

MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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I Am Not Sick

By D. A. Sam

I am not sick, but for a long time, my life experience had convinced me that I was. Over the years I had displayed depression, anxiety, fear, and paranoid thoughts. I agonized over decisions one day and acted impulsively the next. I almost dropped-out of college on several occasions, I quit several jobs because of stress and moved more times than I can count—sometimes to a different city.

I could never make sense of my life. Professionals had diagnosed me with major depression, cyclothymia, adaptive disorder, rapid-cycling bipolar disorder and mixed personality disorder with narcissistic and avoidant traits. With each new diagnosis came new medication cocktails and more psychotherapy. Everyone told me it was not my fault because I was SICK.

I went along with it all. I became sick. I could not actively participate in my life because of the particular diagnosis I was entertaining at the time. I went on sick leave; my relationship fell apart, I was hospitalized twice and was living on other people's couches. I had no life, no interests, no apartment, no partner and thought there was no way I would ever regain any hope. The medication made me tired, restless, and somewhat incoherent. My thoughts were a jumbled mess.

I was not unwilling to "do the work to get better." Over the years, I had quit drinking, and joined AA and several other 12-step groups. I read as many self-help books as I could; I went on retreats, I prayed, I did Pagan rituals and primal scream therapy. No matter what I tried, the despair persisted and I thought I would be better off dead.

I returned to work, not any better but convinced it was my only option. I spent several weeks with terrifying and incessant visions in my head. These were morbid manifestations that I really was insane. I did not want to die and could not understand why I kept seeing myself jump in front of

the bus or take a huge handful of pills.

Then one day, the tides turned. I went to a social service agency to get some help with housing and suggestions on how to cope with work. You may call it God or Serendipity or Grace—something was definitely at work. The therapist I saw saved my life.

Over the course of a few weeks, she looked at my "symptoms" and life history and eventually dared expose her theory to me. I presented typical symptoms of someone with Dissociative Identity Disorder (what used to be called Multiple Personality Disorder). I must admit I was shocked. I grew up in the 70s and had seen the movie "Sybil". There is no way I was like THAT. Then, I recognized myself: extreme moodiness, lapses in memory, being extremely shy at times while extremely extroverted other times, migraine headaches and sometimes feeling like a small child left to fend for herself. It seems there was always conflict in my head; my thoughts were extremely loud and would "take over." I often felt out of control.

I continued to investigate this "theory" and began to identify certain 'parts' who were obvious in my life: Martha, the religious one; DeeDee, the frightened 5 year old; Rae, a 12-year old full of rage; and Pascale, a depressed 16-year old. Over time, 22 parts made themselves known to me.

The most common reason for this "disorder" is often extreme trauma, usually sexual or physical abuse. I was no exception. My recovery process brought with it excruciating memories of sexual abuse endured at a young age. I always "knew" I had been sexually abused but I had stored the information in some dark corner of my being.

Over two years, I got to know all my parts (or alternate personalities). Each one of them had been created to help me cope with my life. Each one handled life from the perspective

that I was still in danger. I needed to "teach them" that I was fine now and no longer needed their protection. They had to be re-trained and they were offered new jobs if they wanted. For the most part, I experienced a lot of cooperation. Some of "them" got to experience JOY for the first time.

I grew stronger and more understanding of my inner "system" and I was able to go off my medications (gradually and with medical supervision). Some of the parts had been dormant because of the drugs. Each change in dosage brought a new crisis to the surface but with the help of my therapist, I created a world on the inside that was safe for all of me. Visualizations helped me create comfortable rooms for the little ones, activities for the teens and hobbies for the older ones. Containing my "parts" inside was the first step in having me regain control of my life. Eventually, each part was taught that it would be "safer" for them - and me - if they integrated and joined me permanently. Each one chose his/her time to do this and most of them signified it in a special way, i.e. a "welcome party", a ritual, or the writing of a goodbye message.

I am now fully integrated and am beginning to enjoy a brand new life. I have a good job and plans to begin attending university in the fall. I must admit, it was difficult at first to adjust to the silence inside and it felt a bit lonely. I was used to constant chaos and most of my motivation came from one part or another needing attention. Now, my life is completely mine and I feel in many ways I am just getting to know myself.

I am not sick. I am strong, capable and not afraid of ever returning to that pit of despair. I am not sick. I am healthy, alive and grateful for my life.

MV

About Loss and Miracles

Hot tears flow like molten lava
 spilling over a rocky gorge
 into a vast canyon filled with
 water

deep and blue

She's gone, they say.
 Can't be, I say.

I was with her yesterday.

Today the one I know is gone.
 Nothing left but an empty shell
 an earth home for a loving soul.
 Where is the miracle? I say.
 So many have prayed and
 prayed.

Here is the miracle, says God.
 She is here with me,
 Dancing at my feet.

By Barb D.

MV

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Holding On to a Moment

By Kristi S

MANY THANKS TO OUR FRIENDS!

River Oaks Hospital - New Orleans, LA

Call Martha Bujanda: (504) 734-1740 or (800) 366-1740

Sheppard Pratt Health System - Baltimore, MD

Call Kimberly Colbert: (410) 938-5078 or (800) 627-0330 x5078

Timberlawn Mental Health System - Dallas, TX

Call Christie Clark: (214) 381-7181 or (800) 426-4944

Two Rivers Psychiatric Hospital - Kansas City, MO

Call David Tate: (816) 356-5688 or (800) 225-8577

Women's Institute for Incorporation Therapy - Hollywood, FL

Call Larry Spinosa: (800) 437-5478

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Welcome to Vets & Others with PTSD

Sadly, in today's world, war and crime flourish. Add in earthquakes, tornados, fires, accidents of all kinds, and it is no surprise that the number of people diagnosed with Post-Traumatic Stress Disorder is on the rise.

Many Voices frequently covers many of the problems associated with Post-Traumatic Stress Disorder. Though PTSD may occur for the first time in an adult who experiences a serious injury, life-threatening situation, war or crime, traumatized children develop it too. If you're a client reading this, odds are you'll relate to many of the typical symptoms of PTSD, as described by the American Psychological Association:

- *Recurring thoughts or nightmares about the event
- *Trouble sleeping or changes in appetite
- *Increased anxiety and fear, especially when reminded of the trauma by sounds or similar events
- *Being hyper-alert or easily startled
- *Feeling depressed or having less energy
- *A pervading sense of despair and hopelessness
- *Easily distracted and unable to focus. Poor concentration.
- *Having trouble making decisions
- *Difficulty controlling anger and irritation
- *Feeling emotionally distant, numb, disconnected from others
- *Very concerned about safety of family or friends
- *Avoiding people, places or activities that are reminders of the event

Please help *Many Voices* serve more people who struggle with distressing PTSD symptoms. We are eager to know about veteran's groups, rape crisis centers and others who are engaged in PTSD recovery. If you or someone you know has PTSD, please write or draw for us. We are also looking for experienced PTSD therapists to help us with Therapists' pages on this topic. And of course we welcome participation and ideas from partners who aid in PTSD recovery. Thank you very much!

MV

Meditation

By N.H.

As a meditation student who also has some form of dissociative identity disorder, I would like to share some of my experience with the intersection between meditation practice and therapy.

I have been practicing Vipassana or insight/mindfulness meditation (a practice in the Theravadan Buddhist tradition) for over ten years. If you are not familiar with this particular practice, I would recommend Jack Kornfield's *A Path with Heart*, for a good introduction. Jack is one of the foremost meditation teachers in the West and is also a psychologist.

My practice preceded my formal diagnosis, though I always knew that dissociation was a major problem in my life. I have practiced with varying degrees of intensity over the years depending on my states of mental and physical health, work cycles, and other factors. Generally I have tried to maintain a daily practice as well as attend regular non-residential or residential retreats.

My meditation practice is a major component of my spiritual path; my goal in practicing is to become more awake and present in my life. A sense of calmness and focus are sometimes side effects, but they are not the goals per se. I do not necessarily sit in order to reduce stress or to accrue health benefits, though these may occur. I make this distinction, because for me, part of the practice is learning to be with whatever arises, even when it is uncomfortable. Attachment to, or striving for, a particular mind state can be distracting from the present moment.

I have found that practice has been of tremendous value in my psychological healing and has given me:

- * an increased ability to be with all of myself
- * more ability to stay present with difficult feelings
- * greater tolerance for strong body sensations

- * a greater sense of compassion for myself

- * less isolation in pain and more sense of interconnectedness with other beings

- * less reactivity to feelings or situations

- * more acceptance of the cycles of inner and outer life

- * increased trust in my healing process

Since my primary defense is to split off when faced with pain or fear, I have found the cultivation of presence to be integral to my healing. In general practice also reminds me that I am worthy of my own attention, which augments self-love and an open heart. The following paragraphs list some of the reminders that have been helpful to me on this path. Some have very specific application to dissociation; some are more general.

Please note: Just as it is very difficult for me to describe verbally my inner system, so it is also very difficult to describe in words the experiences of meditation. Attempting to describe both together risks diluting the full meaning of either; however, I will try. For lack of a better descriptor, I will use "part" to describe various of my inner fragments. I should also note that my understanding of this practice and the teachings is filtered through my own experience. It may not be the same as others'.

Everyone needs to breathe.

My therapist always said that everyone inside needs a voice. What I have also found experientially is that everyone also needs to breathe. I was sitting once, feeling my breath as a narrow vertical band in my chest. An image arose of many parts inside me all lined along that band, reaching to breathe. I felt each one breathing, feeling the breath's fullness, and letting it expand. There was a tremendous sense of relief and acceptance as the breath entered each one.

Everyone deserves compassion (metta).

In a metta meditation, loving-kindness is offered first to ourselves and then in increasingly greater circles to all beings. When I offer this loving-kindness to myself, I offer it to each part inside, known and unknown. Young parts usually feel very comforted by it. More angry parts sometimes recoil, but listen anyway. The cultivation of compassion fosters a greater sense of tolerance within as I learn to love all of myself. It also allows me to sit in a wider field of interconnectedness with all beings.

Metta practice is also a concentration practice, rather than a strict mindfulness practice. Sometimes a concentration practice helps me stay more present in my body.

Feel, not watch, the breath.

When I first studied eastern thinking in the '70s, I read about action without attachment to the fruits of action. This non-attachment sounded like dissociation to me. It has taken me many years to begin to learn to distinguish between the two.

Even though my practice takes me closest to myself, it can also take me farthest. At times when I sit, I find myself having a sense of feeling, but absolutely no sense of a feeler. I am watching my breath, then watching the watcher, then watching that watcher, and so on, until I am very far away with no connection at all to my "self".

This is not about enlightenment. This is about extreme dissociation from myself, a defense mechanism that I learned very early, when it was too overwhelming or dangerous for my mind, feelings, and body to stay together. An analogous description is that of looking in the mirror and literally not recognizing or having any connection with the image that looks back. The more I look, the farther away I go. It's extremely terrifying and feels like the ultimate isolation. Sitting at times is like looking in a mirror.

Although I have tried just being with this sensation, it is not psychologically skillful for me to remain in this place very long.

It helps to have meditation instructions that say "feel this," instead of "watch this." I have also learned what helps re-ground me if I wander too far away inside, such as opening my eyes, placing my palms on the ground, or walking outside.

Sometimes practice centered on the body really helps soften the tendency to split off. Once when I was on a week long retreat in the desert, I found myself getting increasingly dissociated. I glanced in the mirror while brushing my teeth and suddenly felt very far away. I became very frightened, and this fear heightened the dissociation, which further heightened the fear. I began to worry about whether I could handle this mind state. At that evening's sitting, the teacher led us in a chant with accompanying hand claps and foot steps. As we moved around in a circle, all of my attention had to be focused on the complicated movements; there was no room to worry over my mind state. And later I found myself more fully in my body and less split off in my mind.

Don't worry about self/no-self.

Sometimes in Buddhist practice, there is discussion about self and no-self and about going beyond the notion of self. Generally this is not useful for me to pursue, as it just leads to mental confusion. I do not have a clearly delineated sense of self or even selves. Theoretically that should mean that I have less to be attached to and transcend, but I think that would be a very premature focus. It is very important for me to continue to try to grow into an authentic sense of self/selves before even considering leaving that whole concept behind.

Being with doesn't have to mean being overwhelmed.

Over the years, my zafu (meditation pillow) has become a very safe place for whatever arises to be present. Sitting quietly and attentively can allow what is hidden to emerge. Sometimes abuse memories come up as images, feelings, or sensations in the body. There have been periods

where every time I sat, my body would shake as energy moved around. Sometimes, it seems skillful to just let body sensations arise and to experience them as sensation without the mind's automatic storytelling. To let these sensations be held in a compassionate place of the heart can be very freeing and ultimately healing.

Over time I have become more able to allow strong feelings or memories to pass through. A helpful instruction from a teacher has been, "Let your awareness be as large as it needs to be to contain this feeling, even if it has to be as big as that mountain." I have been reminded that there is nothing that falls outside this practice; anything can be worthy of our attention. The same teacher sometimes has us ask, "What would I have to include in my awareness to be fully present in this moment?" Sometimes that means including big feelings or intense pain.

It has also been helpful to remember that everyone sits with some type of suffering at one time or another. I have heard other women who are healing from abuse and are also following a deep spiritual path that includes meditation practice. Knowing this, I feel less isolated and also less identified with either my pain or my diagnosis.

Philosophy

There was a line
From Kierkegaard
I thought it through
It was not hard.

He spoke of silence
As a friend
I know that sound
It helps me mend.

I hold this quiet
To my chest
When fury roars
It gives me rest.

The sound of windmills
Whirling blades
Have softened now
To grassy glades.

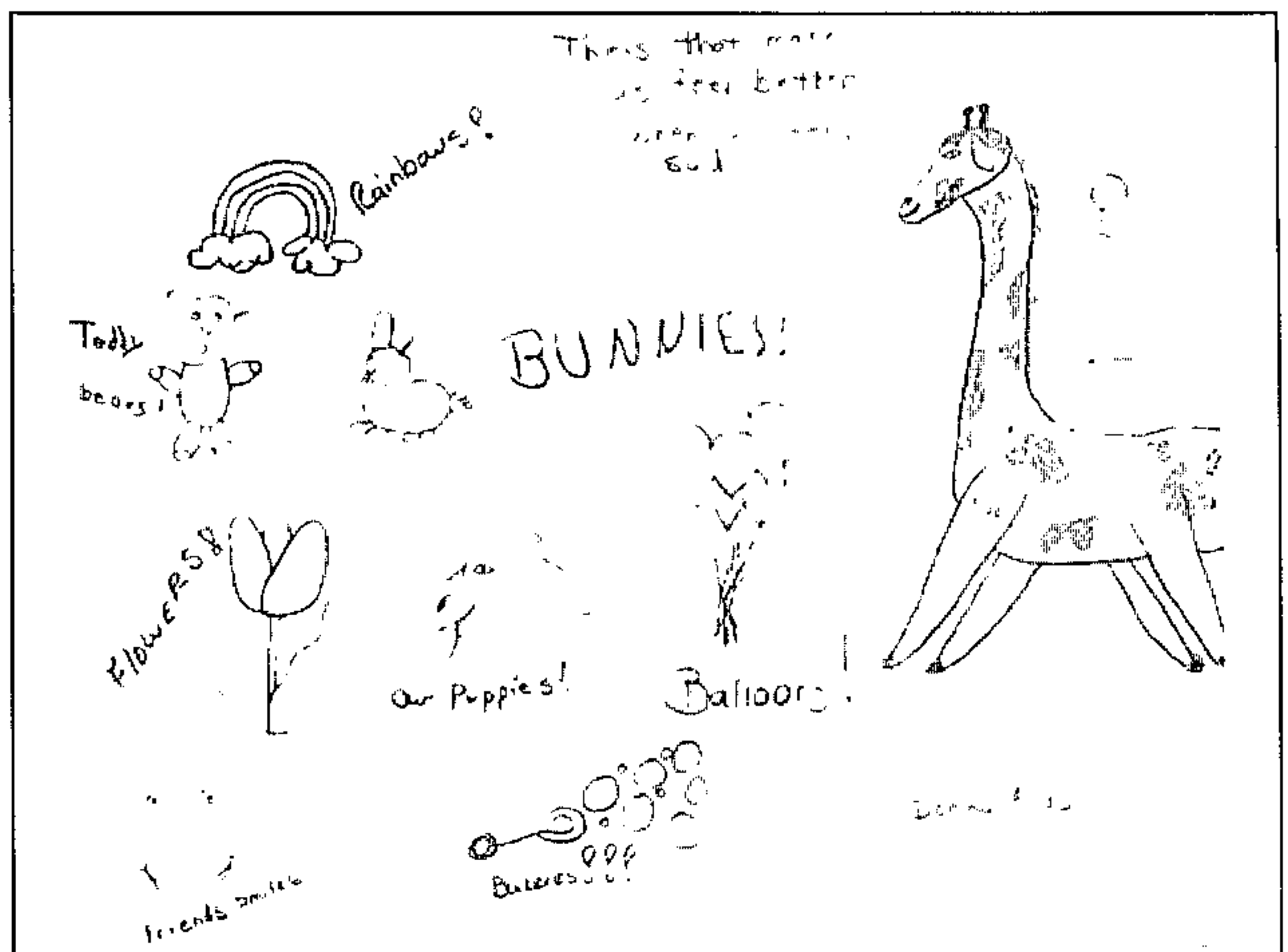
There is a peace
A silent core
The devil's glow
It is no more.

From Kierkegaard
There is a line
I thought it through
And made it mine

By Paula Hurwitz

MV

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Therapist's Page

By Carol Barrington

Carol Barrington is the pseudonym of a student therapist who is engaged in therapy to help improve her therapy skills. Her article describes a therapy crisis and how it feels to be a patient in this painful situation.

The Glass Wall

I can identify the precise moment that the world transformed. It was at 12:20 pm on Wednesday, May 19. I don't think I can ever forget what that moment felt like. In perfect synchronization, my heart stopped beating and my breathing halted. Even the air was perfectly still, as though it had ceased to exist. The world was totally silent, and the silence created a kind of insulating wall around me. I felt suspended in time, everything frozen as I was instantaneously transported to a parallel universe.

I landed suddenly with a brutal thud in that parallel universe, my heart pounding out of control and my breathing coming hard and fast. Tears of anguish, deeply felt sadness were flowing unrelentingly from my eyes. All the sounds of the world had returned, but they seemed loud and distracting and intrusive, all of them discordant noises flitting about my focus like gnats around my face, obscuring my mental vision. The confusion I felt was overwhelming, but I had a growing suspicion that in that mercurial flash of a second when the world transformed, something most terrible had occurred.

My body - my heart, my lungs, my eyes - had reacted with an immediate visceral understanding, but my cognitive awareness was struggling. I had to willfully force myself to get control over my physical reactions so that I could more rapidly apprehend the blurry crisis looming threateningly above me. All the while I could sense that the moment of my comprehension would be the cue for some new, unwelcome reality to come crashing down on top of me.

Indeed, when the truth of the parallel universe opened before me, it

was devastating. Someone I care for very deeply had just told me that her recent haircut was really a wig. That she had lost her own beautiful, long, brown hair because she had been undergoing chemotherapy. Breast cancer had indiscriminately decided to take up its destructive residence in the unsuspecting body of my friend. That beautiful body had already been subjected to the effects of chemotherapy and in a month would be undergoing surgery. My friend, you see, had been living in this awful parallel universe for many months already. And I hadn't known.

And I hadn't known.

I couldn't control my tears. I felt such pain and sadness. As we talked, my mind kept generating images that each time would make me break out in a new wave of tears. Images of her finding the lump, having to fight off fear and anxiety as she waited first for a doctor's appointment, and then for the results. Imagining her holding her breath as she was being told of the results, only to hear the news was bad. Feeling her breath escaping and her heart sinking. Feeling the anguish and fear and confusion that must have followed as she tried to make sense of feeling healthy while knowing that something was going terribly wrong inside of her.

Images of the hours she must have spent sitting in an unfamiliar, sterile room, surrounded by strangers, with cold chemicals flowing through needles into her delicate, freckled arms. Wondering if being hooked up to the needle and tubes made her feel physically restrained and powerless, held hostage to a present and future she hadn't chosen for herself. Worried that she might have been feeling scared and helpless and cold and alone when her body was being flooded with harsh fluids foreign to

itself.

Images of her waking up in the mornings, standing before the mirror brushing her hair, and finding strands of it falling from her head. Hair which was always so thick and alive, now falling out and betraying her, perhaps making her feel that she was no longer the same person. Her scalp possibly feeling painful as her hair released its hold. Feeling the helplessness and horror she herself must have felt. My friend, who has the kind of beauty that needs no makeup, a face that is beautiful even upon awakening, having to look at herself in the mirror each morning as her thick hair began to take on a thinned appearance, knowing it would soon all be gone. Starting to find actual patches of baldness, perhaps feeling deep despair but having to summon the strength to wait out the long journey ahead of her.

Images of her, a mere 43 years old, having to learn about where to buy wigs and how to select one. Such a private person having to tell saleswomen, total strangers, intimate information about her life. Feeling the loss of control and privacy she must have experienced. Images of her going through every minute of every day wearing that wig, her head probably feeling hot and clammy and itchy and unnatural, constantly reminding her of her plight. Probably having a desire to touch and adjust the foreign hair on her head, but having to always resist the urge in order to not give away her health status to people it would only unnecessarily sadden.

Images of her feeling so thankful that the tiring and frightening regimen of chemotherapy was finally completed, only to have to immediately start emotionally preparing herself for her upcoming surgery. My friend had done nothing

wrong, and yet soon a surgeon's knife would be cutting into her body. A surgeon who was so accustomed to cutting people's bodies on a daily basis that he would have no idea or interest that when he operated on my friend, he would be cutting into a very special and valuable woman. For him it would be a day no different than any other, but for her and those who loved her, it would be a very emotional, unforgettable, and one-of-a-kind day.

Images of her continuing to go through every workday still taking care of others, selflessly giving away some of the very energy and nurturance she needed for herself. Thinking about the strength and resilience that must have required. Being there every day for the people who depended on her, even though the crisis she was confronting was far greater than that of many or all of those whom she helped, still respecting their pain and validating their experiences. Comforting them in their sadness, helping them to confront their fears, possibly all of it keeping her own emotional wound raw. Successfully pulling off the greatest act of her life by not showing any of what she was going through in order to keep the focus on the people she was dedicated to helping.

Did she wake up in the mornings and feel heartache at remembering anew the current realities of her life? Did she have to deliberately cut short each morning the time she gave to nurturing herself in order to shift her focus so that she could help others when she got to work? Did she collapse at the end of her work day from giving away her strength to help others all day long? Did keeping her own emotional pain hidden from others deplete a large store of her energy? Did she go home at night and cry from spending every day having people's fears and anxieties silently triggering her own in relation to her newly diagnosed illness? Would diverting some of her own healing resources away from herself hurt her in her fight for health?

When my friend smiles, her whole face lights up and there is a magical sparkle in her eyes. Had this parallel

universe taken this from her? Were all previously joyful experiences now tempered with the heaviness of her new reality? How long before she would be able to feel safe, genuine happiness again? How long before her kind and giving heart could once again feel whole and not ravaged? How long before those beautiful eyes could forget these current travails and radiate lightness and peace again? How long before the current pain was just a bad memory?

These images and realizations tore relentlessly at my heart. They cut me like a knife. It hurt. It hurt so badly.

We talked, we cried, we looked at the situation from all angles. I comforted her with everything I had inside of me. I deeply felt her pain and her fear and the total injustice of it all. With every ounce of my being I wished so badly that I could fix this problem she was facing. I wanted to make her happy again, I wanted so desperately to help her. I wanted it so badly that I experienced it as a terrible pain in my heart. It felt as though I had a big hole inside of me that could only be fixed by finding some way to make my friend feel better. Such a beautiful woman, such a kind and caring person, someone who had helped so many people over the course of her life. Someone who had helped even me with such a priceless feat as getting my whole life back.

It helped to talk with her, although it hurt me physically that I hadn't known before now; the pain wrapped around me and seemed to be crushing me like a snake. Not that she hadn't told me earlier, but that somehow I hadn't just *known*. I felt like I had let her down. That she went through the months of despair and confusion and fear and I hadn't been there to help her, to comfort her. To stand with her, to hold her hand, to tell her that everything was going to be okay. I needed to give back to her in her time of need. I needed to because I admired and cared about her so much, but also because I could never forget the invaluable help she had given to me in my own time of need. Anything I could do for her, I needed to do. Perhaps as much for myself as for her.

I wish I could say that this was the way that it happened. But I can't.

In reality, when my friend told me of her illness, she presented a very stoic front and didn't want to share much of what had happened to her, certainly not from an emotional place of expression. It is true that I joined her in that parallel universe, but we were separated by an invisible thick and towering glass wall. She kept her feelings hidden on her side of the wall behind her expressionless face, and my pain and questions and desire to help were trapped on my side of the wall.

I needed to know more of what my friend had experienced, but I wasn't allowed to know. I needed to reach out to her, to help her in any way I could, but that also was something I was not allowed. I needed to know that even though she was self-employed and didn't have group insurance, that she would be okay financially, that the cost of her treatment wasn't going to drastically change the physical comforts of her life, but I wasn't allowed to know. I needed to know that there were people taking care of her, that there was someone to hold her when she cried, that she felt loved and safe in the face of this crisis, but I was not allowed to know. I needed to know that she was in the hands of good doctors, that everything that could be done was being done. but I wasn't allowed to know. I needed to see her pain to know that it wasn't so much that it was overwhelming to her, but I wasn't allowed to see it. I needed to share her fear and sadness so that I could comfort her and help her feel better, but I wasn't allowed to share it.

All of the affection, gratitude, and admiration I felt for my friend led to my feeling very devastated by the terrible news she told me across that glass wall. I felt deep sadness, consuming anxiety, and immeasurable empathy. I felt an overwhelming need to comfort, to help, to do whatever I could in my friend's time of need. But that glass wall was insurmountable and caused all of my

Continued on Page 8

Therapist's Page, Cont'd

needs and feelings to remain swirling about me, with no release. They were growing exponentially and crowding me, overwhelming me. I was starting to feel as though I couldn't breathe, as though I might explode. I was running out of room on my side of the glass wall.

We usually assume that when we comfort someone who is sad, that it is the other person who is helped. But this experience forcefully showed me that we also help ourselves. Being able to comfort your friend and share their pain dissipates some of your own. Being allowed to be involved makes you feel that your friend values you and appreciates your concern. Hearing the details of a crisis makes the problem seem more definable and conquerable. Being able to help your friend allows you to feel more of a useful participant than a helpless outsider. Comforting someone or helping to tackle the problem keeps you active and focused; it keeps you from descending too far into a place of overwhelming, frightening grief.

But not being allowed to help someone you care about leaves you feeling very shut out and alone: it only adds further pain to the empathic sadness you already feel. Not being able to comfort your friend makes you feel very unimportant and tangential to their life. Being told of the situation but not hearing the details makes the problem seem very elusive and scary and of unknown proportions. You end up feeling the initial pain of your friend's situation, additional pain at being shut out, and further pain with the realization that

you feel deep empathy for someone who really doesn't appreciate your caring.

It was a one-way glass wall. I could see across that glass wall, but I couldn't reach across it. I could feel my friend's pain through that wall, but my comforting couldn't penetrate the thick glass. I felt pain at my friend's situation, and then I felt more pain as my feelings had nowhere to go. I had long known of the existence of that glass wall, but it had never caused me this much pain before. That glass wall had always existed between my friend and me: it was a long, wide boundary line that was always painted between us.

Because my "friend" isn't really my friend, she is my therapist.

My therapist, a very private person who utilizes a rather detached style of therapy, had found herself in the position of having to tell clients that she would be gone for a month to undergo surgery. She could have just told clients that she was going away for a month, but in the not too distant future, she would shed the wig and once again show her reappearing natural hair. As this would only generate questions, she decided to tell clients the truth of her upcoming absence. But consistent with her style of therapy and perhaps her real-life personality, she wanted to provide as few details about herself and her health situation as necessary.

She was obviously very uncomfortable with my show of emotion, with my worry about what she had been going through. She

seemed unwilling to spend much time discussing my sadness and fear, possibly in part because she was doing her best to keep her own emotions at her situation in check. It was probably also due to her feeling irritated at losing some control over her desire to keep her personal life as private as possible. My expressionless therapist couldn't even manage to say "I appreciate your sentiment"; I think to her even that would be revealing too much about herself. If I had come in to therapy saying that a friend had cancer and I was very sad and scared, my therapist would have comforted me. And yet she referred to my reaction to her own sickness as our "getting off track".

I learned on that day that the world transformed how awful it is to not be able to help someone who has been of immeasurable help to you. I learned how painful it is to not be able to comfort someone you care about. Most of all, I learned that the act of comforting is a precious gift, for the giver as well as for the receiver, something we should appreciate more in the "real" world with our "real" friends.

Therapists embrace different theoretical orientations and therefore differ in the distance they choose to be from their clients. There are those who as a rule choose to reveal nothing more personal than their credentials. Regardless of theoretical orientation, outcome research shows that the most effective agent of change is the therapeutic relationship



itself. A growing environment is fostered as a client comes to care for and trust in the therapist, no matter how private the therapist may be. When a client has come to care about a therapist, it can be very traumatizing to simply hear that the therapist is sick and not know much more. It may have nothing to do with being worried that the therapist will die and abandon them - it may simply be due to the pain anyone feels when they learn that someone they care about is ill.

A therapist who is feeling uncomfortable at having to reveal such a personal issue may feel their space is being violated when the client asks questions or expresses a need to comfort and help. A therapist who automatically assumes that the client

is taking advantage of the situation to cross a boundary may be projecting their own issues on the client. If the therapist refrains from verbally appreciating the sentiment of the client, the client is likely to hear the message that their feelings of compassion are "bad" or "wrong", when really what they are feeling is the therapist being uncomfortable with what feels like a reversal of roles. If a more private therapist unfortunately finds her or himself in the position of having to mention a very personal medical situation, a shift in therapy style may temporarily be in order.

It is important for the therapist to recognize that the client is expressing a natural human response. While the client likely knows on an intellectual

level that they won't be allowed to comfort or help the therapist, their reaction is coming from an emotional level. S/he may likely need help to work through such natural responses and learn how to deal with them without acting on them.

Furthermore, even though the true crisis belongs to the therapist, the therapist may wish to provide some comfort to the client, just as s/he would if the client were upset about an ill third-party. In such a situation, even the most private of therapists may have to adjust their therapy style; they may have to sacrifice a bit of privacy in order to not cause unnecessary trauma to the client.

MV

The Dance of Shame

First you are traumatized,
then you are victimized,
and suddenly you find yourself falling
and drowning

in self-blame,

and then comes the big step—
you fall into the black hole, which is
called SHAME.

You take one step forward and five
steps back-
and then you feel the shame.

You think about your past—flashbacks
come back to

haunt you—

and then you feel the shame.

You find out what you really are—
a mental case

caused by abuse

and then you feel the shame.

You try to starve yourself to death and
then you have a

bite of a cracker—

and then you feel the shame.

You never learned to say "no", so you
do lots of things
you're not comfortable with—
and then you feel the shame.

Your partner says he/she loves you
and wants to

show you through sex—

and then you feel the shame.

You never knew you were allowed to
have needs, so

what do you do now?

and then you feel the shame.

You ask to have your needs met, once
you finally

find out what they are—

and then you feel the shame.

You hear others whisper about how
different you are—

and then you feel the shame.

It takes many years and a lot of
strength to dance

the shame away,

but one day, after the dance is over,

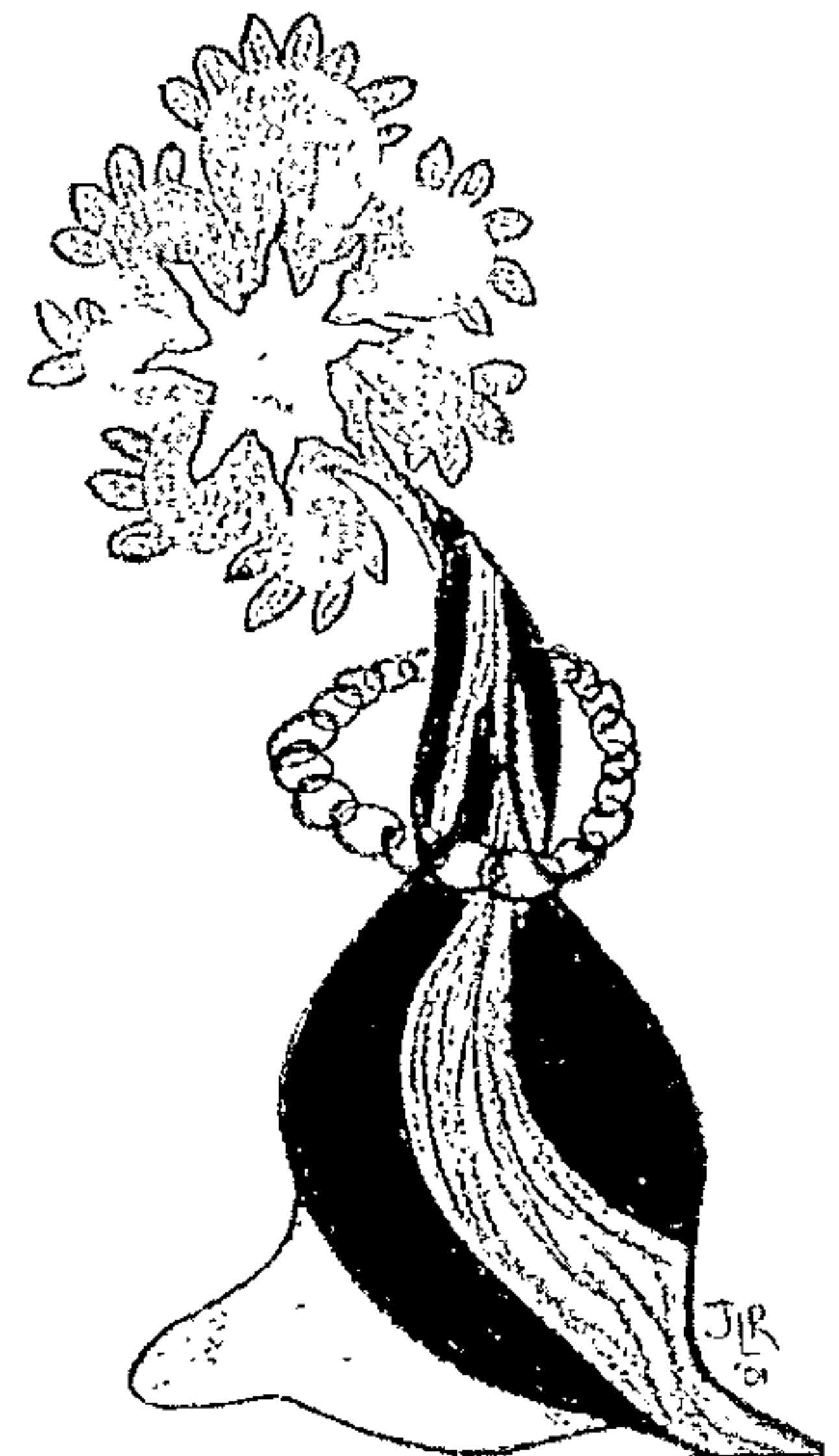
you've learned about you,

you've learned about them—

and then you dance the dance of joy.

By Anita, Inc.

MV



A Beginner in Therapy

By Brenda

I have been in therapy for 8 months. My psychologist has experience treating Dissociative Identity Disorder. His method is a bit different than what I usually read about. I understand why he uses the treatment he does, and I am willing to try. I just seem to run into pitfalls but don't know what to do. How I wish I had someone to talk to. Someone who would understand. Someone who would NOT run away from me thinking I am some kind of freak.. I just get so lonely and bored. My psychologist says, "Of course you get bored. In the past you would switch to amuse yourself." I guess it's true.

I like to write. It helps me to put down what I'd like to say. A few months after knowing my diagnosis, this is what I wrote to Gep:

"I feel like I am crossing a stream and in the middle of it. You are on the other side giving me incentive and hopes of getting across. Where I was is no longer land where I can live. The other side holds promise and beauty. As I cross, the stream is rougher and deeper. Sometimes I want to go back because it is easier there, as I know what is there. I just can't turn back, as

I know I can't stay forever on the dead side of the stream. Sometimes I think the stream is going to wash me away. I get weak and tired. I know you know what is on the other side, but you won't tell me. I have to find out for myself. That scares me half to death. I wish I knew. Does this all make sense?

I believe you knew about my DID 'way before I did...Is this true? As you said, "I have to find out things for myself." If you had told me in the first place, I probably would have thought you as the one to be crazy. So I understand why I have to be the one to figure out things. I do get confused sometimes. Also, I lose myself in conversation. Again, the reason I could not answer you in our Tuesday session was because I didn't hear you in the first place. Sorry! I was somewhere else for awhile. I believe you are 'way ahead of me on many things, but are waiting for me to catch up at my own pace. Is this true?"

I guess the real reason for me to write is to let anyone who might have any suggestions to assist me. I know a part of me would like to fall off the face of the earth. Someone hasn't let her try again. Sometimes I don't know

what keeps me going. I have no friends. No one to talk to, except my psychologist every other week, and my husband (who still has trouble dealing with all of this). Can anyone offer me words of wisdom to help me in my fight to be normal?

I guess I can't say "normal," for who can define normal? To me, normal is not hearing voices all the time, being aware of time and memories, making decisions on my own (not having an alter do it for me), not having an alter control my life such as eating, sleeping, thinking, etc. Normal is being happy once in awhile. I know life isn't always good things, but friends and laughter would help. Normal is NOT finding cuts and bruises, not knowing where they came from. If anyone has any suggestions for a beginner in therapy, as myself. I believe it could greatly help. Please let me know I am not alone!

(If you would like to reply to Brenda, please write to us at Many Voices & we will forward your replies, and/or print them in a future issue.)

MV

Difficulty with Therapy

About 2-1 2 years ago, a Radix body therapist I had been working with for 3 years told me I was MPD and we needed to start working with that. Then when I came for my appointment the next week, she said she would need to refer me out and do that as quickly as possible. (This urgency was not her usual style of working with me, which was to go at my own pace.)

I sensed that something weird was going on. The following week, I asked her why so urgent, why had she changed her previous calm style?

She said she was poisoned by "the cult" and needed to refer all her RA/MPD clients out because they ALL have reporters who have present-day contact with the cult, which she felt

caused her poisoning.

Over the 3 years with her, I had slowly built my trust for her, and in that moment it was shattered to pieces. I was very scared during this time, with the new MPD diagnosis and the misinformation she was giving me about outside "reporters" and also about things that were going on with the people inside me.

I was also scared, having just gone through all this with my previous therapist, because I knew I needed to be in therapy and would need to go through the process to find a new therapist. Now I know that I don't have any people inside who have outside contact with the cult, and am less scared with the "rumblings" from the inside. *By SL*



MV

Information for Veterans & Others with PTSD

There are a host of websites that war Vets and others with PTSD may find helpful. One that's unusual (and also applies to dissociative disorders) is www.deepinthought.org

This website has a simple purpose...to provide an opportunity for people to express their deepest feelings, thoughts and fears safely, without comment. It's an intriguing concept, and may be quite helpful to those with unbearable experiences.

Other websites include www.menstuff.org, which offers a comprehensive list of men's advocacy organizations and www.ncptsd.org - The National Center for PTSD, a program of the US Department of Veteran's Affairs. This site offers current professional information on many topics related to trauma and stress. It presently includes more than 65 fact sheets and 300 downloadable articles by the National Center staff. It also has a link for information on selecting a therapist. PTSD Info, at www.ptsdinfo.org, includes links to the National Center for PTSD, the National Center for Victims of Crime (helpline is 1-800-FYI-CALL), and the Dart Center for Journalism and Trauma. The latter site offers a short cyber-course on PTSD that provides useful information for anyone interested in this topic. This site also links to Gift From Within, which

supports survivors of Trauma and Abuse.

More info from the National Center for PTSD:

Women veterans with PTSD symptoms may be interested in participating in a study by The Department of Veterans Affairs (VA), which is recruiting up to 384 women with current or past military experience and symptoms of post-traumatic stress disorder (PTSD) to test two kinds of psychotherapy for the condition.

The study, being conducted through 2005 at one Army hospital and 10 VA medical centers nationwide is the largest clinical trial ever on psychotherapy for PTSD.

The VA study is comparing two types of cognitive behavioral therapy: prolonged exposure therapy, in which patients repeatedly relive the frightening experience under controlled conditions, to help them work through the trauma; and present-centered therapy, which provides emotional support and helps patients cope with current problems. Prior research has yielded promising results for both treatments, especially exposure therapy.

In addition to psychotherapy, some drugs, such as antidepressants and anti-anxiety medications, have been shown to help PTSD. According to

study co-chair Paula Schnurr, PhD, the study is extremely timely due to the ongoing war in Iraq and the numbers of women serving there. About 216,000 women are currently on active duty, with another 151,000 in the Reserves and National Guard.

Approximately 20-25% of women who served in the Vietnam War and Gulf War developed PTSD. We'd expect the figures for women serving in Iraq to be at least as high," said Schnurr, deputy executive director of VA's National Center for PTSD, in White River Junction, Vt., where the study is headquartered.

Women interested in participating in the study should call (802) 291-6225 for further information.

Eligible women will receive 10 weeks of free psychotherapy from a trained female therapist and take part in interviews several times during the study.

Participating study sites include the VA medical centers in Albuquerque, Atlanta, Baltimore, Boston, Cincinnati, Cleveland, Dallas, Denver, New Orleans and Portland; and Walter Reed Army Medical Center in Washington, DC, where active-duty women are being seen. The study is funded jointly by VA and the Department of Defense.

MV

Fearless Nights' Sleep

They caught him again. I read it in the papers yesterday. This time I think it's going to stick. The judge set \$100,000 cash bail, or \$1 million surety! So, there he sits, at least for now in a cell, while everyone knows. Every move I make I think of him. I move from room to room, warming my coffee, thinking...he can't. I pop in a DVD; he can't. Run to the store; he can't. There he sits, in that humiliating outfit, caught, with all the time in the world to think about it. I would like nothing more than to give those two police detectives, who don't even know about me or the other fifty or more victims, the biggest hugs they have ever had. I wonder if those detectives took a moment for themselves last night. They didn't just put him away; with a few weeks of work those men were able to give me something I couldn't get for the past 20 years—a fearless night's sleep. I wasn't his first, I know, but I think of all those that came after me, including his own children. I told, but was ignored...thank God times have changed. It's hard, I know, to feel as though we are surrounded by people like this, as if we are trying to stop the rain. With each effort, a moment of peace is found for a child living a nightmare. With each success, another victim is heard...and another child who has no clue how I feel will have a fearless night's sleep.

By The Orchestra

MV

Surviving as a Forensic Patient

By William R.

Away from this hospital, the world is round. Here the people in it manufacture edges, which make it frighteningly easy to walk off the brink. And their monsters eagerly await the chance to swallow you up

As a child and as an adult I learned to sleep with the lights off. Here the lights are on all the time; then we must face and hear the monsters we dream of. There are no shadows to hide in. Imaginations don't know the difference between a dark room or a semi-light room. This leaves very little doubt that I do have something to be afraid of.

If I am not extremely careful enough to keep the mind and body alert, a place like this can become a prison of fear, distrust and doubt. The harassment that goes on by the staff of certain patients is unpalatable. You are made to feel as evil as the Devil Himself for breaking rules. Yet another patient can commit the same offense and just get a pat on the hand because he is considered a low-functioning patient. If you are an MPD patient they don't just throw the book at you, they throw the whole library at you. Then tell you it is because you are a high functioning patient.

I am amazed at how much fear of these things can be tolerated and still I thrive. Possibly because it's my thinking, "It's only life and I'll get through it somehow." Being a patient that fights against abuse or at times the perception of being abused is a real detriment in a hospital.

This makes living here a very scary situation. It makes one feel the warped wood of life has gone wrong, but they try to convince me that the warped wood is really straight and true. To a patient with a history of abuse, this is just another mixed message not to be believed.

As a result of being integrated I no longer have the black tunnels of amnesia to deal with. Nor the feelings produced after being in a tunnel of my mind where my blood seemed to run as icy as a January river. It is a

welcome relief.

Is it no wonder that you pick up on sayings like "Trust no one but God and yourself." Now lately I'm not so sure about God. Always remember though, the pain of speaking from the heart is always, in the end, more endurable than the suffering that was the price of silence. Until I settle my debts with the past, I'll never know the peace of mind or self-respect needed for Love to flourish.

There are still times when fear eases itself through the body like some infectious disease and we can become as easily seduced by the strangeness and terror as we are by the mysteries of sex.

Also times here sometime seem that life is based on the premise of living the reality of the world tomorrow, today. So often simple words like "common sense" or "logic" are left by the wayside. New words come into play here. Examples would be "clinically correct" or "unpredictable behavior". Life is so much easier in the institution if the staff can feel that an intelligent, articulate patient is compliant or institutionalized. Look to the movie "One Flew Over the Cuckoo's Nest" as an example of this statement. McMurphy's outcome is really the ultimate solution. You don't have to have a lobotomy physically today. There are ways to achieve the same results psychologically or with drugs, thereby assuring compliance.

Even as an integrated multiple so many of these problems are taken to be, sometimes rightfully, as a form of abuse. Where does one as a multiple find the understanding of the hell we have been through, or about the fact that we are not perfect just because we're integrated but still tainted by the past.

It would seem only fair that we should be allowed our chance to learn that not all of life is one abuse after another. We are going to break minor rules possibly, but shouldn't it be questioned and understood why this is

done, rather than just issuing a punishment and nothing else.

I, finally being one, have decided to live my life within the parameters of the law to the best of my ability. But I see no reason to lose the right to question, to not just follow orders blindly. Wouldn't the Germans have been better off to have questioned Hitler? Then as today, the cop-out phrase was "I was only following orders."

The reality is—I may not make a significant difference in the world, but at least now I can live with myself.

MV

Arms

I walked in darkness
without seeing light
I walked in fire
but did not ignite
Not knowing arms of love
broken and forlorn
a wounded soul
dying too young

I walked in truth
but still saw lies
I toyed with faith
put false beliefs aside
Looked for arms
to ease my need
a selfish heart
that would not bleed

Can Truth penetrate
to set me free
the power of love
when I believe?

By Evangeline

MV

Therapists

At one time we thought we were going to lose our therapist. He was moving away and to another job. I was VERY angry about it, the young ones cried or screamed constantly, one wanted to die...we all tried to understand, but it was very very hard. Everyone was so scared and sad. It was a very terrible time for all of us. We wrote him a good-bye poem and spent a lot of time crying...

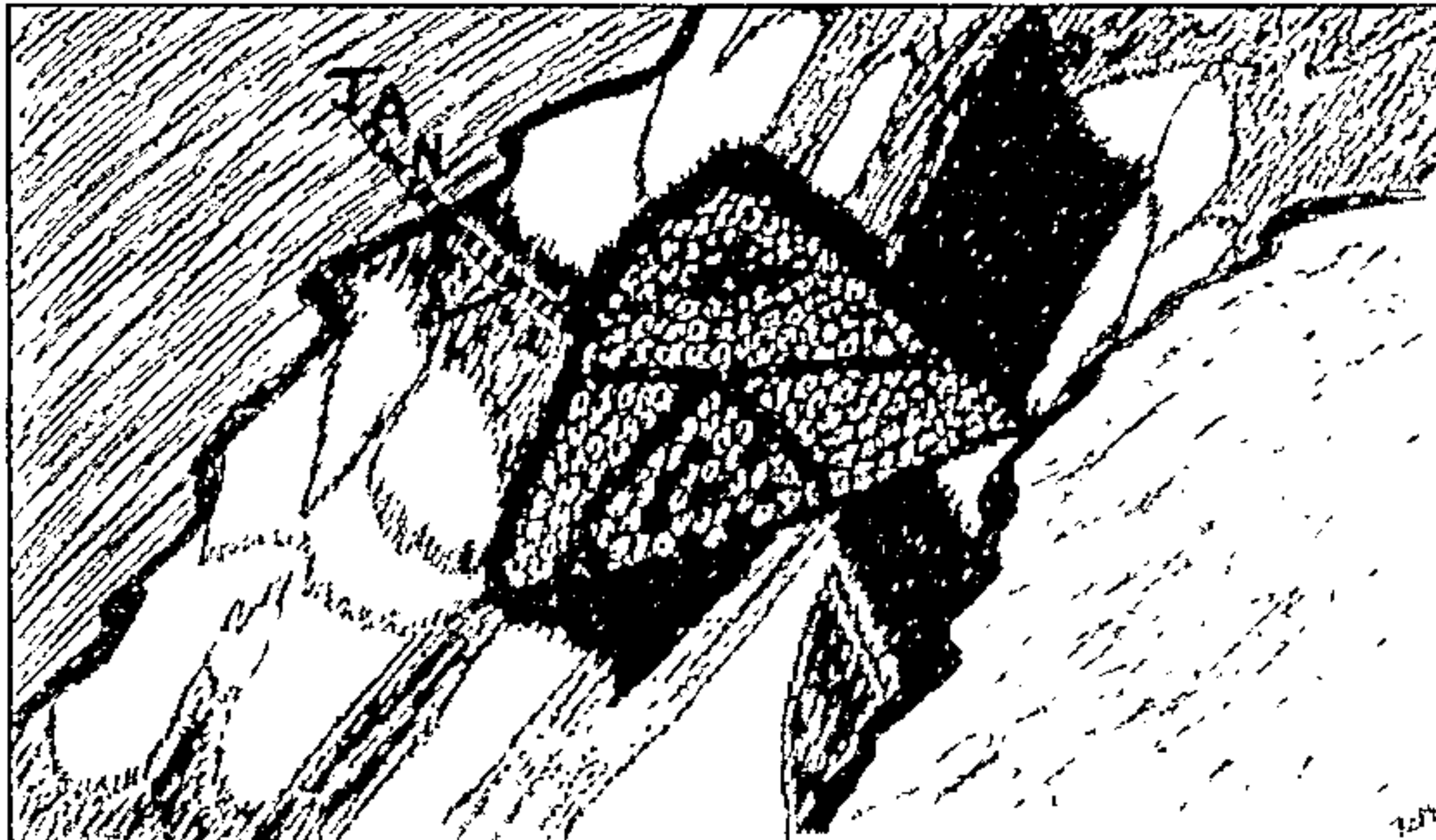
We talked to an angel.
He was real. We touched him,
And he touched us...
Our hands, our heart.
He gave us our voice. He listened.
Hearing even those things
We could not say.
He rescued us from Darkness.
Gave us Hope. Showed us God.
He was used by the Master
To unlock locks, to open doors,
To procure our freedom.
We talked to an angel.
While binding up wounds,
And teaching us truth,
He offered us a gift...himself.
He loved us,
Each one, and we loved him.
It is a most difficult thing
To part with an angel...
We will never forget.
We will always love.

*From Kitten & Emma &
Hope & Candy & Ellen*

As it turns out, we did not have to find a new therapist. We were able to make arrangements to continue our therapy "long distance." I've pretty much gotten over being so angry, and the phone bill and gasoline costs are insignificant in relation to how awful it would have been to "start again"...that would have been so hard.

Changes and loss in therapy are inevitable, I guess, and they are probably one of the harder things we have to cope with...but it's not impossible to cope. Those of us who are strongest carry the others and we SURVIVE. That's what we are all about: SURVIVING.

By Candy, one of Ellie's friends



The Living Truth

I'm in bed earlier than usual. Oh, I am so tired. I get comfortable and all so warm. And my eyes close. I begin to see others within. This used to frighten me, yet it doesn't, anymore. Instead I lay there and calmly try to see clearly: All these faces and images in my head.

There are several. The images began to fly by my eyes so fast. I could no longer keep up. And my calmness left. I couldn't tell if my eyes were open or closed. I just wasn't sure anymore. The calmness came back to me. Or so I thought

And then a crystal clear image came

I saw my own face as I lay in bed with my eyes closed. And what it all means. I have yet to know. Then hurt and sadness came over the entire body, like a shock wave of electricity from head to toe, to stronger intensesness inside. I feel wetness rolling from the eyes. A steady flow getting my pillow wet as well.

I then realized, I too feel total hurt and sadness. One of my wee ones is right here with me. And crying again. As she apologizes for the many tears. I say "wee one, we all love you; And we are glad you are here. Is it ok to hold you, comfort you, dear? Oh wee one, please come here. If you do I will not be alone, and we can be together always; As I watch you grow. You are safe with me; there will be no harm."

The tears stop; I no longer feel hurt or sadness. And I realize my wee one has gone to sleep in my arms

I have a warm loving feeling, and it brings a smile to my face. Serene pleasure. I say "thank you, wee one. Thank you so much. Again you cried in my place. All the bad feelings are gone. Oh wee one, you have a home, within me and without!"

I fall asleep and all the others too. And without knowing what the hurt and sadness was all about. Peaceful, serene sleep. And my wee one doesn't even know:

AGAIN, SHE HAS SAVED ME!

(A actual true event on Valentine's night dedicated to the younger parts who sometimes help the adult parts)

By Barb & the Recruits

MV

MV

Once in Awhile and Sometimes

Sometimes
I feel like a child
sorrow-filled eyes
leaking tears
Understanding only
that love and anger
are interchangeable.

Once in awhile
I feel like a child
asking questions
about lady bugs
stars
how clocks work
Believing in
a Santa Claus god
holding love in his hands.

Sometimes
I feel like a child
waiting for footsteps on the stairs
choking on Old Spice
Living in
a grown-up world.
Old at seven.

Once in awhile
I feel like a child
running with the fall wind
toward hot dogs and toasted
marshmallows

PTSD

We have a lot of trouble with PTSD symptoms, especially crying out loudly when a sudden noise or loud noise comes.

Often we cry out when watching television. And when we drop something.

We say "I'm sorry" all the time even when we did nothing wrong.

Depression is no stranger to our adults, either. We want to rest a lot and think negatively a lot. Our child alters are happier and more positive.

I try to not cry out, but it happens anyway. Until this year we were unaware we did this. Our psychiatrist says this is a big step. My spouse says we have done it all the time she has known us—since 1987.

Keeping busy helps depression for us.

By Sally B.

MV

Embracing dancing leaves and
all that is good.

Sometimes
I feel like a grown-up child
fear filled eyes
reflecting only adult sadness
Remembering
batterings of a childhood spirit
betrayal of her soul.

Once in awhile
I feel like a grown-up child
inhaling deeply, fragrant summer air
relishing a scoop of chocolate ice
cream
with restraint.
Living in
the absolute beauty of the moment.

More often now
I feel like a woman
embracing all
the happy, sad, cowering, bouncing
little girls and grown-up children
Free at last
to honor them all.

By Hannah D.

MV

Prison

I stand here imprisoned,
Protected from all hurt.
People press close,
But no one can touch me.
I alone can reach out.

But each movement
Has a thousand consequences;
Reflecting, multiplying
Shattering my futures.

By Carol L.

MV

Ways to Feel Better

By Marin

I decided to get healthy; I'm finding new ways every day.

Meditation, visualization, relaxation exercises...Crap on the past. Why don't we imagine what our future may become? Beats the hell out of depression.

Journaling. I do it two ways. I just pull out a pen and throw a royal 50-100 page temper tantrum. Stack it on the pile of the old ones. Then when my 50 page yellow pads get full and the stack is too high, I sit and rip them into approximately inch-square pieces. Mental drainage into the sewer and good old physical venting.

I also believe in the power of forgiveness. I write those who hurt me "I forgive you" letters. I don't always know where to mail them, but it puts thought into physical action.

Self-love. I love my others. They love me, so why not love myself? It became a lot easier to really believe when he/she says I love you, to accept—but not to consistently burn your people!

Good diet. Less sugar, poisons, and more fresh fruit and vegetables, whole grain bread. I also firmly believe in vitamins, minerals and herbal remedies, but don't just go to the drug store and buy. Study it. If you are on meds, ASK YOUR DOCTOR FIRST.

Exercise. I'm going to study yoga. I exercise at least ½ hour every other night. It helps me sleep.

My favorite way to feel better: give ourselves a break!

I've also decided to stop being a Type A (anger) person and become a Type P (peace) person. Me—queen of impatience. At the store I mutter *ok ok, the checker is checking the dude in front of me as fast as he/she can.* I talk my anger down.

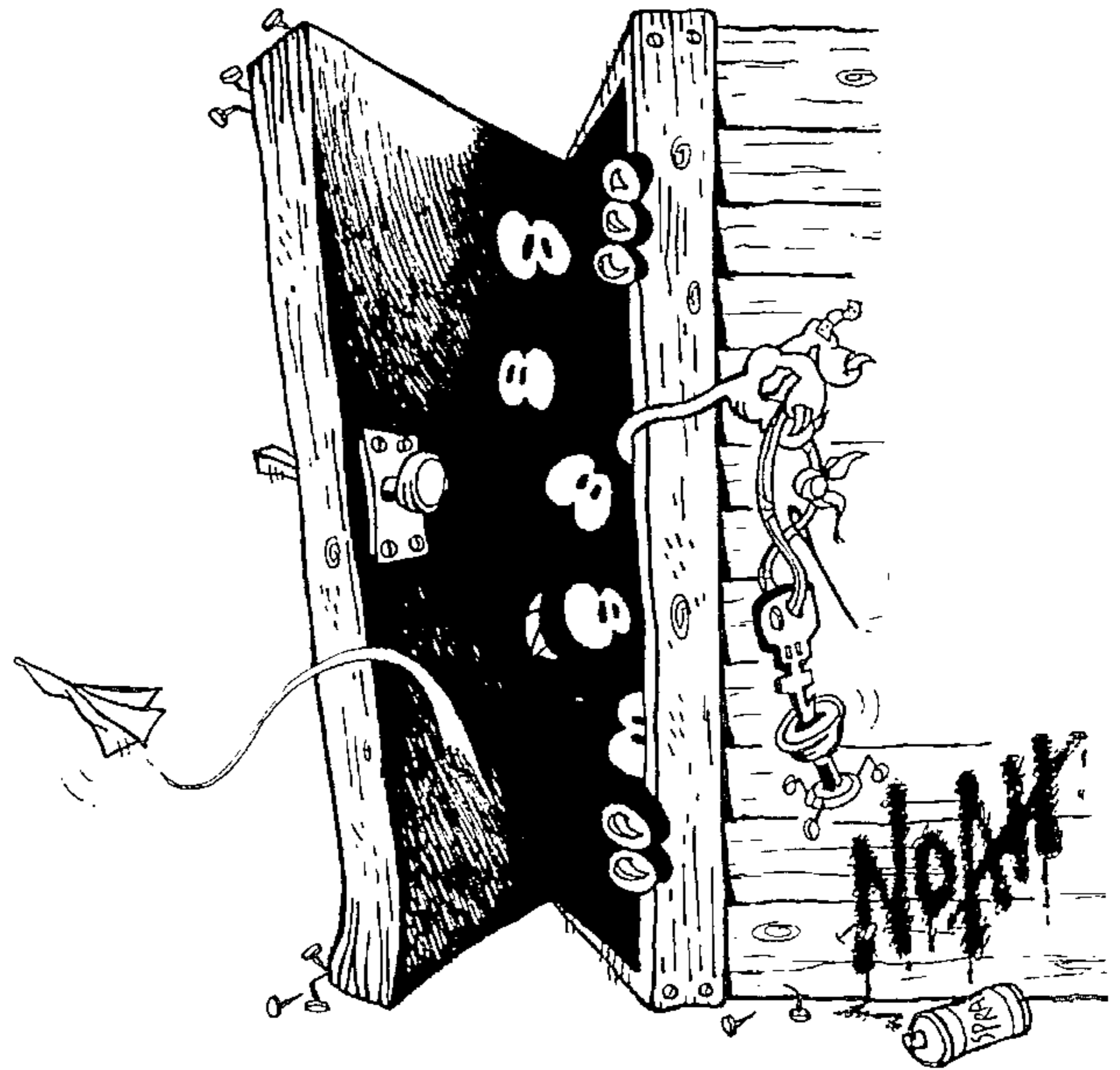
Cooking. Make tasty salad dressings etc. Health isn't just a mind game; she's a life commitment. But don't go to extremes. It'll only stress you out again.

MV

i talked
 i cried
 i listened
 now
 i am writing
 in hopes
 of pushing
 outside
 the despair
 that lays stagnant
 yet churning
 within me

by sjs

MV



Books

Charred Souls: A Story of Recreational Child Abuse

By Trena Cole © 2004 Published by Oberpark Publishing Inc , 55 Monument Circle, Suite 1422, Indianapolis IN 46204. (317) 636-7135. www.oberparkpublishing.com 336 pgs. \$16.96. paperback.

This graphic book describes a young girl's childhood with her six siblings, growing up with parents who used child abuse as a form of entertainment. She describes methods of intimidation, torture and isolation the parents used to keep their children from seeking help. Since much of the extended family were similarly abusive, the children assumed the whole world lived this way. Trena, the eldest, was the nurturer for her siblings. She became dissociative to survive. The parents were never prosecuted. Be aware that the language and events in this book may be triggering. However, it is a book that may be helpful to professionals who work with traumatized people or perpetrators.

Early Intervention for Trauma & Traumatic Loss

Edited by Brett T. Litz ©2003 Published by Guilford Publications. (800) 365-7006 www.guilford.com 325 pgs + index. \$40.00 hardback

One of the special benefits of this multi-authored book is its emphasis on specific types of intervention for trauma geared to various age categories, from infants and preschoolers, through teens, to adults. There is also an interesting section on risk of developing chronic PTSD, which describes the conflicting research and difficulty of obtaining clear cut answers on who is likely to develop long-standing PTSD symptoms when faced with a catastrophe, and who is not. An extensive chapter on the Impact and Recovery from Sexual Trauma may be of interest to MV readers. Overall the book is written for professionals, in an academic style. Be prepared for footnotes galore.

Trauma, Stress, and Resilience Among Sexual Minority Women – Rising Like the Phoenix

Edited by Kimberly F. Balsam © 2003. Published by The Haworth Press, Inc. (800) HAWORTH www.HaworthPress.com, 149 pgs + index. \$19 95 paperback. \$39 95 hardback.

This book is unusual for its focus on lesbian and bisexual women, "outsiders" in the most intimate sense from traditional society. The editor of this volume, Kimberly Balsam, PhD, received numerous awards for her previous work on Traumatic Victimization, where she compared lesbian, gay and bisexual adults with their heterosexual siblings. The multi-authored chapters of this book discuss topics such as challenges for lesbian and bisexual youth, the "coming out" process, the special concerns of HIV-Positive women, and Black lesbians. As the gay marriage debate enters the public consciousness, the chapter on the impact of institutional religion on lesbians is timely as well.

MV

Thank You For Sharing!

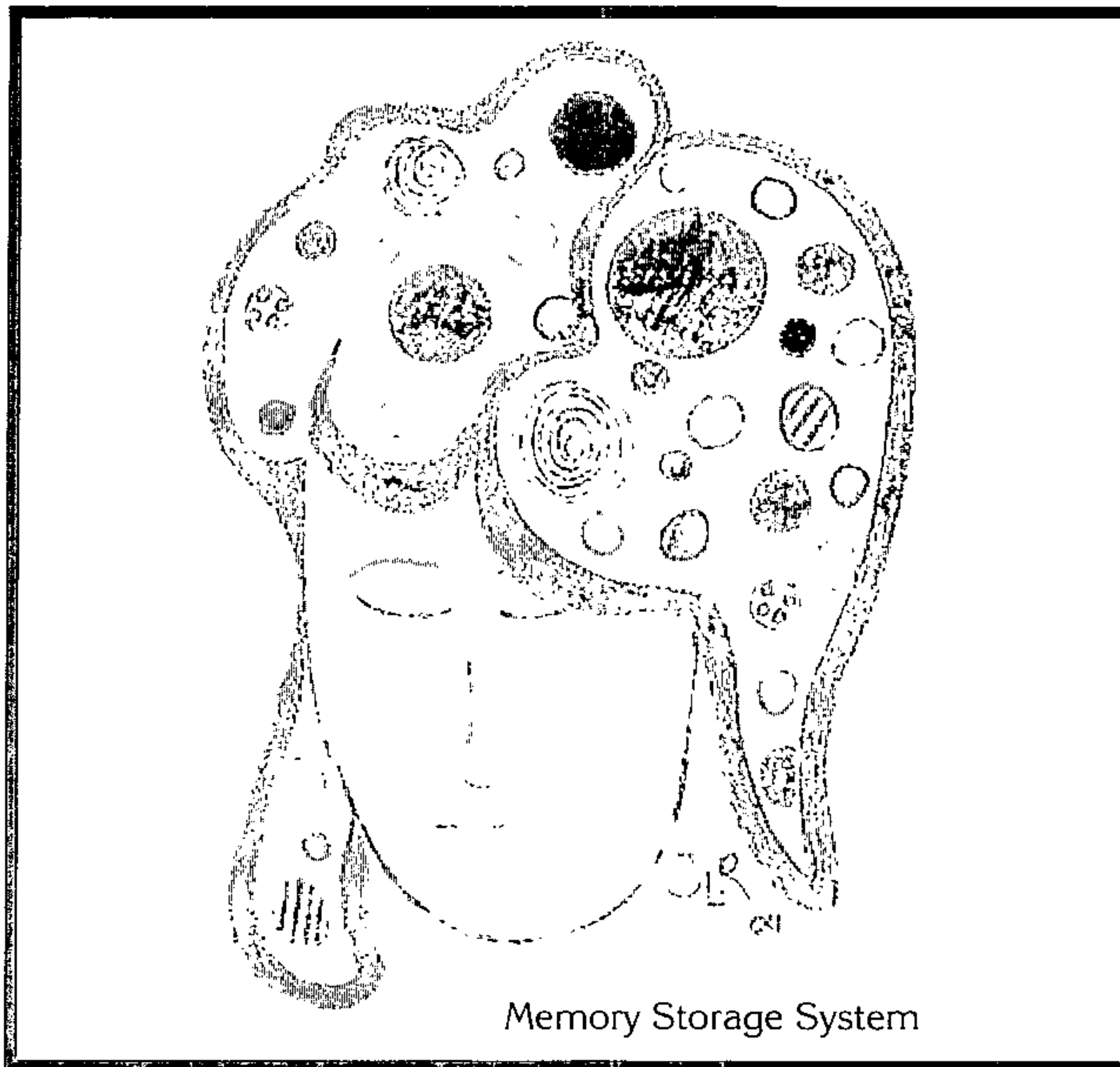
A special thanks to all who share their writing, art and good ideas with MV's Readers. We REALLY need prose (lots of ideas, short or long), Cartoons and potential cover art. Partner's pages are in short supply, and we are always interested in Therapists' Pages, too. Please Write for *MANY VOICES* & Help Others Heal!

October 2004

How to Build a Strong Support Team
Art: Your Partners in Healing
Deadline: August 1, 2004

December 2004

Peace Strategies for the Holiday Season
Art: Meaningful Treasures to Give or Receive



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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