

MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

Vol XVII, No. 4

August 2005

ISSN1042-2277

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Communicating with a therapist...

An Invitation

We invite you to walk beside us, just as a guide walks beside the traveler to his country.

We ask you to be the guide, the guide that sometimes walks a step or two ahead to check for danger, yet always returns to the side of the traveler

The traveler, the foreign one to the human's country

We ask you to walk beside us, and as a guide does from time to time, to point the way for us to travel

We ask that you will walk beside us as an equal, not better than us, not taller than us, although we see you that way, but our equal in the journey

Yes, we are all traveling in a foreign country, although it may seem familiar to you, as you have guided many before us, it is still its own unique country

Let us not forget that we are all a foreigner to this new country, but you are the most experienced in this type of journey, so we ask you to be our guide and walk beside us

We need your instructions, we need your knowledge, but we do not need to feel helpless or incapable

We are hard workers, travelers who will walk many hours with no food or water if necessary

We are strong and capable travelers, we have journeyed far before, and many times

We are persistent travelers, we are stubborn, and we are determined to make this trek with you

Please walk beside us, don't walk too far ahead, as a good guide never strays too far ahead

And, if we falter, if we question you, it is just our way, we always have our opinion to say

We ask you to walk beside us, and perhaps someday, when we have traveled far enough, and long enough, we will all be able to rest

When we reach our destination, when we feel we made our journey complete, we will ask you to once again walk beside us

You will guide us on this journey, and what we learn will never be forgotten, and all your effort will not be in vain

We know that no matter whom you walk with next, who you guide again, will always have you beside us

We know that no matter where we go after our journey with you, you will always be beside us

We will listen and learn, we will take your lead, but we will always walk beside you

We will always walk beside you, thank you

By Rain

MV



Shyly

Shyly I praise myself for the endless efforts to be well
 Shyly I commend myself for getting fit and embracing my body
 Shyly I laugh a little more with less effort than before
 Shyly I shake my hand for getting to know myself and saying I'm OK
 Shyly I'm not afraid to speak for us and be proud of our beings
 Shyly I am, for once, happy just where I am and what place I am in.
 Shyly I wonder if I need not be so shy in rejoicing of my renewed spirit.

By Kathy A.

MV

MANY THANKS TO OUR FRIENDS!

Del Amo Hospital - Torrance, CA

Call Francis Galura: (310) 784-2289 or (800) 533-5266

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

Communicating with Medical Doctors

By Wendy and Family

I used to have problems with medical exams, especially pap smears. Here are a few suggestions that have helped me and my inside family deal with female examinations:

First, we all agreed to see a female doctor. The first appointment is only to sit and talk with the doctor, and explain to her about our delicate situation. If the doctor isn't sympathetic, we look for another.

Our last doctor was very caring and understanding. I told her that because of the sexual abuse, just the thought of having a Pap smear sends fear and anxiety throughout my whole body. I explain that because I am dissociative, a young alter may emerge during the procedure, and she just needs to comfort and reassure her that she (the doctor) is here to help and not to hurt.

Also, ask your doctor if you can see and hold the instrument and have the doctor explain how it works and why a Pap smear is needed. Sometimes an

explanation from a doctor can lessen the fear.

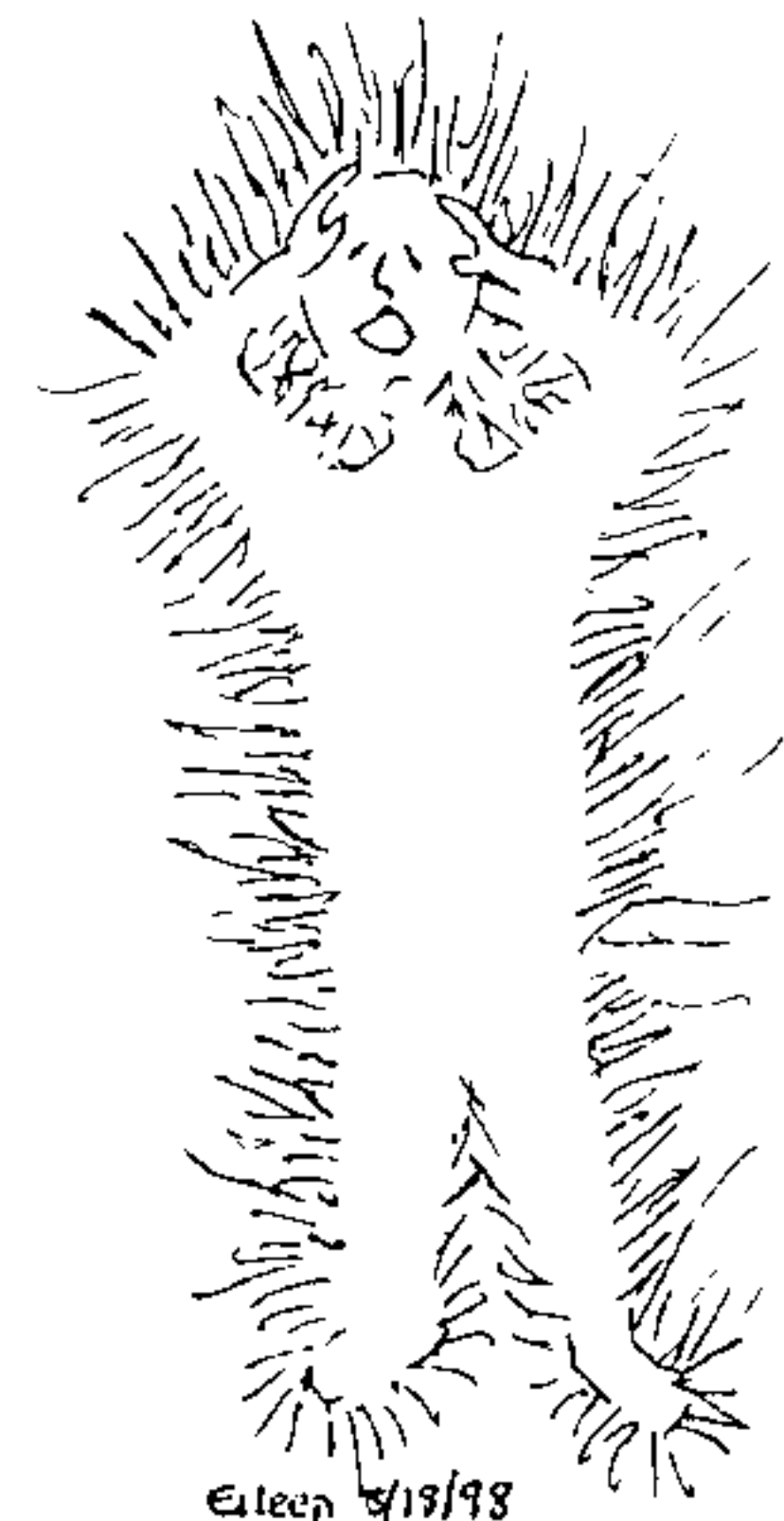
Make another appointment in a few days, and during that time draw pictures of the vagina and very tenderly and lovingly explain and go through the physical motions of having a Pap smear. I have even made a vagina out of play dough and let the younger alters pretend they are doing the exam. This was most helpful for me, especially when I reassured the others and myself that it wasn't dirty or nasty.

In my mind, I become the doctor and I do the procedure as gently as possible. I have even read health books about Pap smears to reassure myself(ves) that every woman has this procedure and that it is normal and very safe. It may hurt a bit and feel uncomfortable but it only lasts a few seconds.

My last examination I cried a little and that was all right. My doctor was very understanding and afterward we

(my internal family) all went for ice cream afterwards. Also, don't feel embarrassed if you feel safer taking a small stuffed animal in the examination room. The younger alter can talk to the animal for comfort and to distract from the procedure.

MV



Remember the Love

By Amanda for Keepers

Keeper's have a story of healing we would like to share with *Many Voices* readers. It is not a story of a therapist who could help. Nor is it a story of being part of a family that helps us heal. But it is a story of unconditional love and of great faith.

Our story begins about 2 years ago, when we met a minister named Marigene. The first time a Keeper went to see her, she told us that we were a beautiful diamond with many aspects. Deep within us, many Keepers responded to her words with our belief that Keepers are nothing more than a lump of coal.

Much has happened since that day and many things have changed. For a while, Keepers were trusting Marigene's wisdom completely and we thought we were on our way to becoming a beautiful diamond. But the last few weeks have shown Keepers that this 54 year old body is still a lump of coal.

Yet, this lump of coal has hope, now. Hope that it never had before.

Reverend Marigene and her husband, Rev. Larry always take time for Keepers when we are in crisis. Larry has helped Keepers greatly although I doubt if he would understand that. The one thing Rev. Marigene always says to Keepers is to "remember the love." For two years, those words made little sense to Keepers. After all, the only love Keepers seem to really feel is the love between our significant other and Keepers.

These last few weeks have felt like the most painful ever for Keepers. In order to combat the negativity of what Keepers have been feeling, we have been meditating on Marigene's statement of "remember the love." When Keepers meditate, we envision all of us sitting around a campfire and sharing our thoughts and beliefs. For many weeks, "remember the love" has been our topic of conversation.

Keepers originally thought that she was talking about mutual love

between Keepers and other people.

But that made no sense. We thought love with our children was mutual only to find it had huge conditions placed on it. Love with our significant other is definitely mutual but Keepers seem to only know that love when he is close by. Reverend Marigene says she loves Keepers but she says she loves everyone and Keepers can see so little to love about a lump of coal.

She says Larry loves us, yet, Keepers feel too stupid to even speak to him, although he is always very kind and polite. So, even as we look at love, we feel so lost because love is so hard for Keepers to comprehend.

Then, today, one of the Keepers finally got it and explained it to the rest of us. She wasn't talking about mutual love or love coming in from outside. She was telling us that it doesn't matter who loves Keepers because that love belongs to its owner and can only be felt by its owner. The only love Keepers can ever really remember is the love we feel for others because that's the only love we can really own.

The truth is that Keepers have never really learned much about love. We have always been so busy trying to make the hurt go away that love didn't enter the picture much—not until we met the people at the Center, where Reverend Marigene is Spiritual Director. Since then, the concept of love had confused Keepers greatly. It has frightened us. But, mostly, it has changed us.

After my conversation with Rev. Marigene today, the confusion has lessened for us. We understand, now, that the love she is talking about us remembering is the love we feel for others. In all honesty, it's a real shock to realize how much Keepers feel love for others. Now that we are hurting over our children, we need to remember and feel every bit of our love for each one of them. We need to remember the depths of our love for our significant other. We won't

ever be able to feel Marigene's love for us so we may never believe it but we always feel our love for her and that is what we need to remember and trust.

A couple of months ago, Keepers were spending days in ICU with a loved one as the patient. I tried to call Marigene when a code blue was called on our loved one. She was unavailable but I got her husband Larry, Without question, and without having any idea of who Keepers were, he took the time to talk to me and to pray with me. He gave Keepers what we needed in a desperate situation.

Since then we have wondered if what he did was love or if we were just a job to be done to him. Since love is such a foreign concept to Keepers, I think we will never know. But I do know he made Keepers feel safe and strong, which is what Keepers will always remember. I don't know if remembering that phone call with Larry is remembering the love or just remembering the incident. I do know that the way he handled it changed Keepers for the better in a permanent way. This is not the only incident where this kind man has given Keepers what we needed when we needed it. Whatever he has given us, Keepers choose to see it as love we can learn from.

What these two amazing people have given us is the beginning of understanding love. Not only love for those close to us but love for all mankind—for our children but also for those who are strangers to us.

Rev. Marigene finds it difficult to understand living in multiplicity but she cares enough to try and see what Keepers are all about which has made Keepers feel worth something. Maybe she has given given this lump of coal the beginnings of becoming a beautiful diamond by teaching us to remember the love, always.

Thank you, Marigene and Larry.

Windwalker

By Living Earth

There is a diagnostic category in use which refers to "narcissism." Narcissism is usually thought of as an excessive or exaggerated love of self. This extreme concern for self is thought to exclude concern for others. It is all based on a legend of a man called Narcissus. This man is remembered as being totally absorbed in gazing at his own reflection in a pool of water.

Twin studies have revealed an alternate tale. This story tells of the love between Narcissus and his twin sister. When she dies, Narcissus experiences her loss deeply. This great loss leads him to the pool of water. There he passes most of his time, gazing at his reflection. He does this, not out of self love, but as a way to commune with his sister.

It is possible that the diagnostic self-centeredness is in line with singletons' (non-twins') interpretation of the myth. This also sets aside the psychic bond between those, like myself, who are a product of multiple (twin, triplet, etc.) conception. This psychic bond, like all paranormal phenomena, tends to be controversial in this country due to confusion, fear and denial. Perhaps confusion, fear and denial are also factors in the word arrangement that forms documentation.

Words are connected with breathing. We inhale experience and words of others. We process and decide what is food. We exhale expression, toxin, moisture, sound. Words and information are in the air now. Consciousness touching Consciousness. I wear down many pairs of shoes.

In this body, I bring my memory of the shoes and my words to others. I have begun to read their written interpretation of our interaction and my story. I do this with doctors, lawyers, judges, counselors, libraries. Those in business offices and banks. Creditors. Credit bureaus. Credit card

companies. Insurance companies. The utility companies. Do I do this for self? Absolutely. And for others? Yes. Why? Read on...

Recently, I sit in a nice room with two people. One, the counselor who is leaving the mental health center. The other, another staff counselor whom he recommends as a replacement. I ask the second person who the records are for. This person recites a list of people: auditors, administrators, record reviewers, state assessors, funding representatives, etc. Then there is silence. I wait, lean forward and say that someone important is missing. The client.

This person indicates that clients rarely read the records.

My response is that this doesn't matter. That the client is the reason for their job, the building, funding, all of it. To this is added that I read MY record—every word. And this leads to a decision to modify the wording to be more sensitive to my experience and perception.

I say that the records are prepared for eyes. That a client's eyes are the most important. Is this said for myself/selves? Absolutely. And for others? Yes. For you, the reader. For Lynn W., *Many Voices* editor/publisher, who keeps us connected. For those who may never tell, or have never told, their story with words. For those who have, do now, or will. For those who attend schools and only briefly discuss the impact of documentation. For those who do the documenting. For those not mentioned because I'm tired.

This is a quiet emergency. Emerge and see. If there is fear, I read records with someone else present. For support, to bear witness. I read to see if what someone says or implies is what they record. And there have been some surprises. At times, doctors write for other doctors' eyes. When I challenge this, and ask to read

assessments, behaviors sometimes change. Things emerge that float beneath the surface. By seeing this, I have avoided potentially costly, damaging, toxic, abusive situations. It is not my intention to again recite, "Oh no—here we go again..." It is not my intention to be further exploited.

In my home, there are copies of records prepared by others. I believe in freedom of information—with discretion, sensitivity, wisdom. And I believe in free access to information. This energy exchange can be very personal, and shaded by one's culture. Cultural sensitivity is also emphasized in dealing with record keepers. This includes the culture of an agency. What is recorded often heavily reflects their culture—not mine. This adds to my confusion, dismay and sadness. Here, there is a sense of being on a carousel. I and the carousel are still. It is the outside world that is spinning.

So there is work to engage and negotiate with the spinning. In this way, there is more balance. The records at home fill in time gaps. The pairs of shoes that appear are strangers worn tentatively. Their appearance is like mind—a mystery. Something of where they've been is recorded on many papers. The words are read and scrutinized. In some cases I can relax in the forgetting, because the papers remember.

And what of the trees? Who can say enough about trees? I thank the trees for giving wings to this voice. I am like Narcissus. I gaze at a reflection that brings recall of the lost, missed twin. The story corrects itself, and the wind speaks of freedom. It is finished in beauty.

Therapist's Page

By Gayle B. Adams, LCSW

Gayle B. Adams LCSW is a psychotherapist in private practice in Salt Lake City, Utah. She has been treating people recovering from PTSD and Dissociative Disorders for fifteen years. Ms Adams is certified in EMDR and is a member of the International Society for the Study of Dissociation (ISSD) where she serves on the membership committee. The following article is excerpted from a longer version published in *Network*, November 1996.

Self-Injury: Why do people continue to hurt themselves?

"Laura" never told anyone about the small jewelry box hiding her forbidden collection of self-injury tools. People wouldn't understand why she succumbed to irresistible urges to secretly cut herself on hidden body parts.

Even though she felt humiliated and ashamed afterwards, "cutting" caused an epinephrine rush of relief from the emotionally crazed flashbacks of childhood abuse and the resulting depression. It was as if each drop of blood released some of her terrible emotional pain.

Laura is not the only person fighting the urge to intentionally self-mutilate or self-injure. Expert A.R. Favazza estimates that the prevalence may be as many as 1,400 people per 100,000. Since people who self-injure are frequently embarrassed to report the behavior, the occurrence probably is much higher.

What is self-injury? One form, *stereotypic self-mutilation*, is commonly seen in institutionalized mentally disabled persons and individuals with autism or schizophrenia. Their habitual behaviors include repetitive head-banging. A second form, as in Laura's example, is called *superficial self-mutilation*. This type of intentional injury includes cutting, burning, picking at wounds, bone-breaking, head-banging, severe skin scratching and bruising. It frequently has symbolic meanings and often requires the use of implements such as knives, razors or matches in a compulsive and secret routine. Favazza, writing in 1993, explained that "superficial or moderated self-mutilation can be understood as a morbid type of self-help behavior that provides temporary, often rapid respite from psychological distress as well as a sense of self-control." There is also a growing trend in body-piercings and tattoos, which may be just decorative, or cross over the line into clinical phenomena.

Why would any seemingly sane person intentionally hurt him or herself? The

Freudian generation of mainly male psychoanalysts attributed self-injury to hysterical behaviors of females who suffered from character flaws such as "unresolved Oedipal complexes." It was theorized that self-mutilation is a manifestation of a phallic conflict as described by Louise Kaplan in *Female Perversions*, 1991.

Self-Injury True or False?

1. Men "act out," while women "act in."
2. Self-injury may occur as early as infancy.
3. It's best to ignore self-injury and pretend it's not happening.
4. Naltrexone hydrochloride may be used to block the endorphine response after self-injury.
5. Self-injury is usually spontaneous.
6. People who dissociate are more likely than those who do not, to self-injure.
7. Cutting has been called "New-Age Anorexia."
8. Research estimates that about 2% of the population self-injures.
9. Young children may start self-injury by picking scabs, holding their breath, or head-banging.
10. Some survivors of ritual abuse report they were programmed to self-injure.

(Answers on page 8)

Since these women, pejoratively labeled "cutters," self-injured "to get attention," mental health clinicians were discouraged from discussing the behavior and instructed to ignore even clients who presented with slash wounds on their arms. Negative connotations and clinician reluctance to openly speak with the client about self-injury actually only reinforced the client's shame and thus increased the undesired behavior.

More recent thinking is that self-injuries have particular meaning for the person: reconnecting to the dissociated body,

release of tension or 'badness,' or some form of behavioral message about something traumatic that happened to the person at an earlier time.

The "something traumatic" may be severe and repetitive early childhood sexual or physical abuse. It could be excessive violence in the family home along with the inhibition of the verbal expression of anger. Some literature also suggests that adult sexual assault without a prior history of childhood sexual abuse may precipitate self-injury. Finally, medically-related experiences, such as surgery, hospitalization for severe illness, and lacerations requiring sutures before the age of five years may be implicated.

All of these situations may precipitate childhood dissociation, whereby the traumatized child learns to "space out" rather than consciously experience the repetitive pain of abuse, witnessing violence, or distressing medical procedures. Later, when the child has grown to adulthood, emotions and memories of these dissociated events may provoke self-injury.

It was formerly thought that self-injury typically began in late adolescence or young adulthood. However, a 1993 report by therapist/researcher Eliana Gil, Ph.D. revealed that a startling number of children in psychotherapy, some as young as 2 to 4 years old, self-injure by picking at scabs, pinching their skin, biting the tissue inside their mouths, pulling their hair or head-banging.

Obviously, not all children who are hospitalized or have stitches begin to self-injure. Researchers are unsure about the exact combination of trauma, environment and inborn personality that may contribute to self-injury.

Statistically, women appear to self-injure more frequently than men. However, the data may be misleading since much of this disturbing behavior is performed secretly. We do know that women tend to hurt themselves "internally," while men generally hurt themselves "externally."

For example, a woman might secretly burn herself, whereas in front of others a man might smash his hand repeatedly

into a brick wall or severely abuse a substance partying with friends. Utah psychiatrist Dr. Susan Mirow, who specializes in treating dissociative individuals, has explained that abused women tend to have masochistic feelings, hold their anger in, and let pain out in self-injury. Traumatized men tend to have sadistic feelings, hold their pain in, and project anger out on others, often ending up in the criminal system. Men may employ more indirect means of self-harm such as dangerous play, sado-masochistic sex, dangerous avocations, fighting, and criminal pursuits.

Self-injury differs from suicidal behavior in several important ways. While the risk of injury from self-inflicted wounds is always present, there is generally low lethality, while suicide attempts carry a high potential for lethality. Self-injury is usually chronic and repetitious, while true suicide attempts by an individual are infrequent. Seen by others as "manipulative" or "attention-seeking," those who self-injure may be ignored or criticized, while a suicide attempt is seen as "serious" or a "cry for help."

Someone who self-injures may feel terrified to end the behavior. It is imperative that the treating therapist initially reassure the client that his or her pain is real and serves an important function. Only then can the therapist assist the client in developing alternative ways of fulfilling the function of the specific self-injury. Instead of demanding that the client immediately stop injuring, it may be more useful to ask the client to add a technique and see how it works first. When the client gains confidence in new skills, it will be easier to let go of the former harmful behaviors.

Self-injury is frequently a symptom of treatable disorders such as major depression, chronic or acute post-traumatic stress and/or dissociation. If you suspect that you or someone you know may struggle with this humiliating, dangerous and discouraging problem, it is important to know that professional help is available. The most effective treatment seems to be skilled outpatient psychotherapy combined with properly prescribed psychiatric medication.

Polycyclic anti-depressants (such as Prozac, Paxil and Zoloft), anti-psychotics and mood stabilizers may reduce the intensity of the extreme emotions which precipitate an episode of self-injury. Klonopin, which has both anti-anxiety and anti-seizure qualities, may help control volatile mood swings, dissociation and flashback. Anafranil, an anti-depressant

used to treat obsessive-compulsive disorder, may reduce persistent depressive thoughts, thus decreasing the urge to self-injure. Research is exploring the possibility that naltrexone hydrochloride may be used to block the endorphine response after self-injury.

It helps to have a pre-arranged PRN or "911" medication specifically chosen to stop or limit an emerging self-injury episode. A psychiatrist or other experienced prescriber who is willing to coordinate treatment with the psychotherapist is needed to manage medication for self-injury.

There is no evidence that electroconvulsive therapy (ECT) is effective in controlling self-injury. Nor have standard tranquilizers such as Valium or Xanax proved helpful long term. MAO inhibitors need to be used with caution because of the potential for alter sabotage of dietary precautions. Even though individuals who severely self-injure may be hospitalized frequently, most are not "cured" by either short- or long-term hospitalization.

"*Growing Beyond Survival*," a toolbox workbook by Elizabeth G. Vermilyea, contains a broad range of step-by-step ideas to limit self-injury and progress to positive alternatives. "*Understanding Self Injury*," a workbook by Kristy Trautman and Robin Connors, assists injurers in personal assessment and treatment ideas. Both are available through Sidran Press.

Appropriate psychotherapy resources include nonprofit agencies, for-profit facilities and mental health practitioners in private practice. Ask for a therapist who has experience treating depression, chronic or acute trauma and abuse, and dissociation...and who is willing to explore the original cause of the self-injury, not just blame the behavior on negative character traits. Cautionary "red flags" in treatment include therapists who react with disgust or judgment, who view self-injury as manipulation for attention, or who try to discipline the client into compliance.

It is to be hoped that what has been a taboo topic will increasingly receive the private and public attention it deserves. Self-injury will be identified not as a character flaw but as a treatable symptom of serious emotional pain. No longer will the "Lauras" among us have to suffer in silence.

MV

Why Self-Injure?

- Physical pain as a cure for emotional pain
- To express shame, rage, terror, etc. that can't be verbalized
- To stimulate hormones called endorphines
- Trading pains
- To enter or end a dissociative state such as feeling numb, dead, or unreal
- Unconscious negative or secondary gain, a cry for help
- To expel "badness"
- A sacrifice of one part of the body for the sake of the whole
- Various symbolizations of blood, validating life inside a numb body
- Scars also symbolic, especially when memory and consciousness are altered
- Self-soothing
- Reestablish biological and psychological equilibrium
- To be able to control something in a chaotic life
- To punish self
- Reenactment of specific abuse
- accidental injury or medical trauma
- Symbolic reenactment to tell the unspeakable story
- Remove offending body parts
- Craving for arousal, repetition of the excitement of the abuse
- Programming in ritual abuse, such as self-injury on a cult holiday
- An alter punishing another alter for telling secrets or other disobedience
- To extinguish shameful sex drive
- To destroy gender: "If I was a boy, I'd be safe."
- Connected to severe PTSD, nightmares, hallucinations
- Alter "stuck" in a memory
- After secret contact with perpetrators
- To distract from persistent obsessions
- Purification

MV

Coping Ideas During Phases of Self-Injury Cycle

Triggering Event:

Self-calming, relaxation, breathing, "safe place" imagery, journal, talking, resolve conflicts, be assertive, exercise, change of scenery, positive self-affirmations, prescribed "As Needed PRN" medication

Pressure Building:

Distracting activity, call supportive person, hot line or therapist, "containment" imagery, safe expression of feelings, physical activity, spiritual practices, self-negotiation to "buy time"

Relapse:

Distract self immediately, re-focus on personal goals, rational self-talk, follow "Relapse Plan"

Initial Response:

Attend to your body and obtain any needed medical help, honesty with self and others, difference between lapse and relapse, recommit yourself to recovery, watch for shame and self-hate "stinking-thinking," process in therapy

Long-term response:

Analyze your self-injury cycle, improve coping methods, improve safety plan, examine and correct thinking errors, focus on strengths, develop support system, visualize desired future and how to make it happen

Answers to Self-Injury Quiz, Pg. 6

- 1 - T 5 - F 9 - T
 - 2 - T 6 - T 10 - T
 - 3 - F 7 - T
 - 4 - T 8 - T
- By*
Gayle Adams

Inner Communicating - Stress Relief in Three Parts

By Anonymous

Yo! Dim the lights. Put on nice calm music. Lay in a very comfortable position. Rest a moment. Then, stop the chit chat. Don't kick them out, they need this too. Take a deep breath in your nose. Hold 1-2 seconds. Breathe out through your mouth, 10 count to 1. Visualize the stressor and a) talk to it as if it were a person or a pet, preferably a puppy or a kitten, not a vicious Rottweiler. b) See it and ask the silent chit-chatters to help figure out how to change it. You can even use this to, yes, let go of pain, rage and terrible memories. Or the sting in them. Then create your idea of the most perfect place to go. A cloud. A beach (ours is a white sandy beach where it never gets too cold or rains, no roads in. No one else in the world can find me. Sand dunes. High grass to play in and woods behind that hide us. We gather and play all day—or how we conceive time. At dusk we light a bonfire, toast marshmallows and have a cook-out, singing songs together.) Sounds like fun? It's really soothing and relaxing. It takes time to do but once done, pow, you are there. Your own personal cheap vacation spot. No plane tickets. No hotels and no taxes on a camp.

Now I'm out, they go take a beach trip, or someone else is out. I go too.

To calm stress, don't be distressed. De-stress yourself. Talk it out, to God or the air. No care. Just chat, to another within or not. Helps tho. They

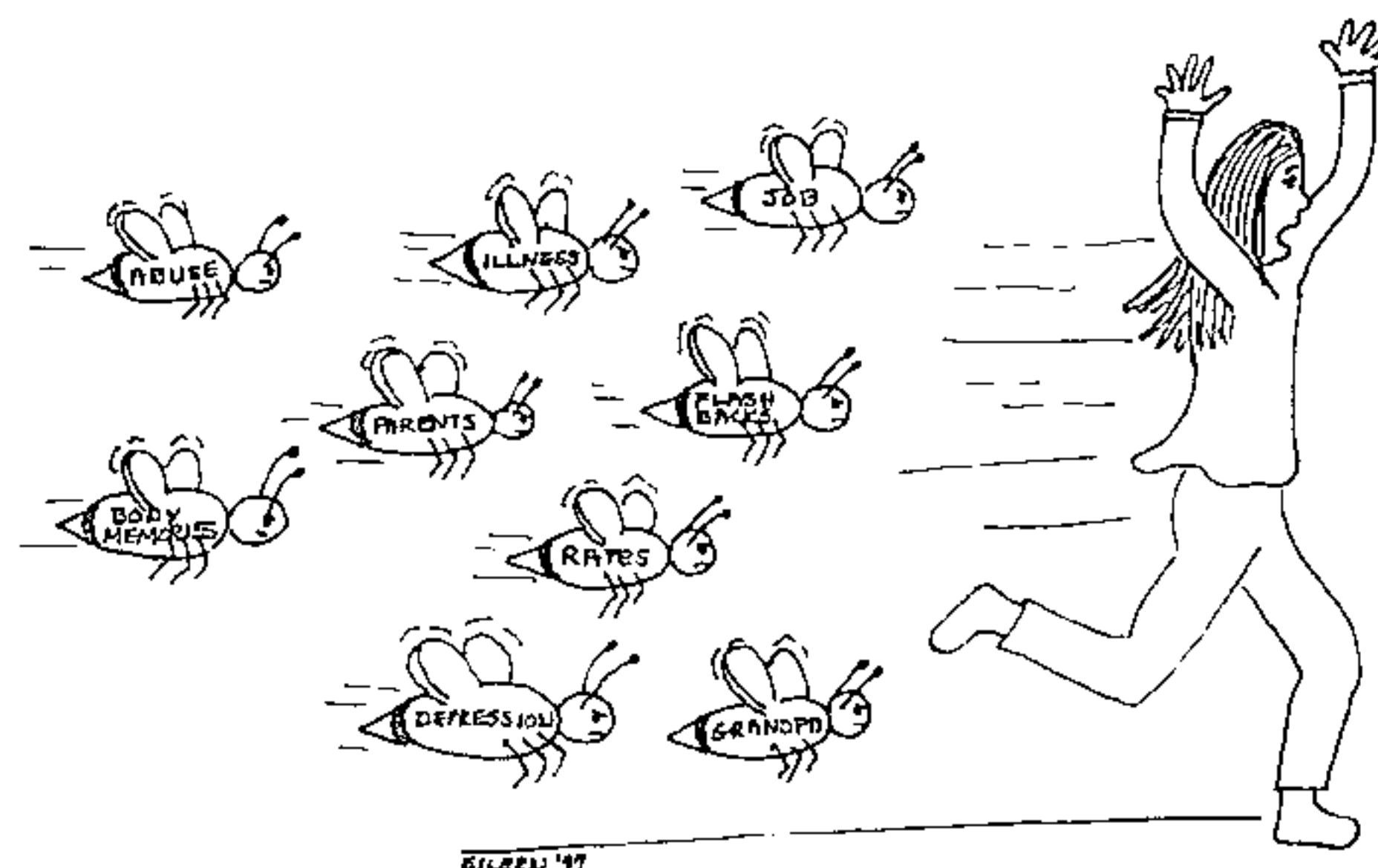
got great ideas that just might help. And 'journal' sounds so formal. Write your stress a nasty letter and say, "Hell, stress, I don't like you. I don't want you. Just why do I feel you?" Locate and destroy. Say "Rats! That's the cause of my stress! "Trash it. Like my new hubby's late wife collected china dolls. I despise dolls. (trauma-cult trauma.) And there were 30+ of them staring at me, stacked up on the walls. He came home. I said "They go, or I do." Funny—he packed them up so fast. Exit stress.

Don't freak it through, think it through. Then freaking get rid of it the best way you can. If at first you don't succeed, cry, try, again, until you can. In God's power we can do it all. Ask, He will give. But it takes faith to receive. If you say "Oh God, please walk away, nahh never in a million years..." Snort. You expect a yes?

How do I calm stress? I just calm selves. Say a prayer asking God for His peace to envelop me like a warm hug and a nice tuck in under my best quilt, with my best teddy, my Bible by my head—and ask for angels to camp out around me, below me and above me. It helps when my man is snoozing all cuddly and close. His warmth reminds me I'm loved.

Who am I? Only the phantom knows, and he ain't telling. (I'm a teen boy in a woman with a man. Embarrassing, but he hugs good.)

MV



STLBRJ '97

The How Not To Pick A Therapist List

By The Four Dragons

Maybe this list will help someone avoid the mistakes I've made. It comes from my almost fifteen years in therapy and includes the behaviors of twelve different therapists that I have been with. Actually, I recently changed to a new therapist. I hope this time will be different. I have progressed in spite of the dishonorable practitioners and I keep getting closer and closer to good help. Every single thing on the list has actually happened to me except two. That's because I was so used to being treated this way that all of it seemed OK to me.

Today, the first ones on the list look obviously wrong. But most of the items towards the end of the list are still fairly new, so I have to do a double take to remind myself that these are not OK. I think these destructive interactions happened because I didn't know my boundaries or how to set limits. These therapists physically hurt my person, verbally hurt me on purpose, did not keep their word, or were just plain dishonest, and I couldn't stop them. I went through a lot of rejection, hurt, abandonment and betrayal to learn the basics. I don't want anyone to have to go through these experiences, even though I'm sure that most readers can add their own unfortunate scenarios.

Do not pick the therapist who...

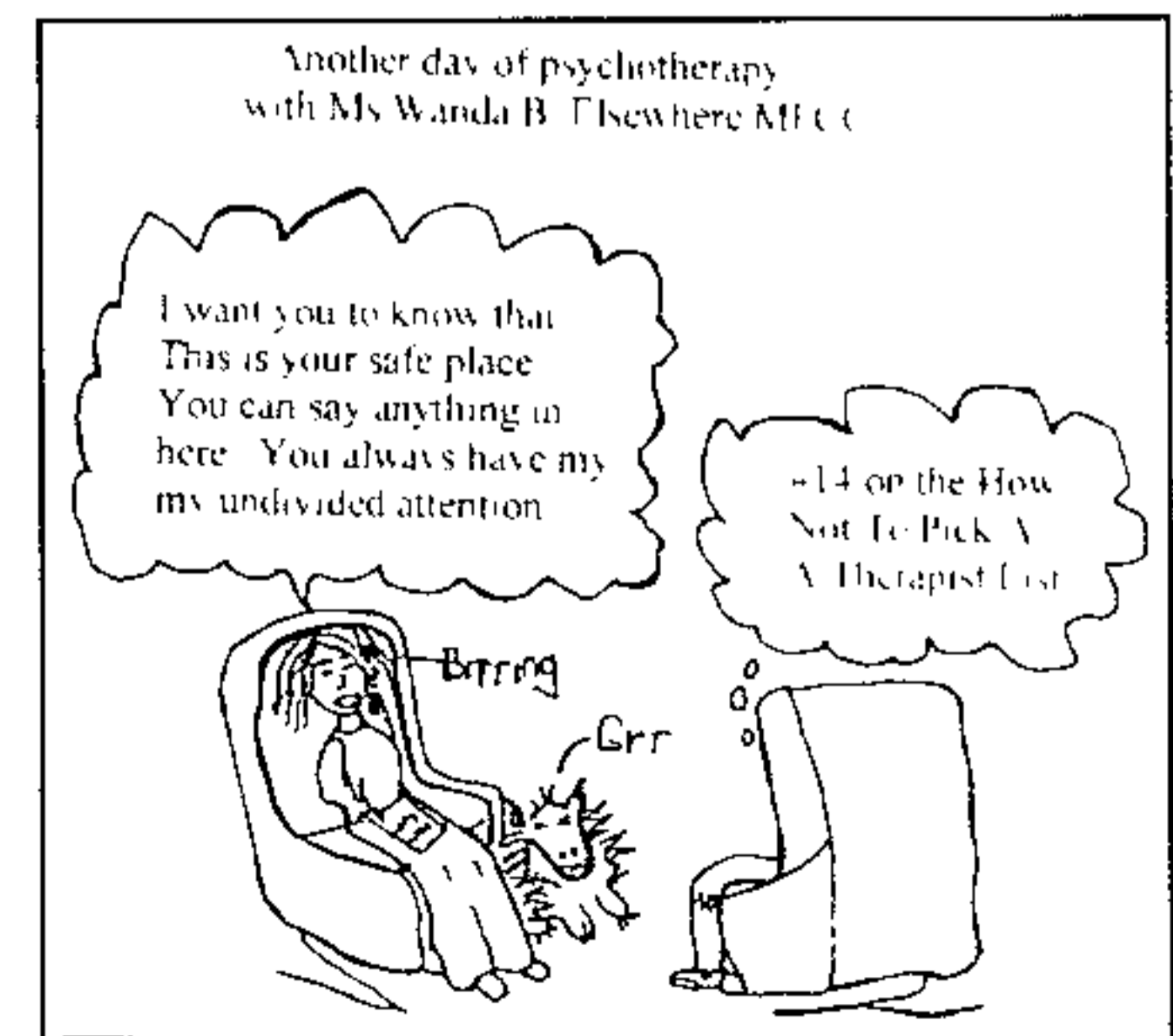
1. Touches you without permission.
2. Hits you.
3. Throws objects at you.
4. Throws water, coffee, or other liquids on you.
5. Offers to have sex with you.
6. Asks you to take your clothes off.
7. Has sex with you or touches you sexually.
8. Talks about you to other clients or friends.
9. Talks about you with other

professionals without your permission.

10. Talks to you about other clients.
11. Asks you to provide them with info you know about their other clients.
12. Sits so you can see their underclothing.
13. Does your therapy in public places (like in a restaurant).
14. Takes phone calls, writes excessively, or has pets during session.
15. Takes you on errands and does "session" while driving, or in stores.
16. Says you are a friend.
17. Says they'll marry you when your therapy is over.
18. Invites you into their home or into private areas of their house.
19. Talks a lot during session. (Should be listening, not talking about self.)
20. Eats or drinks during session (except water).
21. Does not start on time.
22. Does not end on time.
23. Calls you between sessions.
24. Comes over to your house.
25. Charges a large retainer fee at the outset of therapy with you.
26. Charges extra fees over what's been agreed with.
27. Is unable to provide a clear record of services rendered and fees paid.
28. Falls asleep during session.
29. Yells at you.
30. Punishes you for your behavior (yelling, hitting, refusing to talk to you.)
31. Threatens to stop working with you unless you do what they want.
32. Does not provide or refuses to provide referrals when requested.
33. Abruptly terminates therapy with you.
34. Blames you (for anything).

35. Tells you all your faults without helping you find solutions.
36. Brings their own problems into therapy.
37. Tells you to have a light session today because they're tired.
38. Tells you to be nicer to them because of an issue in their own life now.
39. Does not respond to life-threatening crisis in your life.
40. Verbally hurts your feelings on purpose, then tells you it's your fault.
41. Tells you that they never said or did what you know they said or did.
42. Breaks an agreement that they made with you.
43. Insists that you do something that you say you cannot do.
44. Allows others to walk in during your session time.
45. Kisses you.
46. Says they love you more than anyone.
47. Talks to others in your family without your permission.
48. Adds extra time to your sessions because it's not a good place to end.
49. Does not seek regular supervision of their own therapeutic practice.
50. Does not regularly see their own therapist.
51. BREAKS THE CONTRACT.

MV



Subject: Perception Problem

We are writing to share with others about a perception problem that we have been working and working on for years. To share what we recently learned and to ask others if they also have such problem and if they would share with us anything they have learned to help this.

We have what we have called for some time now a "perception problem," in which somehow one (or more) of our alters will perceive something about an outside person or situation, which after checking in to find that we aren't perceiving the situation as it really is.

Example: Recently we felt that an important person to our 6 year old Katie was being very busy with other activities in his life and didn't have the time to spend with Katie as he had been doing for the past year. Katie "perceived" that Kenny didn't care about her anymore, and the relationship was going to be over. (Yes we do seem to go to "it's over" if someone is upset with us.) But the truth of the situation was Kenny was just very involved in another project.

Now here comes what we wrestle with:

After checking out the situation (ourselves and with the other person) and find out what "reality" is, the problem lies in that no matter how much reassurance we give ourselves or receive from the other person...that feeling of rejection & unworthiness just sits and sits inside causing all kinds of anxiety and eventually a real crazy spell

In therapy with this particular situation, my therapist explained that since Katie is a 6 year old there are certain mental functioning of a child that age. Now this had NEVER occurred to us before! Since we have no children of our own...(did most of our mothering to younger sister and brother when we were 11-14) so we really don't know how a 6 year old mentally functions. So we did our usual of getting on the internet and searching for the "normal" growth for children. We were very surprised at what we found!

".....Intuitive Phase (4-7 years) Speech becomes more social, less egocentric. The child has an intuitive grasp of logical concepts in some areas. However, there is still a tendency to focus attention on one aspect of an object while ignoring others. Concepts formed are crude and irreversible. Easy to believe in magical increase, decrease, disappearance. Reality not firm. Perceptions dominate judgment."

That last sentence " Perceptions dominate judgment" -- is that ever an understatement! Being co-conscious most of the time is difficult-- to go on that wild ride while another alter is in control. And embarrassing at times. "Concepts formed are...irreversible." Once that perception has been created it is like a cement wall. No one seems to be able to change it— from myself to the outside person involved.

We have experienced this over and over for as long as we can remember, with some very safe people, and find it so frustrating that we don't seem to be able to change this or reverse it after we know intelligently that it is a faulty perception.

To add to the mix the fact that Katie was rejected by our Father, first when our younger sister was born, then at age 17 he totally disowned us and we never did speak with him again.....he died 3 years ago. Also we were physically assaulted about 2 months ago, have been working on it in therapy and felt it was under control. But our therapist believes that Katie is still traumatized by it.

We are wondering now if all these "faulty perceptions" are from Katie, since at her age that can easily happen? If not, then who else inside is doing this and why? We just feel so frustrated and need to somehow make this space more tolerable.

The panic, depression, and just feeling totally worthless in a heightened state of alertness, it just becomes so intense.

So does anyone have any ideas or experiences they would like to share on the subject? It will be greatly

appreciated. We can be reached through *Many Voices*, by email or snail mail.

Purrs,
*Katrina of Kat and the girls
aka Beverly and the girls*

MV

New Focus

Holding my attention on one goal
Remembering the path towards that goal
Where and what I've done or tried over time
That's NEW

During the traumatic and abusive years of childhood
There was dissociation
There were new internal people created to hold particular abuse and reactive emotion
Often great leaps and bound in past present time-space between dissociative periods

Crisis management was the focus
Making up stories to explain my erratic behavior
Making up stories to explain why my health and well-being wasn't a focus for the parents
Faking it and making it appear I knew what I was doing and going on
In past present time-space

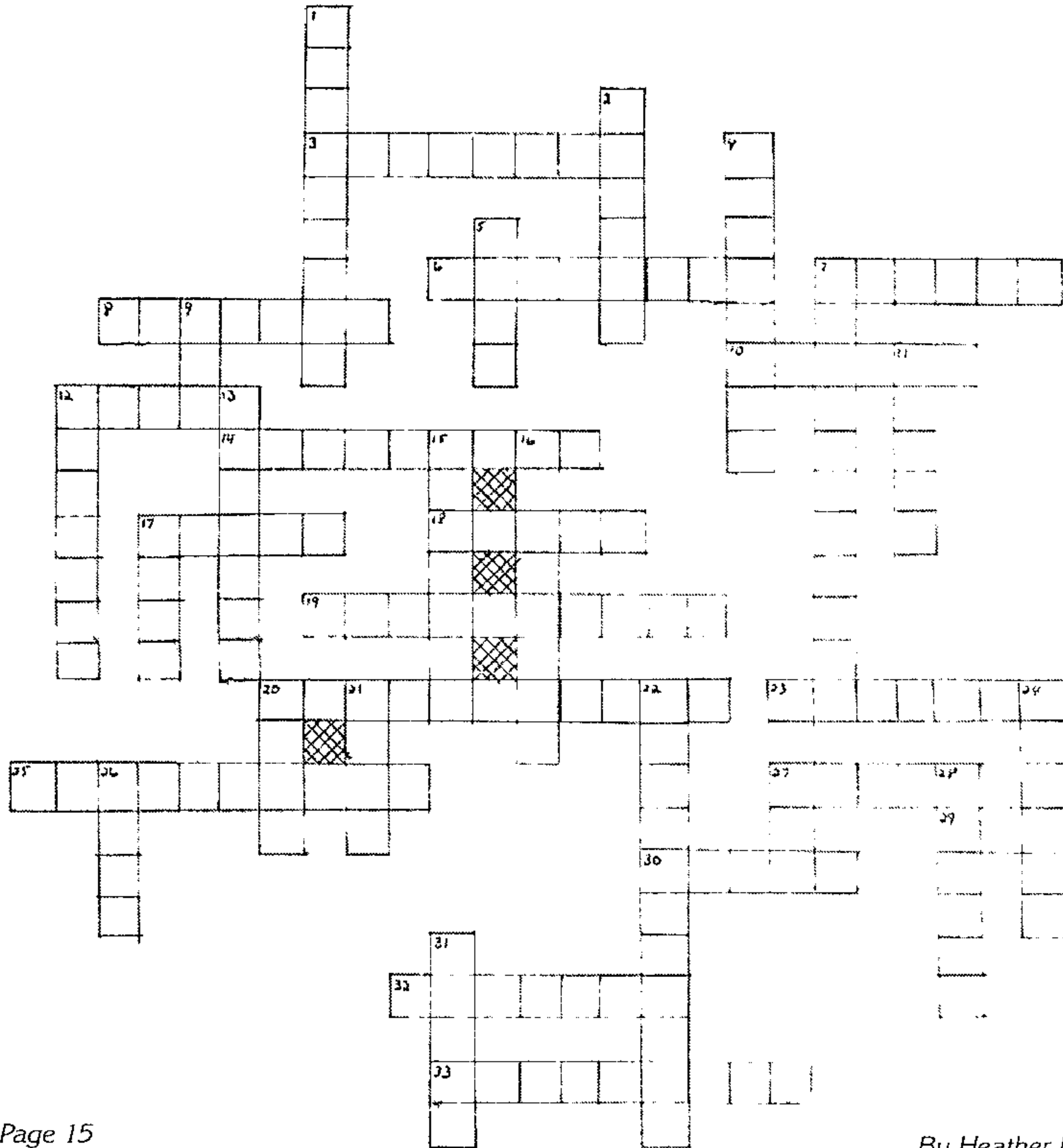
New FOCUS – now
Not comfortable or easy
And sometimes I forget
But some friends help
Gently reminding or asking

New FOCUS – now
I can remember
I can realize I matter to me
I have a continuous existence.

By Bru
2005.05.05

MV

FEELINGS



Answers on Page 15

By Heather B.

Crossword Clues

Across

- 3. The use of physical force to injure or abuse.
- 6. The ability to wait calmly for things to change.
- 7. To make different, transform.
- 8. To aid, to help, to keep from losing courage.
- 10. Ongoing development.
- 12. Respect, integrity, something abusers don't have.
- 14. Containing nothing, vacant, void.
- 17. Feeling of humiliation & disgrace.
- 18. Deep distress, sorrow, feeling of loss.
- 19. A state of feeling cut off from others.
- 20. The feeling when things won't go right, no matter what.
- 23. Distress, uneasiness of mind, anticipation.

- 25. Open to attack.
- 27. Feelings of responsibility for offenses.
- 29. Turns black when hit.
- 30. Persistent or nagging concern about something.
- 32. The feeling of physical or mental suffering.
- 33. Free from guilt through lack of knowledge, blamelessness.

Down

- 1. We're not victims anymore, we're _____.
- 2. The feeling after disclosing the abuse for the first time.
- 4. The ability to endure.
- 5. More intense 23 down
- 7. To work together.
- 9. Someone really good at something, an ace.

- 11. To place confidence in.
- 12. Desire for success.
- 13. A state of being without tension, calmed down.
- 15. To ignore, to disregard.
- 16. A danger to oneself, a time to call for help.
- 17. A person's total self, spirit, what gets damaged by abuse.
- 20. Anticipation of danger.
- 21. Opposite of pretty.
- 22. Overpowered by feelings.
- 23. Strong feeling of dislike, wrath.
- 24. Free from harm, secure from threat of danger.
- 26. Strong affection, tenderness.
- 28. More intense 20 down.
- 31. Sudden overpowering fright.

Telling My Truth

By Diane Sugar

When I first walked into my therapist's office, I wasn't even consciously aware that I had anything to remember; I just thought I was going because my life seemed to have hit a wall for the umpteenth time and I didn't know what else to do. I had recently married a wonderful man and quit my job to go back to school with the idea of earning at least a Master's degree in psychology, and possibly a PsyD. But I received some wrong advice and eventually ended up in a couple of classes, one of which I had to drop and another in which I worked my tail off, only to find out I wouldn't receive credit for it. Something was terribly off. But we ended up talking instead about my years of depression and the obvious dysfunction in my family. I had no idea what that would ultimately mean, but it didn't take long for the memories to start coming and to find myself in that hell that is so familiar to survivors.

Of course I had to tell my husband. The perpetrators had been both my parents, but my mother had been dead many years, so it was my relationship with my father that would be affected. Later I also remembered being sent away many times, sold into the hands of strangers. My husband's reaction was totally appropriate: he was both compassionate and enraged. It felt good to be believed and supported in that way, especially since it was all so new to me as well. He never doubted me, even when I doubted myself. So many times he has held me while I cried uncontrollably; he knows when I am going through a rough time, even without my saying anything.

At one point we saw another therapist together for a while because of problems with our sex life, yet even there the grief and more of the truth would spill out and it would be clear why I was so anxious and avoidant around this issue. But it was good for my husband in an unexpected way because she helped support him in

hearing about these horrendous things. She would also say that she and he were like "bookends" helping to hold me up. So these were the ways in which my husband was initiated into the real knowledge of the woman he had married.

Furthermore, I came to realize why I had married someone twenty-three years older than I; he made me feel safe for the first time in my life; he had maturity far beyond that of other men I had dated. And yes, as my parts emerged it became clearer that he was to them the father I had never had. We have had to work very hard to become equal partners in our marriage. He still will remind me once in a while when I am speaking to him in a child's voice; it disturbs him, and that is a good thing because he wants a wife, not another daughter. It forces me to look at the reasons why I might be needing to act out that way at a particular moment. I no longer choose to tell him everything. It is enough that I have his support and my therapist now bears witness and helps me to cope.

My family was another story. I decided at some point to write a letter to my father, telling him that "the cat was out of the bag" and I was remembering what had been done to me. I was naive enough to think he would keep it to himself since he was always a very private man, especially where feelings were concerned. I knew that at some point there would be fallout with the family, but I didn't expect him to go to them right away, telling them about my accusations. Well, as one might imagine, all hell broke loose and I virtually lost my whole family overnight. I have six brothers and sisters plus a sister-in-law to whom I was always close, so it was very devastating to say the least; I tried explaining that this was between him and me, that I wasn't insinuating that anything had happened to any of them (although my memories told me differently), but of course that's what many of them were thinking and it

was too difficult to be imagined. Although I did have contact with my sister-in-law for awhile, that also fizzled out. Only one of my sisters was able to keep in minimal contact, and she was honest enough to say that she felt caught in the middle, like she was betraying my father. How ironic that seemed to me, yet so typical of the mindset of survivors.

My father died very unexpectedly a few years ago, but it wasn't until that same sister had a cancer scare that she called and said how she missed me and "wanted her sister back." She also said that my other sisters concurred; it was music to my ears. It has taken a couple of years and we are all still inching our way back to each other. I think it has been most difficult for the sister closest in age to me, for I think she is working very hard to keep the memories at bay. The elephant is in the room, but no one talks about it. I have had to work very hard not to be sucked back into the fantasy that it never happened, but as we get closer I have gotten much better at staying present in my own reality. I spent Memorial Day with them, but when I arrived home I picked up my latest copy of *Many Voices*. I know I did it instinctively to help keep myself grounded. Somewhere deep inside, I hope that at least one of them remembers something, but who am I to say what is the best path for them? I just know that this is my journey to make, for whatever reason, and I accept that better than before.

There have been other friends lost and gained over this issue. I made many new ones from the group therapy I was in for several years. I have grown closer to a couple of others who surprised me by their ability to accept my truth. One is especially important to me because we grew up together and she was always best friends with the sister closest in age to me; yet she has been able to straddle the fence and remain friends with both of us. The most

Continued on Page 13

Telling My Truth, Cont'd

validating thing she said to me was that she had always wondered at the fact that there were no doors on the bedrooms of my brothers and us girls, yet we were right across the hall from each other. She was picking up on the tip of the iceberg. I had worked with another friend for several years before having my memories, and we had had some great times together. She and her sister have since remembered severe abuse by their father, but she never felt the need to seek therapy; yet she acts in ways that scream out the truth and she doesn't see it. I had to eventually terminate that friendship because I was so uncomfortable. It is really interesting, but also painful, for survivors to see who can and cannot stay in a relationship with them. But I also suspect that many who don't believe us have buried secrets of their own which they are not ready to face.

MV*By Meg**The Understanding*

I stand to the side and watch, as the little girl approaches the water. She skips into the "big ocean," laughing and splashing with her hands. Suddenly her excitement turns to fear, her laugh to a scream— As the water knocks her legs from under her she tumbles into the surf. Struggling to her feet she scrambles to the beach, Sprawling on the sand, she sputters & coughs, shock on her face. The beach is so much fun, why did it make her feel scared and upset? Maybe next time will be better. I watch as she comes once again to the beach; She runs toward the water, smiling, excited, giggling & splashing. Again the waves overcome her, sending her crashing into the sand And I see the confusion on her face. How could it happen again? She goes back to her Mom, who doesn't seem to know what happened. She looks back to the water and thinks- Maybe next time will be better. It happens again and again, even though she stays in the shallow water. Again and again she goes back to her Mom, who still doesn't see. The little girl keeps thinking- Maybe next time...Maybe next time. I see her the next time she comes, Standing on the beach, watching the waves from the safety of the sand. her Mom bustles up from behind her, "Go on, this is your time to play" The little one takes a tentative stop & stops at the edge of the water. Her mother nudges her forward saying "Go on - you love to play in the water - It's always so much fun." As her Mom returns to their blanket on the beach, The little one does what she's told, venturing further into the surf. Closing her eyes as she steps, bracing for what she knows will come. The water sweeps up & pulls her under, throwing her back on the sand. She no longer thinks "maybe next time,"

For she has learned that the "next time" is always the same. I stand and watch this Precious One, Feeling her struggle, somehow understanding her pain. I am angry and heartbroken for this sweet child, I close my eyes against my own tears. As I stand with my eyes closed, she turns and looks at me, Reaching out her hand - and suddenly something crumbles inside, My view becomes clear, the Truth becomes clear, This child is simply a younger ME. Anguish consumes me as I now understand - Those scenes I'd been watching were really mine. Things that had happened all those years ago, And this precious, precious child, so smart and courageous and strong, Scooped up all that sand and pulled it aside So my steps would be steady and sure, Holding and guarding it all these years, keeping my pathway clear. A small pile of sand remained behind, A rough spot I could always feel, but never understood until now. The grains have shifted, painting the ugly picture of the ugly truth Of what really happened, to me. I take her hand, thanking her for being so brave and so wise, For keeping my way so clear. She looks at me with large eyes and whispers "What about 'next time'?" I smile and say "That beach is closed, my love, We won't let there be a next time." My stomach tightens as I say the words, Hoping they are true, that we will be safe, Knowing that my real journey has just begun, that the pathway is long, Scattered with many grains of that horrible sand. And it will now be my job to sweep it all away.

*By Angelgirl*MV

Connecting with MV Readers

What wonderful work "We" are all doing in our recovery process. Reading MV is like reading about ME. I've never connected up with anyone else who was dissociative. It reassures me that I am not crazy and not alone.

It was interesting to note in an issue on medical topics how few people spoke about keeping their blood sugar levels even. I am a diet controlled diabetic, but when some of the "others" are out, we are either not diabetic, hypoglycemic, or have extremely high blood sugars. It is a major battle because some of us, especially the children, love chocolate and sweets and pig out. I'm doing a little better with it since reading your literature and I am trying to treat them all as valuable "real" people because they are parts of me

However, I HATE the word integration. It is grating on our nerves and too close to intercourse. Yuck! I am using "re-connecting". I like to think of it in the concept of the tree on the cover of MV's book, *MENDING OURSELVES*. I am like the trunk, others who are strongest are the roots, several others are included in the trunk, too. Then we have the branches that some branch out from, and the leaves, who also are connected to the system, if even in a minor way I've drawn it out. The center is the very top of the trunk just before the branches start, that holds us all together and centers us. She is very strong.

In this process, I am learning to accept all their memories as mine, and all their talents as mine. It is amazing. Mind blowing. I had just started on re-connecting a few weeks before my friend sent me the information about your publication.

I had tried to "integrate" before, but it was not working at all.

Since starting to re-connect, I have had about two weeks of total quiet, peace and calm in my head. Never before in my life has my head been quiet. It is a strange thing. No fighting, no "inner" conversations. Scary! However, I still do not believe I am very intelligent. I'm starting to

think—maybe—I am, but it is hard to accept the fact that I can draw, write left-handed, play the piano and speak French, plus do math, when none of those things were a part of me or my life. I guess you put that all together with a BA in psychology, political science and writing and you DO have quite the combination of an intelligent person. It's hard to believe ANY of this is me!

Thanks so much to MV readers for the good work! You are all an inspiration and help to me and the clan.

It is so true, that we who are MPD have to heal ourselves. As my therapist tells me, "You did this to yourself, to help and protect yourself. Now you have to undo it, layer by layer." He says I really can get well. He says this is one of the most curable mental illnesses because you can get well. Once I am one person instead of 37, I hope life will be easier and centered. He says it will make my life less complicated.

I'm scared, too. Some think they are going to have to die. Others are afraid. That is something I don't understand yet. I know one thing. I can't PUSH them to do this. I just want it all done YESTERDAY. But it's taken me eleven years in therapy to get this far. I'm not checking out now, nor giving up.

Thanks again, everyone. I hope to read more from you all in MV. Your work is so POSITIVE.

By Dorothy and the Clan

Dear MV Readers

I would like help with a problem I have recently encountered in my treatment. I am a survivor of Ritual Abuse, sexual and physical abuse, and have been in treatment for DID for 10 years. I am fully integrated now and am married and have a wonderfully fulfilling full time job, though I am still in treatment and still on medication.

My problem is this— I am now dealing with the trauma of my TREATMENT itself. Because of the severity of the abuse I went through,

my treatment included many hospitalizations, which also included me being in restraints for self protection from self-harm. Being in restraints and on suicide watch was very traumatic and scary — and my therapist says I am now going through "secondary post-traumatic stress disorder" due to the traumatic nature of my hospitalizations, flashbacks, switching etc.

The childhood abuse was traumatic—but the treatment was traumatic as well. I have never read anything by anyone stating that their treatment was traumatic in itself.

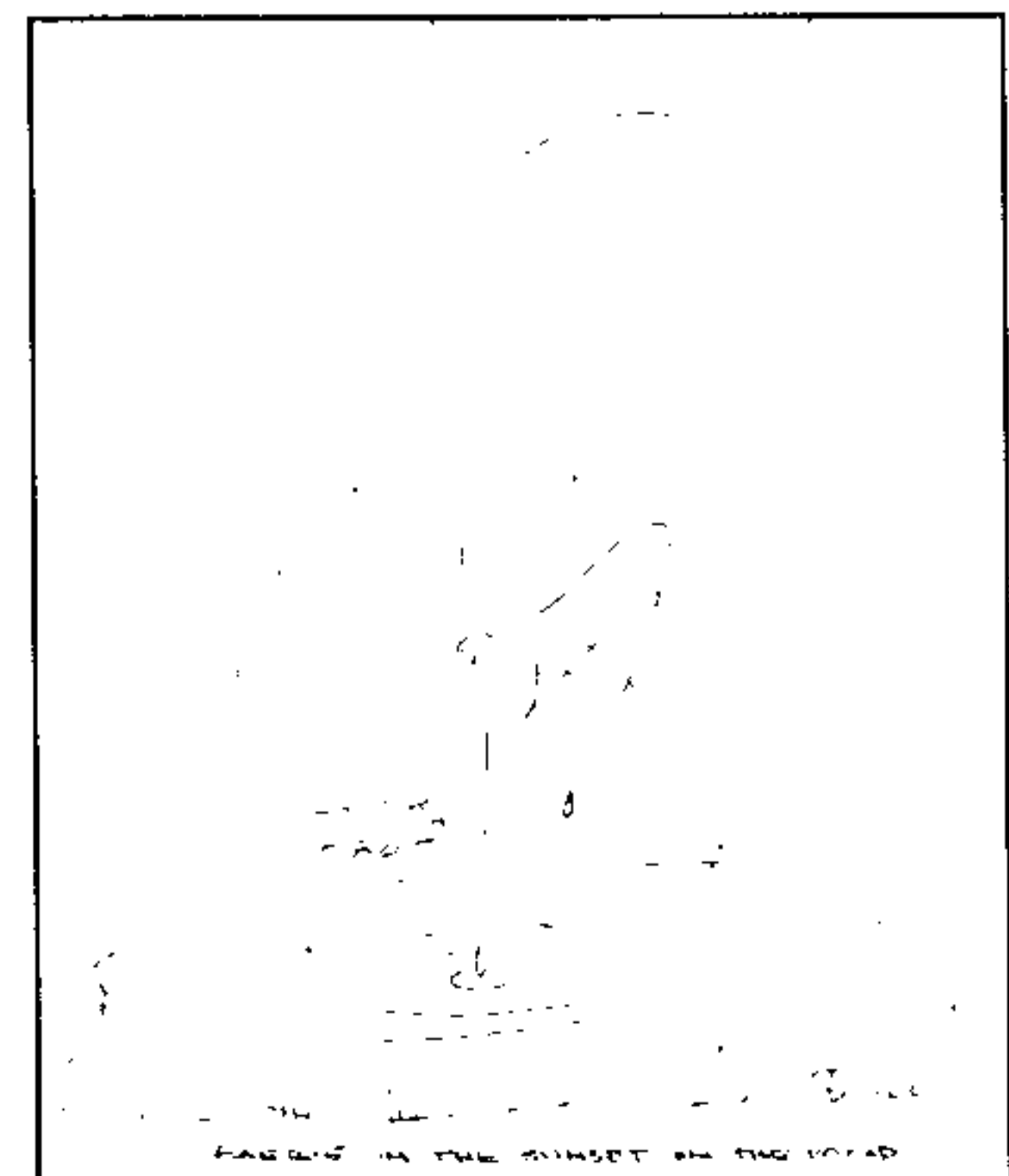
Has anyone ever had any similar situations to mine? Or does anyone have any suggestions on "recovering" from the trauma of treatment? Hospitalizations were very scary for me.

I would appreciate any responses.

By Jan T.

(Friends, if you have responses for Jan, please send them to us here at MV. Or if you've been hospitalized and would like to describe your experiences — pro or con — please respond to us as well. Our October issue will deal with hospitalization, and I'd like to cover as many broad issues on that topic as possible. Thanks so much! - Lynn W., Editor.

Send your responses to me at LynnW@manyvoicespress.com, or by surface mail to Many Voices, PO Box 2639, Cincinnati, OH 45201)



Writing Letters to Editors About Dissociation

For some time MV has offered a free year's subscription to anyone who can get a letter to the editor published in a newspaper or magazine —of any size—that informs the public about dissociative disorders. While not necessary to qualify, it is much appreciated if the printed letter mentions MV's address or website, so people can learn about MV as well. All I need as "proof" is a copy of the letter, as printed, in the publication.

A number of MV readers have taken advantage of this offer and received free subscriptions, but I believe we've now got the World Record Holder: Sally B., a faithful reader and regular contributor to MV, has had six separate letters printed in six different publications!

I personally think this is an astounding effort. It's tough to get even one letter published. Sally got six. I'm very impressed and pleased. Her work helps more people know that dissociative disorders exist and that there is help for people who experience abuse-related trauma.

She kept her letters brief and to the point. Here's an example:

Dear Editor

Many people are familiar with such common mental illnesses as Anxiety and Bipolar Disorders, Depression and Phobias. Fewer folks know about Dissociative Disorders which are usually caused by excessive abuse in early childhood.

For more information about Dissociative Disorders, contact: Many Voices, PO Box 2639, Cincinnati, OH 45201-2639, or call 513-751-8020, ask for Lynn W. Email Lynnw@manyvoicespress.com

Here's a bit about the process, in Sally's own words:

"We looked up editor's titles and addresses of local and semi-local newspapers. We sent each a letter along with a copy of the front page of a Many Voices issue.

The letters were about Dissociative Disorders and Many Voices.

We sent these to nine newspapers. Three decided not to publish; six did print the letter.

We had to phone each editor at least twice, send out second letters to two of them, and then travel to their towns to get the papers. Thanks to my partner Becky we were able to go to these places, as I cannot drive.

Long distance phone bills made this a bit costly, but we wanted to help reach as many people as possible."

I wish I could pin a Gold Medal on Sally for her outstanding success in telling people about dissociative disorders. Thank you Sally! You've been of great service to the entire readership of MV!

Sincerely, Lynn W., Editor

MV

BOOKS

Young Children and Trauma: Intervention and Treatment

Edited by Joy D. Osofsky © 2004
Published by The Guilford Press, NY.
www.guilford.com 348 pages. \$42
Hardback. ISBN 1-59385-041-7

When infants, toddlers and preschoolers experience trauma in their lives, the appropriate, prompt intervention can make a profound difference for their future well-being. This compilation is edited by Joy D. Osofsky, PhD, a psychologist, psychoanalyst and professor at Louisiana State University Health Sciences Center. Among her many titles, she serves as Director of the Violence Intervention Program for Children and Families at LSU.

This comprehensive book includes writings by about 30 clinicians, all told. It provides background on trauma response in young children, advice on assessment and treatment, how to reach seriously traumatized children earlier, and directions for the future. Since most of MV's readers would have qualified for treatment when young, it is in our interest to see that books like this are widely read by professionals—and possibly ourselves, if we are parents concerned about the impact of traumas on our children's lives.

Nothing's Wrong: A Man's Guide to Managing His Feelings

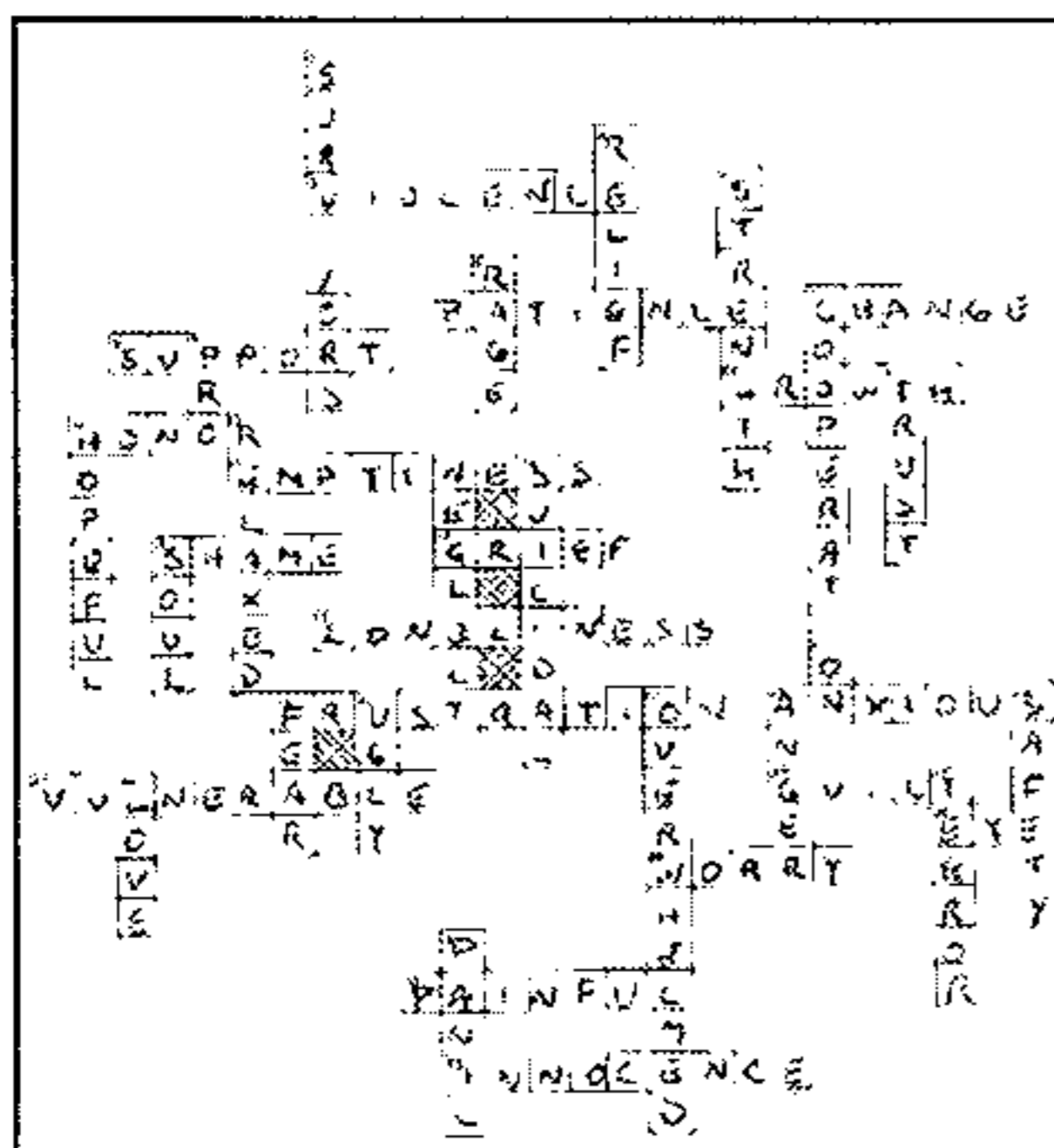
By David Kundtz ©2004 Published by Conari Press, Boston, MA 1-800-423-7087. www.conari.com 155 pages \$14.95
Paperback ISBN 1-57324-915-7

David Kundtz, a family therapist with a doctorate in pastoral psychology, has written a book for men that explains emotions in a "guy-friendly" way. Feelings are not always orderly, or consistent, or logical, which seems unsettling to some men. Men are mistakenly taught that it's weak for a male to show feelings. But men who have faced abuse or violence in the past are under incredible strain to keep the complex feelings "under control," let alone to understand and acknowledge them.

This basic book explains how men can come to terms with the feeling or emotional side of themselves. Using three steps—notice, name, express—Kundtz shows men how to manage feelings while remaining authentically masculine. Men who are struggling with their "feeling selves" will find a wise guide here.

---Lynn W.

MV



Answer to puzzle, page 11

THANK YOU ALL!

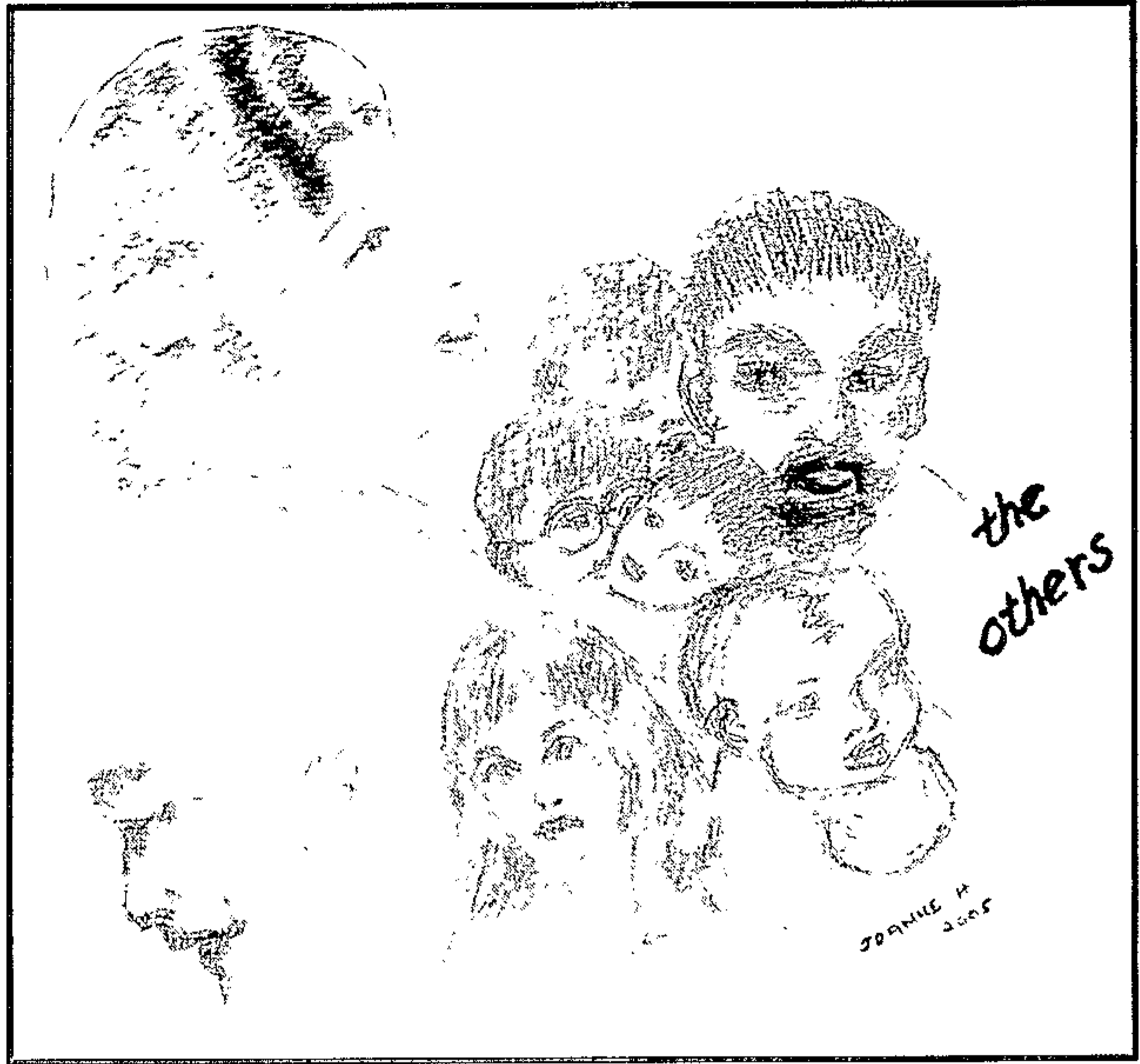
Once again, an outstanding issue, thanks to your insightful writing and artwork. Please keep the great creative content coming! MV really needs articles and artwork! Check your files and send us something! We love you!

October 2005

Outpatient or Inpatient? Appropriate treatment settings for Dissociative Disorders and PTSD. ART: Best therapy for you. DEADLINE: August 1, 2005.

December 2005

Living in a so-called "normal" world. Challenges and rewards of being in recovery. What it's like to feel better! ART: A favorite winter scene. DEADLINE: October 1, 2005.



Share with us!

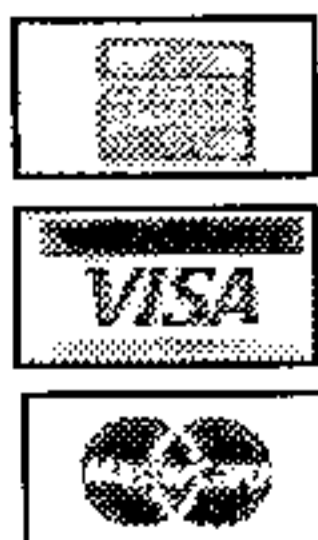
Prose, poetry and art are accepted on upcoming issue themes, (and even on NON-themes, if it's really great.) DO send humor, cartoons, good ideas, and whatever is useful to you. Please limit prose to about 4 typed double-spaced pages. Line drawings (black on white) are best. We can't possibly print everything.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

Subscriptions for a year (six issues) of *MANY VOICES*: \$36 in the U.S., \$42US in Canada, \$48US elsewhere. Back issues always available, each issue 1/6 yearly price. Enclose the form below (or a copy) with your check, and mail to *MANY VOICES*, P.O. Box 2639, Cincinnati, OH 45201-2639. Phone (513) 751-8020. Web: www.manyvoicespress.com

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