kids" did too. That was my main breakthrough. I still use it in therapy and it continues to help. My therapist encouraged me to order more copies so I'll be able to keep going (I'm mid-way through book 2 now!)

We also had a major change in our therapy when we started using dolls. We gave each child alter a doll "body" and interact with them that way. Praise, smiles, candy and hugs are affirmations that work well with us.

However, we often try to do too much unrelated to therapy and abuse. We switch very frequently and have to adapt constantly. I think we should probably set a specific therapy time each day, to hold and comfort each other, listen to lullabies and read stories to the "littles." It does help us to check the "MT2 bulletin board" each day (Multiple Treasures 2).

Then we are free to do all other "non-abuse, non-therapy stuff" the rest of the day.

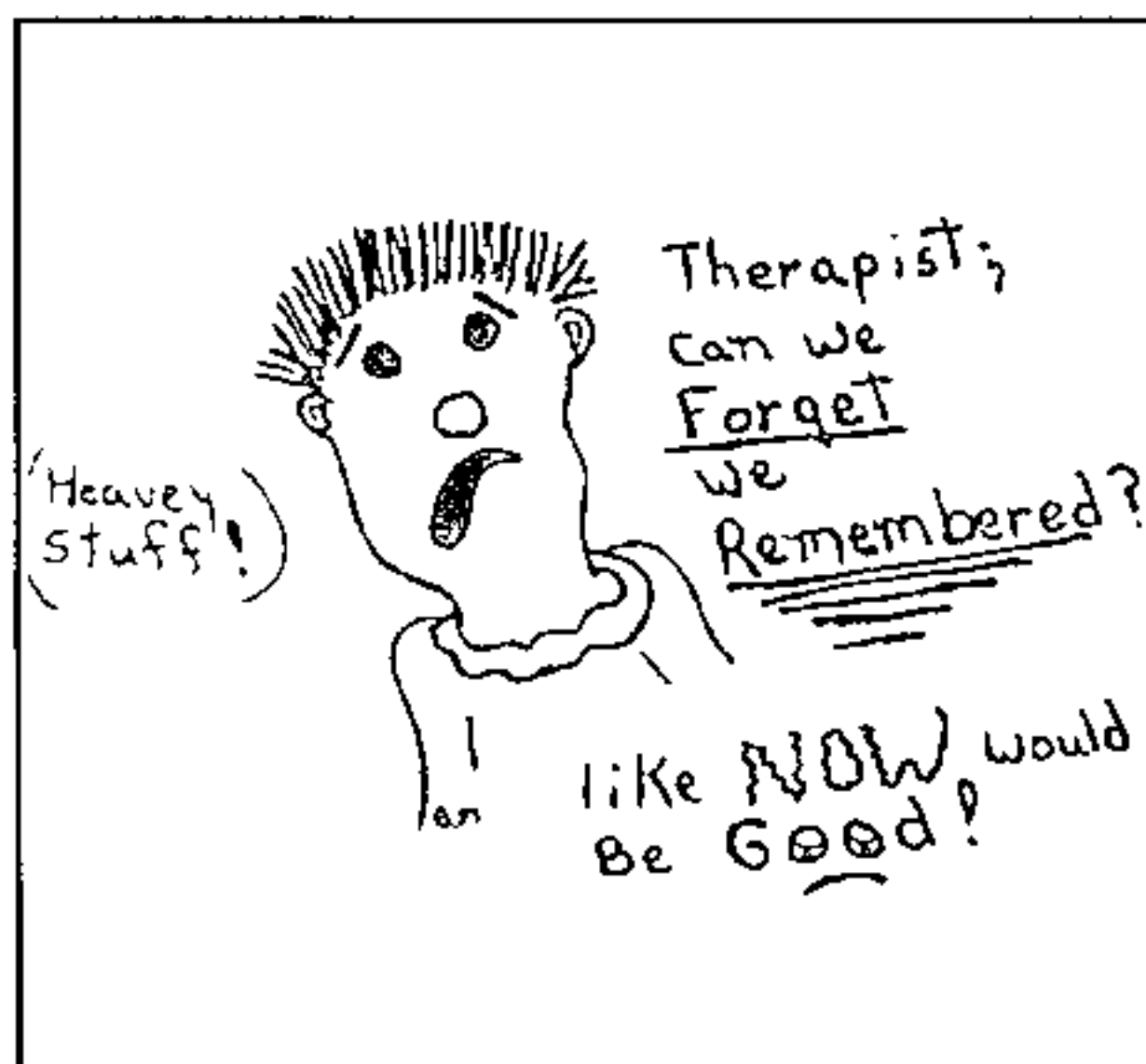
One more thing to mention. Many violent-minded alters in our system see people as objects and want to hurt them. We older and healthier ones control them. We try to re-direct their thoughts and behavior to good things.

For example, one fourteen-year old male alter raced out into traffic without looking for cars.

Since he loved racing, we put "racing stripes" on his scooter and let him race in a parking lot. We also let him crunch all our aluminum cans, instead of hurting anyone.

By Sally B.

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Affirmations

By Kathy A.

As a Multiple, I have many unhealthy messages inside, put there by my perpetrators. I lived my earlier life believing them and even adding some of my own. As I went through therapy these negative messages interfered over and over with my success in treatment. After a very difficult time I ended up in the hospital. After realizing we consistently told ourselves all these negative messages, a doctor suggested creating different, healthy messages that I could tell myself, to fight against my earlier ones. This was not an easy task. I labored over it for a long time. But eventually I started enjoying the task and found it made me feel powerful every time I fought back by creating positive messages to tell myself

When I completed my list, it was suggested that I say these affirmations to myself while watching myself in a mirror, eye to eye, for six months. I did it for a number of months, twice a day. The new messages were powerful. Even when I was not saying them they were in my mind's eye and they served to change a lot of the old messages. After a time of setback I have picked them up again and have begun saying them. Again their power is clearly visible. Now I love to look at my body and know that it is all right to really see me! I have included many of my affirmations to help as a guide for those who read "Many Voices." In the beginning, I used the term "we" instead of "I" for a unity of purpose. Now I am able to say them as "I" and have them still fit—a great and difficult hurdle. Here are some of my affirmations:

1. I will enjoy feeling good and my feelings, either happy or excited or mad or sad will be congratulated by me.
2. I can feel strength and bask in our energy.
3. A mirror is a welcome friend. I look forward to seeing my face, hair, and entire body in the mirror.
4. I am intelligent and my intelligence only grows stronger and more in-depth within me.
5. Getting better and healthy is a good thing. I am excited by it and have no fear about the changes.
6. I will be comfortable and happy in my Higher Power's protection and give him all my worries to do with as he wishes.
7. I find intimacy warm and inviting, just for me.
8. I play, sing, and raise my hands and dance with effervescence and an inner driving force of want and glee.
9. I am easy to love.

10. I am independent and free everyday and every way. Oh happy day!

11. I am strong and capable of creating my own Self's future steps and goals

12. I can easily provide amply for myself and others around me.

13. I will enjoy and have healthy fun food and nutrition always; my body deserves it.

14. My sexuality will blossom and become more and more defined.

15. I am not afraid to slip into my sexual body

16. Love and commitment from others is always there.

17. We show and feel safe about love, commitment and intimacy with others and myself.

18. I enjoy working. I am capable and successful at working and my career

19. Success is always a total part of life. Prosperity surrounds me and I am not afraid to walk within its glow

20. I can cry and dance, get mad or laugh everyday, just for me.

21. I am proud of all my emotions

22. I know I am good; we are ignoring any other messages or negative words to us.

23. I am a good parent to myself.

24. I parent with love, tolerance and wisdom.

25. Healthful and helpful thoughts are all that will find room in my brain.

26. I always guard and protect my body. No injuries or illness will visit upon it.

27. We talk internally of self-worth and success. We deserve all that there is.

28. I will show myself off proudly just for myself.

29. Living is what our protector wants for us, we are his chosen ones.

30. Success increases as each moment passes, and I am not afraid to look at it and accept it.

31. Blue cool welcoming light shall surround and permeate the all of myself

32. I am lovable and I am loved.

33. I am empowered and in charge of my life, the body and the world. I receive and give everything with love.

34. I can jump and raise my hands over my head in excitement and enthusiasm to be alive and successful.

35. Freedom is mine forever. Freedom and power can never be taken from me. Oh happy day!

I hope these work for you in some way, either by using them as they are or using them to create affirmations of your own

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Therapist's Page

By Richard A. Chefetz, M.D.

Richard A. Chefetz, M.D. is a psychiatrist in private practice in Washington, D.C. Dr. Chefetz has been treating people recovering from dissociative disorders for thirteen years. He is a member of the International Society for the Study of Dissociation (ISSD) and is currently President-Elect of that organization. The following article is a shortened, simplified version of one prepared by Dr. Chefetz for the Critical Issues section of the ISSD News, Jan/Feb 2002, a bimonthly newsletter, free to ISSD members. This version appears here with permission. Professionals—learn more about ISSD at www.issd.org or call (847) 480-0899. Comments to Dr. Chefetz can be made by email to r_a_chefetz@psychsense.net or write to him at 4612 49th St. NW, Washington DC 20016-4321. (202) 966-0224.

Sadomasochism: Managing Pain with Pain

Why do some formerly-abused patients seem to enjoy cutting or burning themselves, headbanging, or other painful physical or emotional acts of self-abuse? What supports the urge to harm oneself? If the patient actually feels pleasure, can a clinician expect to slow or stop this behavior? Why would the patient ever want to stop? And what is the difference between people who find pain pleasurable, compared to those who would much rather avoid pain?

Sadomasochism is the term that describes the paradox of feeling pleasure when experiencing pain... self-inflicted or inflicted by others. According to traditional psychoanalysis, it is related to the sexual drive. If someone takes pleasure in pain, are they different than I am? Waiting until the last minute to write a paper is painful. Why do it, again and again? "I can't work unless I feel the pressure to get it done... when I finish, it feels wonderful!" Sadomasochism? Pleasure in pain? Hmmm.

What about sadomasochism in the therapeutic relationship? One memorable moment in my practice involved a woman with DID who threatened that she would drive her car into a bridge abutment on the way home from therapy. She wanted to die. Her determined, self-injurious arguments were made in a gravelly voice, interspersed with comments by opposing alter personalities, equally intent on staying alive. As the patient flipped back and forth I became increasingly anxious. Should I call 911? Regardless of each of our struggles, suddenly the patient stood cheerfully from the spot where she

preferred to sit, as far from me as possible, and with a delighted smile, a smile which seemed made just for me, said, "Time's up! I know I've gotta go!"

I was still caught in her emotional storm. Finally I managed to speak, and with more than a little passion in my voice I asked, "Why have you been working so hard to leave me with thoughts that want to die and thoughts that want to live, all tangled up with each other?"

The patient replied, in a deeply sarcastic version of her gravel-voice, "Because, doctor, I wanted to leave my Pain here with you!" She looked satisfied and left.

This scene was a form of story-telling. The patient told me what it was like to be herself. But she had no words to use. She had to use action. Sadomasochism routinely involves action. Why?

Or consider the story of a person who binges, then purges. The eating occurs with a "mind of its own." Typically the foods have a lot texture, apparently to fill up the interior of the body as completely as possible. Soon the discomfort builds up into bloated pain. Two common outcomes, among others, are to purge or fall into trance-like sleep. The sleeping person often wakes in a kind of reverie: calm, detached, painfree. After ritualized purging, the pain of bloat is immediately relieved, followed by a satisfying calm and a trance-like state or sleep.

Why does a trance-like state accompany sadomasochistic acting out? Similar pain-free states are reported by those who cut, burn, beat themselves and more. If you think about the build-up of the pain, followed by the calm of relief, it sounds like orgasm, "the little death." But why is the production of pain so important?

I believe that in addition to its orgasmic quality, sadomasochism is the use of one kind of pain to muffle another. The muffling often occurs through the use of dissociation. Its aim is to regulate feelings, or affect.

Do some people feel so little pleasure in life that pain-generated pleasure is necessary? The answer to this question is usually "yes." People who engage in sadomasochistic behaviors describe lives filled with anxiety, obsessive preoccupation with their sadomasochistic activities, planning for these actions all day long. Other activities become constricted as sadomasochistic styles become fully embedded in their lives. Finally, when the long-awaited sadomasochistic event is enacted, there is relief of anxiety. Is this pleasurable? Sure. Why then, would they ever give it up? People let go of sadomasochistic activity only if they find some other way to effectively manage anxiety. A successful outcome is more likely when a clinician helps the patient gain additional strategies instead of trying to take away a partially successful coping behavior.

The repeated desire to experience pain is understandable if we see it as one way to manage emotions (feelings, affect). Anxiety is a non-specific wastebasket term; it includes all undifferentiated affect. People are anxious for many different reasons. As those reasons become known, the anxiety is transformed into a specific, feared feeling. Emotions are used to organize experience. As long as uncomfortable emotions remain unknown, unexamined, the meaning behind those emotions does not have to be explored or dealt with. A blur of anxiety prevents us from knowing about our specific feelings such as murderous rage, terrifying

helplessness, or soul-deadening despair. One feeling is more painful than another. Would you rather feel non-specific anxiety, or terrifying helplessness? The bottom line feelings that fuel the buildup of emotion are never accessed in sadomasochistic scripts. There is only partial relief of anxiety when the source is avoided.

We can understand why sadomasochistic acts occur, and are repeated. While painful rituals relieve anxiety temporarily, they do not reduce the recurring build-up of that anxiety. Without acknowledging and dealing with the specific emotions that generate this anxiety in the first place, the intense anxiety returns. This leads us to an emotional "fuse-blowing" with numbness, not a higher state of consciousness, intimacy, or enlightenment.

Severely abused persons don't trust people, and right up there at the top of the list of what is not trusted is what people say. Our patients have been tricked with words that misrepresent, lie, deceive, humiliate and above all, hurt. Feeling words, such as "angry" often serve as cues that automatically, relentlessly summon painful mental images that seem uncontrollable, like flashbacks. A dissociative patient may have trouble distinguishing the frightening, violent images in their mind from the images their eyes see in the real world around them. They may fill up with fear, as if they are "in" the scene in their mind. These action images depict emotional states. For dissociative patients, actions in therapy speak much louder than words. Action is visible proof of how the therapist feels. Failure to return a phone call in a timely way, arrange a consultation, call in a prescription, notify a patient about a vacation, start appointments on time can have long lasting effects on the therapeutic relationship. When my patient deliberately left me with her tangled feelings of wanting to die and wanting to live, she needed proof that I knew how she felt. She believed she could get that proof from my facial and bodily actions, not my words. When I reacted calmly to her provocations, she became desperate to find out how I really felt, and she upped the ante.

Patients with bulimia and anorexia are "fat with feelings." If you have ever

had a "sinking" feeling in your abdomen when you were acutely anxious, then you can imagine why a person would want to substitute the pain of an engorged stomach for the anxious sinking feeling of panic. Affect is not an intellectual experience; it is a compelling bodily experience.

The trance-like state that often accompanies sadomasochistic behavior is similar to self-hypnosis. At root, hypnosis is focused attention. "Unfocusing" is just as focused as "focusing." I think trance-like states induced by pain are not much different from "emptying the mind" in meditation.

Why do sadomasochistic patients use ritualized pain? One pain blocks out another. With practice, rituals become an automatic pattern, so it is easier to hurt oneself without noticing it is happening. Ritual is soothing. This is true whether we are in our place of worship, or hiding in the bathroom with the water running to hide the noise of vomiting.

How can understanding sadomasochistic behavior improve therapy for dissociative patients? The process of dissociation attempts to erase the meaning of what happened or what is happening. It destroys context. So the first goal of therapy is to work in an understandable context. Second, ritualized unconscious behaviors take on a life of their own. Exploring the "details" of the ritual prevents it from staying hidden and unconscious. So in therapy, I stubbornly inquire about every last detail that might be part of the ritual. I am not nasty or pressuring about it, but over a number of sessions, my patients and I develop a much more profound appreciation of all the work that is involved in their rituals. Third, we "name that feeling" in a way that is not humiliating or punitive, but becomes a kind of play. Sometimes I label it "name that tune." Fourth, once feelings and actions are uncovered, we make meaning. We speculate together about the origins of the sadomasochistic behavior, how useful it is, the gain and the cost. Fifth, we start to look for additional strategies to manage emotions and feelings: self-hypnosis, grounding techniques, speaking out loud, writing, drawing

etc. Sixth, we cultivate a long-range attitude about change. It takes months of preparation before a new thought can routinely be inserted between an impulse and an action. But we expect and plan for this to happen, and in the anticipation of growth there is a powerful suggestion for healing.

My therapeutic approach to sadomasochism begins by developing a reflective, empathic awareness of the patient's complex attempts to self-soothe. I might say something like: "I don't think you would do stuff like this to your body unless it soothed you in some way. I would guess that you might have learned how to do these things by chance. It just seems like you are stuck trying to find a better way to take care of yourself, but you've never learned anything more effective than cutting and burning yourself." These words need to be delivered in a conversational, matter-of-fact, non-judgmental tone.

An extremely self-destructive patient with a long history of serious overdoses and deep cutting was baffled when I told her that I had begun to appreciate how she had learned self hypnosis "the hard way," by cutting herself. She had just told me how calm she had gotten after she cut. She also had just said that she felt like going out and "chopping" herself up. My reply was that I didn't think I could stop her now or later, if she really wanted to. "No you can't, that's right!" was her triumphant reply. In the previous session, during a brief moment without chaos, I taught her hypnosis after asking if that would suit her. I taught her to focus on the buckle of her sandal and let her fingertips see the buckle while her eyes were closed. She had gotten calm then too; and this was noted as an aside, not as a matter of my intention. The patient, who sees herself as having ego states, expected a battle for power and control over cutting. My suggestion did not deprive her of her own brand of soothing, it provided a substitute. I was stuck with the loneliness, fear and sadness of having to make a hard decision to not hospitalize while realizing I could lose my patient, who could lose her life. I could be sued. I would feel ashamed. My private feelings reflected hers.

Continued on Page 8

Therapists' Page, Cont'd.

She knew I had taught her hypnosis, with her permission. I told her that I thought cutting was much less efficient and neat than hypnosis. Wouldn't she prefer hypnosis to calm herself down? She replied: "It really bugs me that you are not trying to control what I am doing but trying to teach me a way to help myself. I don't understand you at all!" Later in that session she surprised me, when she said sadly that she thought she used hospitals to escape from the world. I would have used the hospital to escape too, from my own intolerable affect.

Tuning in to sadomasochism means believing that the wish to live has become lost inside the patient because it is consciously threatening. I avoid naming it until the therapy is nearly over. Victims of sadistic abuse learn that their abusers want them to give up the wish to live, to surrender completely to sadistic control. The

wish becomes hidden, dissociated. The wish to live becomes a paradoxical trigger of terror in the same way that sexual pleasure and pain become linked after sadistic abuse. The ego state metaphor allows intolerable emotion to be kept at a distance while it becomes more familiar. If they want to keep an aspect of self as "not me," that's fine, but I want to know every last detail, everything about that "not me," until both the patient and I cannot avoid empathy for the plight of the "not me." "Don't you think that the part of you called Slut is tired of keeping all the slutty feelings to herself and allowing you to not know more about those experiences. She has been doing you a big favor for years. How do you think she feels now about you calling her Slut after all she has done for you?"

I repeatedly reframe efforts at self-righting that are sadomasochistic. These are efforts to keep balance that have gone awry, gone overboard, and

got stuck in "kid-sized logic" that never found new ways to cope.

Sadomasochistic persons take pleasure in their ability to use pain to alter experience and self-soothe. This is perverse mastery at its best. Still, it needs to be respected. Ego states with feared emotions and feelings are avoided, denied, disavowed and disowned with as much energy as possible, in an always-doomed effort. Disowned rage in an ego state, for example, is often experienced as paranoia. The rage is perceived as if it were an ego state outside the patient, but having dangerous, humiliating and intimate knowledge of them.

Whether someone has Dissociative Identity Disorder, a sexual addiction, an eating disorder, or other paradoxically self-soothing behavior, an appreciation of how sadomasochistic behavior is employed to manage intolerable feelings can be useful in these difficult treatments.

MV

Whoever Knows About DDNOS

By Stephanie

I was just given a diagnosis of DDNOS about a week or so ago. Part of me thought it was kinda neat, because I had read about dissociative disorders while working towards a Psych degree and was also fascinated with Schizophrenia, Autism and DID. My Psychologist said that was no surprise. She feels I must have related to these disorders on some level. I would have to agree.

I sat in the chair after she told me my diagnosis. I remember that I was becoming fidgety. I remember at one point she noticed my hand shaking so I made sure to stop it, but I'm sure it was obvious to her that I stopped it because she was watching me. But by the time the session was over, I couldn't sit still in the chair. All my limbs were shaking.

I do have to say, I've gone through all the disorders in the DSM IV and I didn't find one to fit me. The reason I didn't fit the dissociative disorder was because I didn't experience a "loss of time." I have just come to realize that I did experience a loss of time, but I didn't give it that name. I just miss parts of situations, to my knowledge. There are only three such instances that I recall, and they were a result of prompting. Part of me thinks that I've fooled her into this diagnosis, but the other doesn't see that I would have been able to do that,

considering I didn't know I had it. Gosh, I don't know if that statement even makes sense! I guess, I don't think that I've been through anything bad enough to warrant this disorder.

I operate in my own world most of the time, I believe. I mean, I tend to withdraw and go within. I work essentially alone. When I've worked with others, I've usually had problems. I had a big problem with my current office mate that has taken me years to remedy. I use art, video games, and music as a means of going away. My relationships with others are sometimes imagined. For example, there have been times that I've been doing something and I'll imagine as though someone (usually someone I like) were witnessing me. Sometimes I think I'm not worth beans, while other times I'm all it. As if I'm sure I'm going to make a difference in this world. All in all, I am very lonely. I have made only a few friends over my lifetime. I am odd and have been referred to as weird. I have achieved quite a lot, considering the problems I have with interpersonal relationships. I have improved over the years and can hide it well to a certain extent. I do feel as though I've fooled everyone, however.

I recently went back into therapy prior to leaving my husband. That was after I had

an affair (one night/day, actually). I told my husband I wanted to separate, and then told him in a counseling session, as I was dissociated, that I wanted a divorce. He was crying and I felt nothing. He was verbally and emotionally abusive. He often pressured me into doing things that were uncomfortable to me. He left me to tend to my two-year-old while I was so sick that I could hardly walk and was vomiting continuously. I had to call my mother to help me. I have been hospitalized for serious illness two times plus delivery, and each time I'd come home to a filthy house. I inherited a lot of money three years ago, and it's all gone because he dictated how it was spent. I'd rather have invested it. He dictated when I went to sleep and sometimes wanted me to stay up when I was so tired. He'd throw my books aside when I was reading them because he wanted attention. It was established early in my marriage that it wasn't acceptable to go to bed early or read or do anything that didn't involve him. I think I reverted to dissociating without the use of reading or music (he'd turn that off). I just dissociated at the blink of an eye.

I'm still not sure I believe I have DDNOS, but it's beginning to roll off my tongue.

MV

Partner's Page:

Bad Therapy Warning Signs

By John W.

My wife, whose system is known as The Keepers, is recovering from DID. We have only been subscribing to *Many Voices* since December. We were wondering if there have been articles about abuse by therapists, or warning signs of an "evil therapist." By "evil" I mean anyone who derives their pleasures from tormenting someone who is so vulnerable.

We recently learned that her previous therapist was not what he claimed to be. The Keepers were advised by their new (legitimate) therapist that he should be reported to the state ethics board. With great trepidation, they did. Where this is going from here, we do not know, but Keepers are finding it extremely difficult to stay in therapy after being mistreated and betrayed by not one but two therapists in the last twenty years.

We would like to bring attention to warning signs for DID persons and their loved ones to look out for.

* Beware of therapists who cannot prove their degree or certification or

misrepresent themselves. if you are considering a therapist, check them out as best you can.

* Beware of therapists who lead you to believe that they also have multiples like you do. It's one thing to be in touch with your inner self, but to say your little ones understand, or your motherly side can comfort them, is all bull.

* Beware of therapists who will not read the latest articles or go to seminars because they think it is baloney, or they know more already, or they don't respect psychologists or psychiatrists. (Honest to God, this is what the "therapist" said.)

* Beware of therapists who say they will talk to another of your doctors, be it MD or therapist, and then do not follow through.

* Beware of therapists who say no one else can understand you like they do, because of their experience with you or because they have "connected" with you, for whatever reason.

* Beware of therapists who will not sign their name or position. This one used a nickname. Never once did we receive anything in writing from him signed in his own name with his title or position.

* Beware of any therapist who promotes, allows, encourages any sort of sexual interfacing between them and you, for whatever reason. It is never appropriate and is only for their benefit, not yours.

* Keep a diary of your therapy or have a loved one do it or perhaps both. Especially if there appears to be anything unusual. No matter how many perspectives this results in, it is beneficial.

* Beware of therapists who constantly complain about how much they are going through, how they are taking abuse from you, how you treat them badly.

* Beware of therapists who tell you they are the only one who can nurture you, who knows how to treat you best.

MV

After the Curtain Falls

The curtain falls and my energy fades
The lights go out and I sit with my thoughts

My head in my hands I wonder what comes next

Having the last line said and the last act done

My world seems very empty now the crowds have gone

I must now face life, a reality far worse than any dream.

No longer can you laugh at each slip of the tongue

Nor can you re-do a mistake or retrieve a lost prop

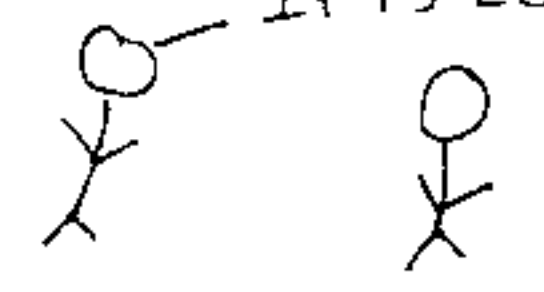

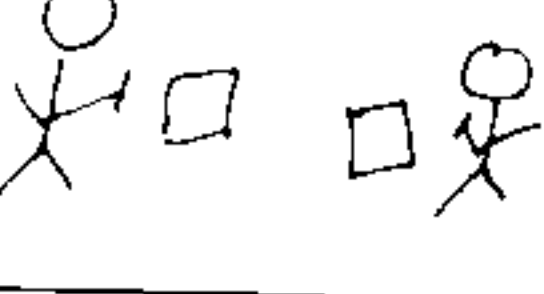

For this is reality and here you must play yourself

And playing yourself takes far more strength and talent

Than playing a character who stands for all you hate.

By Diana Lynn

MV

GETTING BACK TO REALITY	
SELF TALK one part of me talks to another part of me. It is 2002. The perpetrators are gone.  It's ok to talk to myself.	TAKE 6 DEEP BREATHS 
JOURNAL-DIALOGUE one part of me writes and another part of me writes back an answer. How do you feel? What do you need? 	PHONE CALL "It feels real now"  "It is old feelings from the past."
GROUNDING SKILLS I do to calm down when I get upset from being reminded of a past trauma.	

VICTORIA LIGHT 2002

Different Views of Integration

The following statements are opinions by the writers themselves, not necessarily that of MV. Our position is that people are different, and are in different 'places' in their recovery. Whatever helps you feel comfortable, keeps you well-functioning and at peace, is best. No 'outsider' can know how another truly feels, whether the other is an individual or a complex system. We have to develop trust in ourselves. Relax and be patient. It takes awhile.—Lynn W.

Respectful Co-Habitation

If we choose not to integrate, do we then "disintegrate"? Quite the opposite. By integrating into one, we lose all the precious parts of ourselves, the ones who helped us through countless episodes of hell, the ones who "stood in" for the others who could not. How can we be expected to abandon them or throw them into a pot and melt them together to make one? "Oh, you'll still all be there," they tell us, smugly. But we're all here now, co-habiting, communicating, co-operating. Isn't that good enough? Is anything ever good enough? What great god of a therapist sat up in his ivory tower deciding what was best for us? Was he One? Then he did not have the advantage of the "meeting of the minds," the times we have to discuss and question within the inner sanctum. He did not have protectors to keep him safe from the outside world or from his angry self. When we come to know and accept the many facets of our multiplicity, we learn to respect their durability. This evolves into a love of the selves, each one a precious survivor, a pillar of strength that fortifies the whole being.

Total integration would be the ultimate betrayal of the elements that so bravely kept us alive and gave us the courage to get well. Some say we are not well until we are fully integrated. We feel we cannot be well without the trusted support of our assorted selves.

Several times in therapy, it was carefully suggested that we "get rid of" our more troublesome alters, the ones who were acting out and causing mayhem, that possibly they were no longer needed or desirable. How, pray tell, is this accomplished? An amputation of parts of the brain, perhaps, or a core sampling to remove the evil segments? But why were those "evil parts" acting out? What were they trying to say? We had to find out. Each of us had particular duties to help the whole being to survive. As we evolved,

we were able to re-delegate these chores and fashion new ones. During this process, the angry ones found new purpose in life and the misconduct faded. The "evil ones" have become leaders and protectors for all.

It's possible, so they say, to integrate through hypnosis. We chose not to, although it may be perfectly acceptable for others. But how many stories have we read of those poor souls who had integrated, only to find themselves alone and lonely in a world of strangers?

Most people are extremely uncomfortable in the presence of a multiple who openly speaks of alters and voices and the children within. It would seem the world prefers secrets to truth. And so, as a courtesy to these poor delicate mortals, we try to keep our plurality a private matter, speaking in the singular as much as possible. The "little ones" are constantly reminded to remain silent and well-mannered in public. What a shame their vitality must be hidden from a population that chooses not to understand. They have their play times at home and in private, where they will not be hurt or ridiculed. It has taken many years of hard work to be able to know and have control of our "selves" in this fashion.

We can only hope for a day when all beings will be accepted and welcomed, when we'll all be "good enough" for the rest of mankind, just the way we are. For we are more than good enough. We are strong warriors with brave hearts, who just want to be acknowledged and accepted, and to live in peace.

By Judy for the Hope Tribe

The Benefits of Integration When Facing a Medical Illness

In 1985 I received a diagnosis of Endometrial Cancer. I had been integrated five years and finished with my DID therapy for a year. I couldn't believe it. How could I be facing more

trauma and pain? I made the doctor show me the lab report with the word "cancer" and my name on the same page.

One of my first thoughts was—how can I get through this without going back to my old coping of personalities and dissociation? I valued, even treasured, my integration and didn't want to lose it. I understood that a major purpose of dissociation was to handle scary events and overwhelming feelings. Now I was facing a scary and possibly life-threatening event and tons of feelings. I knew if I tried to pretend it wasn't happening, or hid my feelings, it would set me up for dissociation. I needed to face it head-on.

I turned to my friends. I kept open to my feelings and shared them with my friends. All of my feelings: the anger, the fear of the surgery and of dying, and the despair. I stayed aware of the trauma-based meanings of the cancer and the surgery. Specific concerns included what it meant to be fighting for my life again (hadn't I spent my whole childhood doing that?) and what it meant to have my body cut open again. I kept these concerns and the feelings accompanying them on the surface. I wrote and talked about them. I knew that keeping anything secret would leave me vulnerable to dissociation.

I turned to my spiritual faith, something I couldn't have done when I was dissociative. When I was DID there was intensive internal conflict about religion/God/prayer. Only some personalities were Christian. Others refused to allow spirituality to be a part of my life. Since all of this had been worked through and resolved along with my integration, I could turn to God and my church for strength and support. My friends prayed with me and I was on many prayer lists. I faced the surgery aware of God's love and at peace with whatever the outcome might be.

Being integrated—without personalities, dissociation or PTSD

made such a difference.

1. I didn't have to tell my doctor my psychiatric diagnosis or trauma history or special requests to prevent dissociation or PTSD.

2. I didn't have to arrange for adult personalities to be out to talk with the doctor or hospital staff. I was an adult all the time.

3. I didn't need a friend to drive me to medical appointments.

4. I didn't have to explain to child personalities that the surgery was safe and not abuse.

5. When I had my first symptoms, I immediately went to the doctor. There was no internal conflict about getting medical care. This immediate action meant the cancer was discovered at Stage 1 and only surgery was required to treat it.

Even though there were many difficult steps to be faced, everything went well. My recovery after abdominal/exploratory surgery was rapid. I was able to go back to work in six weeks.

A few weeks after the surgery, I returned to my DID therapist for a brief course of focused therapy (6-8 weeks). I addressed some of the deep feelings that had been evoked by the experience. I wanted to make certain all layers of feelings and reactions were addressed.

I was so grateful I faced this crisis as an integrated person with friends, non-dissociative coping skills and my spiritual faith. In my experience, integration matters. It enabled me to face a difficult crisis with internal strength and hope.

By Rachel Downing

Integration Point of View

Ten years ago, the shards which were Miranda integrated and became one. It was a "flight into health"—very sudden, very heavy-handed. There was no joy in it. We stayed integrated for five years, during which time we worked and had intimate relationships.

And then it all came crashing down. We started to have horrible flashbacks and, fearing what was to come, became deeply suicidal. We wound up in the hospital, and the day they committed us—we shattered.

There were fewer of us than there had been before. Some integration stuck. It was the most incredibly painful event of our lives, and that is saying something!

We have all decided that we will never integrate again. The increase in functioning is not worth the loss of feeling, talent and personality we experienced when we integrated. And nothing, *nothing* is worth setting ourselves up to dis-integrate.

We do not have to integrate again to be O.K. We are learning to work together in clearing our lives of poison and building a happy life. Vive le difference!

By Moira for Miranda B.

Feeling Better Now

I never claim to be fully integrated, because I still sometimes experience bouts of internal conflict and indecision. But now, when I have difficult episodes, I know exactly how to get myself out of them. I journal until I get all the different ideas out on paper, and then decisions are made. Or I exercise. Or I distract myself with something pleasant for awhile, until I calm down...and then I journal. Or I talk to friends and get other opinions and 'reality checks.' Or I read something comforting or listen to positive tapes. I can usually get myself functioning well pretty fast.

However, I've never had one of those dramatic "integration experiences" ...you know, the blissful "melting into each other" experience, sometimes with colors and sounds, that some people report. Still, whatever is happening inside me is working to increase harmony, even though it occurs very slowly and quietly. No fanfare at all.

I think that this slow, unconscious process is the best way for me to get better. I believe that a "forced integration" would be worse for me than no integration at all. And (this is strictly my opinion, and I'm not a counselor or expert) I suspect that when people report the loss of talents or joy or whatever when they "integrate," that what happened to them was not a healing integration where internal barriers were dissolved, but a frightened retreat of selves or

parts from the surface. It seems to me, if a skill or talent "disappears," that it's been banished somehow, not acknowledged, accepted and honored as happens in an integration that's healing. Maybe, sometimes, people get so sick of "being sick" that the strongest sides of themselves say "We're taking over. Get lost!" and the remainder of the person hides out in deep recesses within the system. Or, if a therapist is especially pushy about integration, and the dissociative person wants to please the therapist, parts and fragments may be shoved down deep for awhile. Things may look rosy on the surface, but inside there's "no joy." Lack of joy, in my opinion, is a signal that something unhealthy is going on, some problem that needs to be examined and dealt with.

While it makes sense for therapists to explain that integration is possible and even desirable, my gut says that no outsider can successfully make the case for integration with a resistant client. Unless the dissociative person is ready on all levels, a "premature integration" will just come undone again, eventually. (Although from what I've read, if the person truly wants to integrate, the next time around may stick.) I suspect that, for many of us, a long period of internal trust must be built before it feels safe to take down the internal walls that separate our dissociated feelings and experiences. Maybe, for some people, that sense of complete safety and wholeness and trust in oneself will never come to pass. If that's the way it is for you—so what? Perfection doesn't exist on this planet. We all just do the best we can. If you wind up therapy with a full integration, great. If your outcome is fully-aware internal cooperation, great. If you're new to therapy and just sorting the whole thing out and trying to keep track of who's who—that's great too. As long as you believe you are making progress, feeling better, being more and more true to yourself, you're doing just fine. That's what recovery is all about.

By Lynn W.

The Magic Inside

By Diane and Others, of Ravensong

It's been almost three years since I was diagnosed as a multiple. Three very long, painful, numbing, wonderful, awful, horrible, delightful, miserable years. I've negotiated arguments between our little ones, listened to them cry in bed at night, and learned to hold and rock and sing to them, so they feel safe with me. I've listened and watched as those from the Dark Below slung curses and hate at me, and wreaked havoc on the body. Small groups of my insiders have worked together to rescue a young one taken hostage by a hidden, terrified one; several have formed protective alliances to keep the very secret ones safe. I've watched them work and play and agonize in my dreams; I used to hear their sad, angry stories from my therapist. I rarely get out of the store these days without several colors of fingernail polish, Hawaiian Punch, chocolate pudding, a coloring book or two, and three kinds of cookies, and am frequently reminded by a few of my outspoken ones that my vegetarian diet is just...well, yucky.

Until very recently, we saw this really cool therapist. Well, a couple of us hated him, and we were forced to terminate with him because we finally realized that he was hurting us more than helping us. But we still learned a lot during the four years we were together; a lot about us, and a lot about the process of therapy.

The one who talks for all of us once said it better than any one of us could. She said, "We believe that the only way to heal is to do so from within." We don't utilize outward agents to heal. We utilize them to stimulate the deadness within. What we do in terms of growth and healing, how we live and how some of ours choose *not* to live...those are products of finally beginning to make deep connections. Our Diane was prevented from making those connections from within...she was assisted in doing so by someone outside. We teach our therapist about us, and about what we need to do to heal from within...he seeks, not to heal,

but to show us ways in which we can heal ourselves, and to develop our own magic within.

Now, more than ever, I'm having to draw on that stuff inside that showers each of us with our uniqueness, to remain strong and to get me through each day. With the loss of our therapist, or more accurately, the loss of the trust and surety we had in him, the stability of our world was lost. He was like that first domino in a spiral of many, and once he toppled, the others followed in a progressive and constant succession. Everyone inside disappeared, the father became very ill, the suicidal feelings came back full force. In addition, I lost the most important job assignment I'd ever had, and now I am being volleyed back and forth from therapist to therapist in an attempt for my employer to decide if I am "fit" to work in a position I have trained for and successfully performed for the last three years. It seems the only advocate I have these days is me.

I thought I was failing. Everyday has brought a new crisis and a flood of emotions that pull and tug and try to drag me under. But I've been trying to center myself and pay closer attention lately, because it felt there for awhile like I just wasn't going to make it. And in between the heart-wrenching sobs, I could hear Lizzie reminding me to reach for her bear and to "hold tight please," and when the anxiety and anger become overwhelming, it's Star that points out the rosemary, lemongrass and patchouli oils that we use to calm ourselves; and little almost-4-year-old Katy is constantly, always there to tell me that what she really thinks we should be doing is coloring and drawing and talking to our friends on the computer. Oh, and hanging upside down off of things. Not necessarily in that order.

Yes. We are full of magic inside.

MV



Mirror

Look in the mirror
An image of one
We no longer recognize.
Long ago

a mirror was shattered
many pieces from one
each a small part
of an image once whole
Look in the mirror
See her eyes
The jagged edges rarely show
Only we can see them
Inside.

We work together,
mending,
slowly,
We fear sharp edges
Which could cut your
fragile hands
But we watch the reflection grow,
hers and ours
still distorted
by cracks which never heal.
Look in the mirror
one piece from many
Will we recognize the image
When all is done...?

By Weaver for all within Serena

MV

Getting Back to Reality

By Sally/Shirley

I never experienced flashbacks until I began therapy for "blackouts" in my past, and continuing anxiety about "everything."

At age 29-1/2 when I entered therapy [my idea, but my husband—and my boyfriend (two separate people) supported it] I had "gaps in my memory." I arrived at a place in my life where not knowing my childhood memories or experiences were severely limiting my "living in the present." I was running from the unknown.

I had headaches but, at the time, I took just enough drugs to dull the headaches, or maybe to allow me not to care about the headaches. But if I was going to commit to therapy, financially and with my whole being (maybe my first baby step towards "integration" or "co-cooperation"?) I knew I needed to be "all there." So drug use ended the day I began therapy.

And almost immediately the flashbacks began, which of course, increased the "startle response."

The flashbacks would become a daily part of my life. I could be going to the grocery store, begin shopping, and hear a sound behind me. I would freeze, and a flashback of a specific abusive past-situation would be directly in front of my eyes. If I was alone, after I "came to/or came back" I would leave everything and run from the store and wander around in the parking lot until I/we found the car. I would get in, lock the door, and write in my journal until I could physically, finally, drive home.

This went on for years. I thought that I/we were destined to live with flashbacks the rest of my life until one day my therapist said, "Enough is enough. You have retrieved and re-lived a lot of your memories, good and bad. You do not have to retrieve every single memory to recover. You have survived, you are working on empowering yourself, and now you're ready to thrive."

He began teaching me grounding techniques, self-talk, and relaxation

techniques to handle, and little by little, decrease the frequency of the flashbacks and/or blackouts.

The most important aspect of these grounding techniques is to keep it simple. Find a way to pull yourself back to the present, to turn an out of control flashback into a memory—a memory of a *past* event. He gave simple suggestions, such as wearing my wedding ring while going into the store. When I heard a sound and I felt the impending doom that would trigger a flashback, I would stop, just stand there, feel for my wedding ring and say to myself, "Relax. Just breathe. I am not in the house with the step-father. I have survived. This is just a reminder of how much we have survived, and are surviving."

And success encouraged more success.

My husband has had a friend for years that had a specific mannerism that reminded me of my step-father. This friend has a good heart, but everytime I/we were around him he would, unknowingly, do something that would trigger a flashback.

I/we would verbally lash out and say something mean, and yes, even cruel. I began to specifically be aware of what I was doing, and what exactly had happened, and I began to again

practice to stay present. I began to teach myself that my husband's friend was *not* my stepfather. I began to develop a sense of empowerment. My confidence level began to increase. I began practicing "staying in the body," while standing around with my husband and his friend and just saying to myself, "This man is not my stepfather. I am not a child in my step-father's house."

It really worked. I was in control, in the present moment, and the stress level began lowering with my husband and myself. I was able to tell my husband why I was so mean to his friend, and how I was able to change that experience. And we began to work together to encourage success and peace of mind, instead of just reacting and acting-out under stress.

And with each success, you build on your ability to succeed.

You are a survivor...and thriving is an attainable goal. Success becomes a habit. Live in the moment. The present moment.

And every time you are able to change a flashback into a past memory, you become stronger, and every person inside, every living being inside your system, becomes stronger, and again, success gives way to more success.

MV

The Mr. Rogers' Technique

I just finished reading the article, "Using Affirmations" in the August issue of *Many Voices*. It reminded me of an experience I had during my last hospital stay in 1998. (I can't believe I've stayed out of the hospital so long!) I was on a special unit with a trauma survivors' group. During one session we were given an assignment for the next morning's meeting: "Bring one affirmation to the next meeting." That simple request threw me into a tailspin of panic. What could I possibly say about myself that wasn't an echo of my childhood? I too was extremely self-critical, despite resolving to stop "doing my parents' dirty work." The problem was that, even though I no longer told myself that I was worthless, I still believed it.

So I paced my room, frantic. I tried a few positive-sounding phrases that the therapists might have accepted, but to me

they felt false and hollow. Then my glance fell on a slender volume by Fred Rogers that lay on my nightstand: "*You are Special*." And instead of imagining saying it to myself, I conjured up Mr. Roger's gentle voice. Coming from that icon of my childhood, I could even believe that it was true! This was a turning point for me.

After my discharge, I shared this story with Mr. Rogers. To my great joy, he responded. This was an unexpected confirmation that cemented my new-found self worth. I will always treasure that letter.

My point is that, for some of us, an affirmation in our own voice may be too big of a stretch. But coming from someone else, it can carry more credibility and impact, as it opens the door for our voices to begin.

By Cindy T and the In Crowd

MV

To Those Inside

By The Four Dragons

There's a saying that what goes around, comes around.

I believe it's true, but rarely do I ever see it clearly happen. Today, it happened to me; just when I needed it the most. I opened my *Many Voices* to read words of hope—any words that might lift my spirits. And there it was.

I still sit in awe of God's grace. The author of the article wrote about several pieces that had touched her and made a difference in her life. One of the pieces she wrote about was one we had written years ago about when therapy goes wrong. And today I am feeling particularly discouraged because two of the therapists I've had since then have ended dreadfully with me. On top of that, just a few days ago, we ended with yet another therapist that turned out to be abusive. Vicious Voices from my past were eating at me with their judgmental words. "Well, you should have known better." Or "There must be something wrong with you, that you've once again chosen wrong." But here, on the paper right in front of me, I see that this person too had gone through two more bad therapists after leaving the first one. Oh my! Maybe we're not so dumb after all. With the help of her words, we have the ammunition to fight off the old messages.

To those inside who say that I should have known better—why should we know better? We only know some of the things that aren't good therapy. We still haven't had a good therapist. Not one of them has ended with us without inflicting some damage of their own. This last one is the best one we've ever picked. So we're improving. Maybe God has His reasons for giving us the path we've had. After fifteen years of continuous therapy, none of them has panned out to be "The One." So what? We've still gotten better in spite of them. Most of our healing has come from 12-step groups and from a wonderful spiritual evangelist on TV. (And I never thought I'd watch a TV evangelist.)

To those inside who say that we can't start over in therapy again—we say "Yes we can!" We've done it before and we can do it again, now. Besides, we've gotten rather good at this by now. Having many therapists who have failed us does not mean that we have failed therapy. Nor does it mean that we are a failure. In fact, we're a success because we keep leaving when it's obvious that we're being abused. What more could you want?

To those inside who say that we'll never trust again—we say that's not true. We thought this therapist would be the final one and it fell through. We'll make Plan B

and trust in it as long as it is trustworthy. Trust is not a destination. It's the way we choose to live. Besides, if we keep saying that we'll never trust again, pretty soon that's how it will be. Is that really how you want to live your lives? Are you trying to help us be so miserable that we live to the end of our days in agony? You say "no"? We thought not. Then we can trust. "It is better to have loved and lost than never to have loved at all." So we've loved and lost a lot of times. So what? We're still here. We can and will connect again. We're lucky. We know there will always be someone in our life with whom we have a loving (therefore trusting) relationship. There's thousands of people around us. We may get hurt again, but we'll also love and be loved again.

To those inside who say there's no hope for us getting better—we say POPPYCOCK. Every painful bad thing that happens has a good thing in it for us. Like when Mom lived with us for those ten miserable months before she left on her broom. The invaluable window into my childhood is unsurpassed. Or like that song *The Lollypop Tree*. Even though it's winter and it's sad, when you break off the icicles hanging on the tree, they turn into ice cream cones. Who knows what ice cream cones await us?

To those inside who say we cannot stand the pain—we say "Yes we can." We've done it before and we can do it again. We still have some support. There will be more support too, because we're actively seeking it. We will find what we need if we don't quit. "Quitters never win, and winners never quit." We will not give in to the perpetrators of our childhood. They will not win. We can live well. We choose to stop listening to their lies. And we refuse to listen to the words of any other abuser who has stepped across our path.

To those inside who say that nobody cares—we say that's a crock. We care. We're the most important ones to care. We're never too busy, too tired, out of town, or out of touch. We receive caring as it comes from God and flows through other people. God is always with us. We're always with us. We can choose to let that old feeling of not being cared about take over and run us or not. Just because this last therapist has been abusing us doesn't mean that we're worthless and nobody cares. It means she has a problem. That's all. And since she chooses not to stop her abusive behavior, then we choose to care by removing ourselves from her presence.

To those inside who say that we'll hurt her feelings as we leave—we say that she is

responsible for her feelings, not us. We can't take care of her. That's an illusion. We can take care of us. But we can be kind and loving in our leaving. We don't have to yell or scream or say abusive things. We can leave in a peaceful way. We do not need her approval to be OK.

To those inside who are scared because they don't know what to do and are afraid they'll make the same mistakes over again—we say that we don't know what to do either. And we probably will make more mistakes. The only perfection is God. We will listen to Him and follow His Guidance the best we can. We will give, live and love as much as we can. We can and will regroup after our future mistakes. We've done it before, we can do it now. We are not stupid, worthless, hopeless failures. We are bold and smart. We can learn from our mistakes and set out anew. We will pick ourselves up, dust ourselves off, attend to our wounds, and step out again.

MV

The River

On laser river shores we walked
Johann Samantha and Me
We spoke of how they sabotaged us
Then we sat under a tree

We spoke of how they broke our heart
And tried to tear our soul apart
But we couldn't understand what part
We had played in this horrible dream

The river flowed and we walked on
A journey long ago begun
Under the same deceitful sun
Can battles ever really stay won
For Johann Samantha and Me?

The river rushed and we walked faster
Samantha said are we slave or master?
Johann said let's kill the bastard!
I just looked at the river and cried
For there was no one to speak for me.

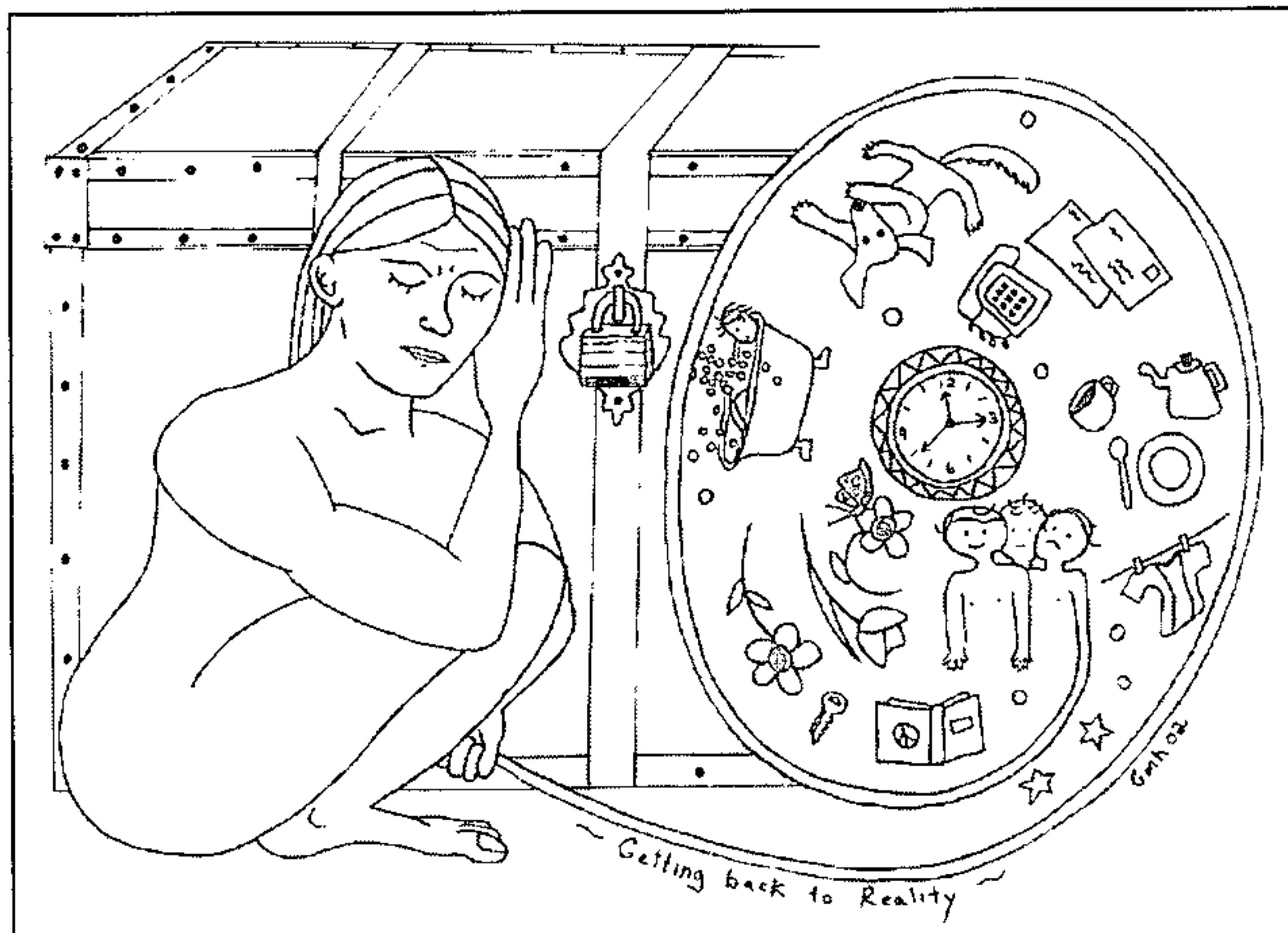
The river raged and we all ran
Escape! Escape! From the hands of the madman!

Johann yelled we all must hide!
Samantha screamed just close your eyes!
I watched the river rage and cried
For there was no one to speak for me.

The river rages on soon to crest
And we all do what we do best
Johann makes ready to go to war
Samantha sees a light on the distant shore
I look at the river and say, "no more."
Now there are many who will speak for me.

By Zmeffee and the Group of Rainbows

MV



Every Body is a Multiple

By An Automatic Writer

I am a steady reader of MV even though I am not MPD or DID. However, I am an Automatic Writer for many years and am in touch with my Inner Executive. It writes that it *thinks* as I do, but without being influenced by my emotions and beliefs.

I consider it like a Higher Self. It replies that "The phrase is very flattering, but it is a fair representation."

The Many Voices issue of August 2002 is excellent and I found the articles on Horses (Moments of Change) very interesting because it showed how closely their emotions parallel us humans. There is an evolutionary theory that homo sapiens originally evolved from the quadrupeds as the common ancestor to us and the primates.

Of especial interest was the article "Whatever it is, it's Better" which came from someone claiming they have a sense of identity even though they feel there is no one person as the core or birth alter, or an obvious primary person. (Quote: "We seem to be all alters on an equal footing without a central person...")

This fits in with my own theory that all of us "normal" people are really Alters with a continuity of memory which gives us the feeling of being "I." Most of us are not aware of the complexity of mental subdivisions within us as supported by the work of Ernest Hilgard in *"Divided Consciousness: Multiple Controls in Human Thought and Action"* (Norton, 1977)

Also in this vein is John O. Beahrs in *"Unity and Multiplicity: Multilevel*

Consciousness of Self in Hypnosis, Psychiatric Disorder and Mental Health." (Bruner/Mazel 1982)

Going back a number of years to *"The Dissociation of a Personality"* by Morton Prince (1905) where Sally writes: "Learning to walk was the first experience of separate thoughts. I remember before this there wasn't anything but myself, only one person. *I remember when I was there farther back than she can, and therefore, why wasn't I the (main) person? I suggested things to her sometimes by thinking hard and occasionally she carried out my thought. Sometimes she was punished for doing what I wanted.*" (end of quote. - p 372-3)

When I mentally asked my Executive Writer what are some of its activities, it wrote: "Insertion of thoughts and maintaining a dynamic equilibrium among the various needs and instincts." It would appear that in some respects my Executive can mentally make better decisions than I can, although it states it needs me to drive the car and function physically in the world. My awareness of its existence and its cooperative role, for which I often give it expressions of thanks, make us an effective team. That seems to be similar to the conclusion reached in the MV article who functions as a Team, although I am not dissociative to her extent.

Perhaps these comments might be of some help to those who feel themselves as divided persons.

MV

Books

Not Child's Play

Edited by Risa Shaw. © 2002 Published by Lunchbox Press, Inc. PO Box 5723, Takoma Park, MD 20913-0723. www.lunchboxpress.org \$14.95. 156 pages. Softcover.

Not Child's Play is an anthology about older brother-younger sister incest, written by 35 female survivors. It is a combination of essays, poetry, and art, some of which is in color. An introduction puts brother-sister incest in context. Notes on the contributors at the end describe the backgrounds of the women who wrote.

Part I, "Breaking Spirits" contains writing about abuse. This section contains a quote which I really liked: "My brothers abandoned and betrayed me. My parents, though unintentional, did the same. Then I abandoned me. And that's where the healing can begin..." (Warning: Part I contains graphic details of abuse. Please stay safe.)

Part II, Wounded Hearts, focuses on the after effects of abuse, which can also be intense reading. Part III, Shattering Silences, is about speaking out, including confronting the abuser and telling other family members.

By Mary K.

Misinformation Concerning Child Sexual Abuse and Adult Survivors

Edited by Charles L. Whitfield, M.D. FASAM, Joyanna Silberg, Ph.D., Paul J. Fink, M.D. © 2002. Published by The Haworth Press Inc. (800-429-6784 or www.haworthpressinc.com. Outside US call 607-722-5857). This is a monograph published simultaneously as the Journal of Child Sexual Abuse, Vol. 9, Nos. 3/4, 2001) 210 pgs with index. \$24.95 softcover, \$49.95 hardback.

If you are a professional treating people with trauma histories, you must buy this book. Here is up to date information on the concept of "False Memory Syndrome", followed by indepth discussions of its use (or misuse) in court cases. A third section critically analyzes arguments about child sexual abuse outcomes in the research literature. The last chapter by Christine Courtois includes an overview of treatment recommendations and guidelines in relation to the controversy over recovered memory. You and your clients deserve to have the protection and consideration this well-edited volume presents. Use it to defend against financial and emotional heartbreak.

By Lynn W

MV

THANK YOU for Your Wonderful Writing and Artwork! Please Keep Sharing! We need *lots more* of everything!

Tell us if you or a conference you work with can place some MV flyers. We also appreciate mailing lists that might include people MV can help!

THANKS!—Lynn W.

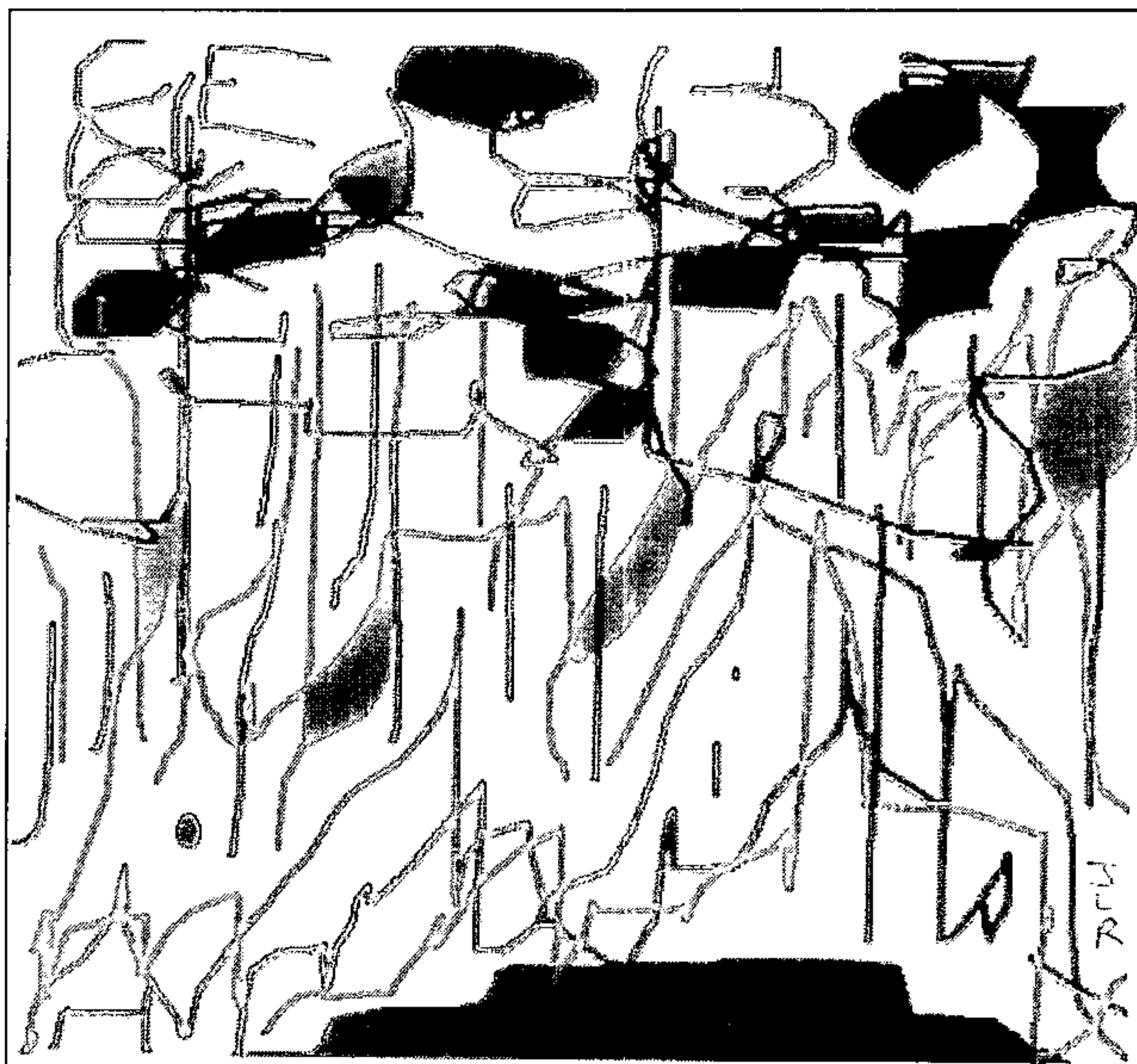
COMING SOON!

December 2002

Age and Dissociation for young and old. Age-appropriate treatment. Solutions for missed development stages. Art: Growth is good. Deadline: October 1, 2002.

February 2003

Men in recovery from war trauma or abuse. PTSD— Do groups help? Effective treatment. Art: Self-healing. Deadline: Dec. 1, 2002



Share with us!

Prose, poetry, and art are accepted on upcoming issue themes, (and even on NON-themes, if it's really great.) DO send humor, cartoons, good ideas, and whatever is useful to you. Please limit prose to about 4 typed double-spaced pages. Line drawings (black on white) are best. We can't possibly print everything. Some pieces will be condensed, but we'll print as much as we can. Please enclose a self-addressed, stamped envelope for return of your originals and a note giving us permission to publish and/or edit or excerpt your work.

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