

MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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In This Issue:

Coping With Loneliness Finding Support



Pieces

I tried, I did.
To hold myself
together.
To smile and
perform:
to build a mask
to hide behind.
It's crumbling;
running out
between my fingers
and my tears.
I hug myself
and try
to rock myself
together.
But my fingers
do not hug,
they tear.
My hands do not caress;
they bruise.
Instead of
holding me together,
they are tearing
me apart.
So here I am
in pieces.
Help me
to be
Whole.

By Candace E. Barnes

MV

My D.I.D. Group

By Suzanne

This is an excerpt from my journal on the night of Wednesday, November 5, 2003. The very first night I attended my Dissociative Identity Disorder group...

Part of me is saying "Yes, Yipeee, Finally. Here we are! Here we are! Can you hear us? We are here! We are here! We have our story to tell! Please listen to us. We are in the right place, we have found home!"

I had been diagnosed with D.I.D. in April of 2003. At the time I was attending a Complex PTSD psychotherapy group. My psychiatrist informed me that he also ran a psychotherapy group for persons with D.I.D. As always, he let me take the lead. After much research and many months of soul searching, I decided to switch groups. I must say it was one of the best moves I have ever made. I look back now and realize that no matter how much I read or how much research I did, nothing could give me the education, validation, support, awareness, compassion and understanding that I received from the members and facilitators of that wonderful group.

Two co-therapists facilitated this group: my male psychiatrist and a female registered psychiatric nurse, who was also a psychotherapist with her own practice. They both had extensive knowledge and understanding of trauma, PTSD, DID and the aftereffects it has on a person. They are both singletons.

There were six dissociative members, including myself. This was a psychotherapy group—but it turned out to be the best support group I have ever had.

It was with great trepidation that I walked into the room that first night. The only person I knew was my psychiatrist. I quickly sat down in the chair next to him. I was very nervous and didn't say much.

I was new to, and still somewhat resistant to, the idea of being dissociative. In fact I was really afraid, but I knew I needed to take this step if I was to understand myself better.

Sure I had done lots of research, but I had no idea what to expect.

After a short introduction, the members started talking about living with DID. They talked of their concerns, problems, fears and questions. Not only did they talk about themselves, but they also listened, validated and supported each other.

I couldn't believe it. Here were others like me; I was no longer alone in the world. Here was proof that I was not crazy. My psychiatrist has told me this many times, but to actually see and interact with others like myself was an extraordinary experience. These people really knew what they were talking about. These people were the real thing. Here before me were the real experts.

As I became more comfortable with dissociation, group and myself, I was able to talk about my feelings of loneliness and isolation. How I had felt different all my life, like I was on the outside looking in. The struggles of trying to make and keep connections with others. The frustrations and fears I had about being dissociative, and how this disorder was affecting my life. I could safely talk without reprisal, about the energy it took to make it through one day, let alone a week. The difficulty I was experiencing trying to hold it together. Here were people who understood me when I talked about an internal family and trying to keep everyone happy.

In this group, I was allowed to say it as it really was. This environment allowed me to safely experience and express my many confusing emotions, the very same emotions I had been stuffing down and running from all my life. Here I was able to speak of what was unacceptable outside this room—my pain. I don't mean the details of the trauma, but the effects the trauma had and continues to have on me. The fear, guilt, shame, frustration,

anger, loss, grief and sadness of it all. In this safe and supportive environment, I was finally able to truly express what had been surrounded by shame and secrecy my entire life.

Having others validate me helped me become more aware of my system and myself. By allowing me to openly see how their inside worlds worked, I was better able to understand mine. As I became more comfortable and accepting of this I was able to communicate more with my alters, understanding where they were coming from and why they felt the way they did. I learned that they all have reasons for being here. I realized being dissociative is an amazing, creative tool that allowed me to survive horrific circumstances. Dissociating saved my life.

I came into this unique group the last 20 months of its operation. Being part of this group opened up a whole new world of understanding. In this safe and supportive environment I learned who I really was.

Being able to befriend all my parts and be kind to ourselves helped me change the many negative perceptions I had of myself and my condition. This gave me the ability to open up the many channels of growth that had been shut down so many years ago.

It was not easy. I experienced the anger, frustration, gut-wrenching pain and sadness that accompanies all true growth. On the flip side, I also experienced much caring, compassion, acceptance, support, laughter and understanding that I could receive from no one and no where else. Each person in that room helped me in ways I never knew possible.

Having the opportunity to be part of this wonderful, unique community has and will continue to guide me through the rest of my life. That truly is the gift of a lifetime.

The Wall

The wall is all around me
 And I shiver scared inside
 I do not know which way to turn
 There is nowhere to hide
 I think sometimes to break it
 down
 To laugh and run—be free
 For after all, it's just a wall
 And the wall is only me

It seems so big, so cold and
 sure
 Yet I am lonely here
 I know the world outside is
 warm
 And safety only fear
 I take my axe again in hand
 I start to swing anew
 but then I see the wall is glass
 The sky outside is blue

Do you believe with just a kick
 It all comes tumbling down
 I laugh and run through all
 Outside
 No need to turn around
 This is the Place where I belong
 Smiling inside and free
 I reach out to embrace the Sky
 and know that it is Me

*I shatter glass and make it fly
 To form grand mobiles
 in the sky
 For all the sorrow
 I have known
 Has been the Way by which
 I've grown.*

By Diane S.

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 Tamara Jones: (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

CALL FOR ART

The Collection of Sheppard Pratt: Challenges and Triumphs Over Mental Illness and Addiction represents work by professional artists whose lives have been touched by mental illness or addiction.

The Collection is expanding to include works specifically for the in-patient units. The Trauma Disorders Unit, a national program, seeks works which speak specifically to healing and trauma recovery. All artists in The Collection must meet one or more criteria: 1. personal experience with mental illness or addiction, 2. influenced by mental illness or addiction by a close person, 3. work is informed by work with individuals with mental illness or addiction.

Desirable subjects and formats: paintings, drawings, prints, photographs, multimedia, quilt or fabric art: calm, meditative, uplifting, safe place images, etc. Undesirable subjects and formats: violent or depressing themes or images, overly stimulating or provocative subjects or images, portraits, work that can not hang on the wall or is more than 4" deep. Cost should not exceed \$1,500, but due to very limited budget we are more interested in artwork less

than \$1,000. A number of known artists have donated work to the collection. **Deadline for submission is May 15, 2006.** For more information on submitting slides contact: Janet Bryan by email at JBryan@sheppardpratt.org or phone 410-938-3452. For more information specific to the Trauma Unit criteria contact Patricia Prugh by email at PPrugh@sheppardpratt.org.

MV



When you feel all alone
 and unable to escape bad
 people, places, or memories,
 remember Angels are sprinkling
 you with courage to survive

By Rainbow Kidz

General Healing Tools for Sexual Abuse/Ritual Abuse Survivors

By Kim Kubal

The following are tools for healing I have used in my recovery over the many, many years healing from sexual abuse and ritual abuse. Please remember that these tools may not work for everyone, but hopefully some may be helpful in your recovery.

Grief Work

Grief work is important to healing, i.e. allowing the tears and grief to surface from the all the years of abuse, lack of love and a life never lived. Having a therapist or close friend hold the survivor during the grieving, or holding stuffed animals will help the survivor understand they are loved and not alone. Furthermore, letting go of the feelings attached to the abuse allows the survivor to heal not only on a physical, but also on an emotional and spiritual level.

Anger Work

Venting the anger with a bat or pillows by oneself or with the help of a therapist releases the rage and frees up one's energy, so that the rage does not turn inward. It is also important that the rage or anger not be transferred onto another person or situation.

Bodywork

Since the body stores repressed trauma memories which can materialize in the body as various forms of illness, bodywork such as Rosenwork can bring these memories to the surface and be released. This work should be done with an experienced therapist who is familiar with DID, programming and mind control and who is also able to process the memories with the survivor in a safe and loving way.

Confrontation and Separation from the perpetrators and cults

Although confronting a family and/or cult members can be extremely difficult, it is self-empowering and helps to break one's belief system and breaks the bonds the family and/or cults have on a survivor. It is also helpful to separate distance between the survivor and abusers or to break off contact altogether in order for the survivor to break the programming, set healthy boundaries and take better care of oneself.

Forgiveness

In order to forgive, one needs to have worked through the rage, anger, grief and loss associated with healing from ritual abuse. This is a process and does not happen overnight, especially forgiving of oneself and what the cults/abusers forced a survivor to do. By forgiveness, one finally lets go of the abusers physically, spiritually, emotionally and psychically which frees up the survivor to move on with one's life.

Healing from PTSD

Post Traumatic Stress Disorder (PTSD) is the aftermath of trauma and the body and mind's attempt to assimilate it. PTSD is also a pattern of intrusive thoughts and feelings and the avoidance of those thoughts and feelings.

PTSD can at times respond to Eye Movement Desensitization and Reprocessing with a therapist who is experienced with sexual/ritual abuse, mind control and programming.

Writing is another powerful tool, as well as telling one's story over and over until the charge is gone. Even planting trees for those who have died can help release the emotions.

Other forms of healing are art, body movement, emotional release, reparative rituals (e.g. writing all the incidents of the abuse that happened,

and after dealing with the feelings, go outside with witnesses and burn the writings.)

Reparenting and Learning to Love One's Inner Child/Parts

Since survivors were never shown love growing up in an abusive home, it is important to establish a loving healthy relationship with one's inner child/parts. Survivors treat themselves how they were treated in their family of origin and they have no idea what unconditional family love is and nothing to compare to.

Viewing good parenting tapes such as John Bradshaw's family tapes can help with this, as well as reading good children's literature such as the Ramona series. This gives a better perspective of a normal family upbringing.

Learning to have fun in the playground, e.g. in the sand pit or on the swings helps the little child/parts know they're cared for and loved. In addition, listening, supporting and holding the little child/parts in one's mind helps establish trust and lets them know they are not alone anymore.

Triggers

Triggers are present events that connect a survivor up with past trauma and can be debilitating. Learning to recognize triggers and separate the current situation from the past abuse, and not transfer the feelings onto the situation or person can be helpful.

In addition, speaking to one's inner child/parts about the forthcoming event and reassuring them they are not alone, that this is not an abusive situation and telling them they are loved will help prepare for the situation e.g. speaking about a dental visit or visit to the gynecologist.

Switching from AWOL to AWALL

By Jeanette

What is AWOL? "Away Without Leave" is another way for me to say that I run away from where I need to be. That's what I do when my parts have something to say to me that I don't want to hear. When I run, I actually dissociate from my parts. After all, I learned how to dissociate so that I could survive Satanic Ritual Abuse. The process of reclaiming myself through reclaiming my parts is very painful. Dissociation cuts off the pain of reality. It disconnects me from my parts and results in me becoming Jeanette, the empty shell.

I am grateful for this AWARENESS because it gives me the opportunity to use tools to help me do the work of being connected with my parts rather than dissociating from them. The tool of communication is essential. I need an open line of communication between my parts and me. I need to be open to what my parts are willing to tell me, and I need to be loving and compassionate as I receive their information. I need to show them respect and continue to thank them for literally saving my life and enabling me to survive SRA. This type of communication is a validation of my parts by me. And this is all they really want from me—validation!

I pray for a WILLINGNESS to have on-going communication with my

parts, now that I am blatantly aware of the need. And the process doesn't stop with willingness. My goal is integration. This cannot happen unless I hear each part's experience and take on each one's feelings. Hearing their experiences and receiving their feelings is a process of ACCEPTANCE on my part. This process has no time constraints. Complete integration doesn't have to happen; it's a goal in process. However, I can continue to strive for it and assure my parts that I want us all to be one.

This whole process can only happen with LOTS of LOVE from me toward my parts. I am my parts and my parts are me. How often I forget that! In loving my parts, I am loving myself.

My experience is that the more integrated I become, the more whole and holy I am becoming. And so, for today, I choose to switch from

(AWOL)

Away Without Leave

to

(AWALL)

Awareness, Willingness, and Acceptance...with Lots of Love.

MV

Aspects

We are never alone...

When there is not a soul in sight or the crowds appear we have each other...

When the world is mad and scary we

Quickly huddle together and entwine

We are our own worst enemies and our own best friends...

Some of us protect...others destroy

Some of us simply toddle and play...

And there are those who observe and wait...

But we are never alone... not in the still dark night or the chaos of day

We are the branches of one tree, and together we sway.

By Ann Worth

MV

A Friend

I do have a friend who knows me inside, and will always be there and will never let me fall off track.

I am putting the pieces together, like in a puzzle, one piece at a time.

I am not yet finished with the puzzle pieces; I hope one day to have it completed, but that's a long way off.

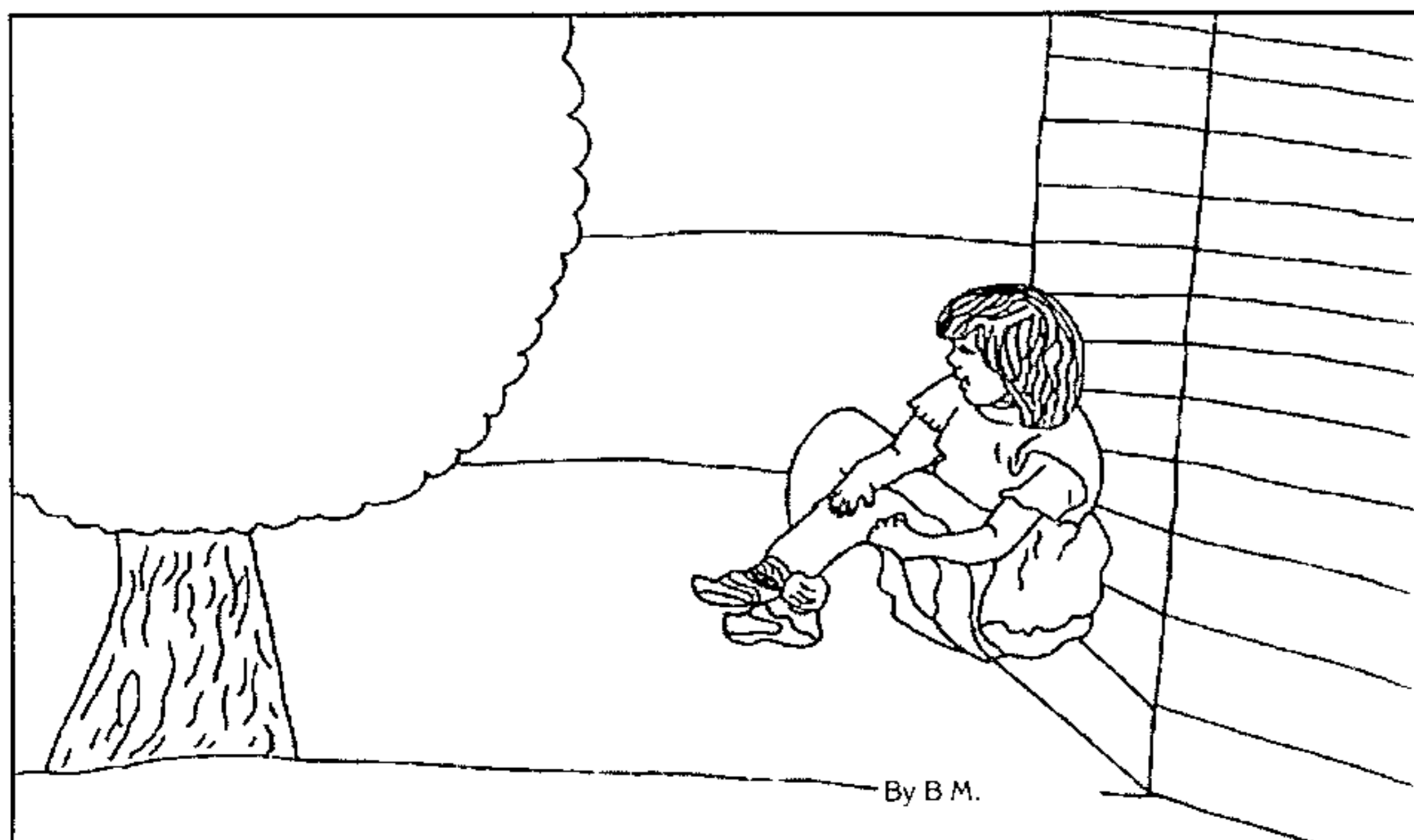
For right now I have to lean on my friend when I am alone and scared, but we will get the work done together.

For my friend knows all too well the puzzle pieces that I am looking for, you see:

My friend is
ME!!

By Mary G.

MV



By B M.

Therapist's Page

By Wendy Lemke, M.S. L.P.

Wendy Lemke M.S. L.P. is certified as a consultant in hypnosis through the American Society of Clinical Hypnosis and is an active member in both the American Society and the Minnesota Society of Clinical Hypnosis. She teaches other clinicians on treating dissociative disorders utilizing Ego-state therapy and is published in the American Journal of Clinical Hypnosis. She is a member of the International Society for the Study of Dissociation and has over fifteen years of experience in working with adult survivors of childhood trauma and dissociative disorders.

Behind the Scenes of a DVD Production; the Making of: You're Not Crazy & You're Not Alone: Inside the Inner World of Dissociative Identity Disorder

The motivation and desire for this project was fueled by a need I've recognized for a number of years. This need is two-fold; first, as a therapist who has worked with dissociative identity disorder, (D.I.D.) for over fifteen years, I've come to know how difficult it can be to learn you have this disorder. Often when individuals are first diagnosed with D.I.D. they are in disbelief, and they feel completely isolated and alone. They often fear and worry that they are crazy. Even after working with a therapist for a while, they still wonder whether or not they should believe the things they hear in therapy as they often don't have any recollection of some of the information obtained from their alters. I remember working with one individual for almost a year, and when I was telling her about an email that was sent to me by one of her alters. She said, "I know you're telling me the truth but I have to admit it's still really hard to hear things like this, as I'm quite sure I haven't been on the computer at all this week; a part of me still worries you might be trying to trick me."

This is an all too common feeling and one that is easily understood given the difficulties, memory impairment, and vulnerability that often accompany this disorder

I often recommend reading material written by others with the disorder, as it helps validate some of the 'craziness' an individual may be feeling and I always advise them that

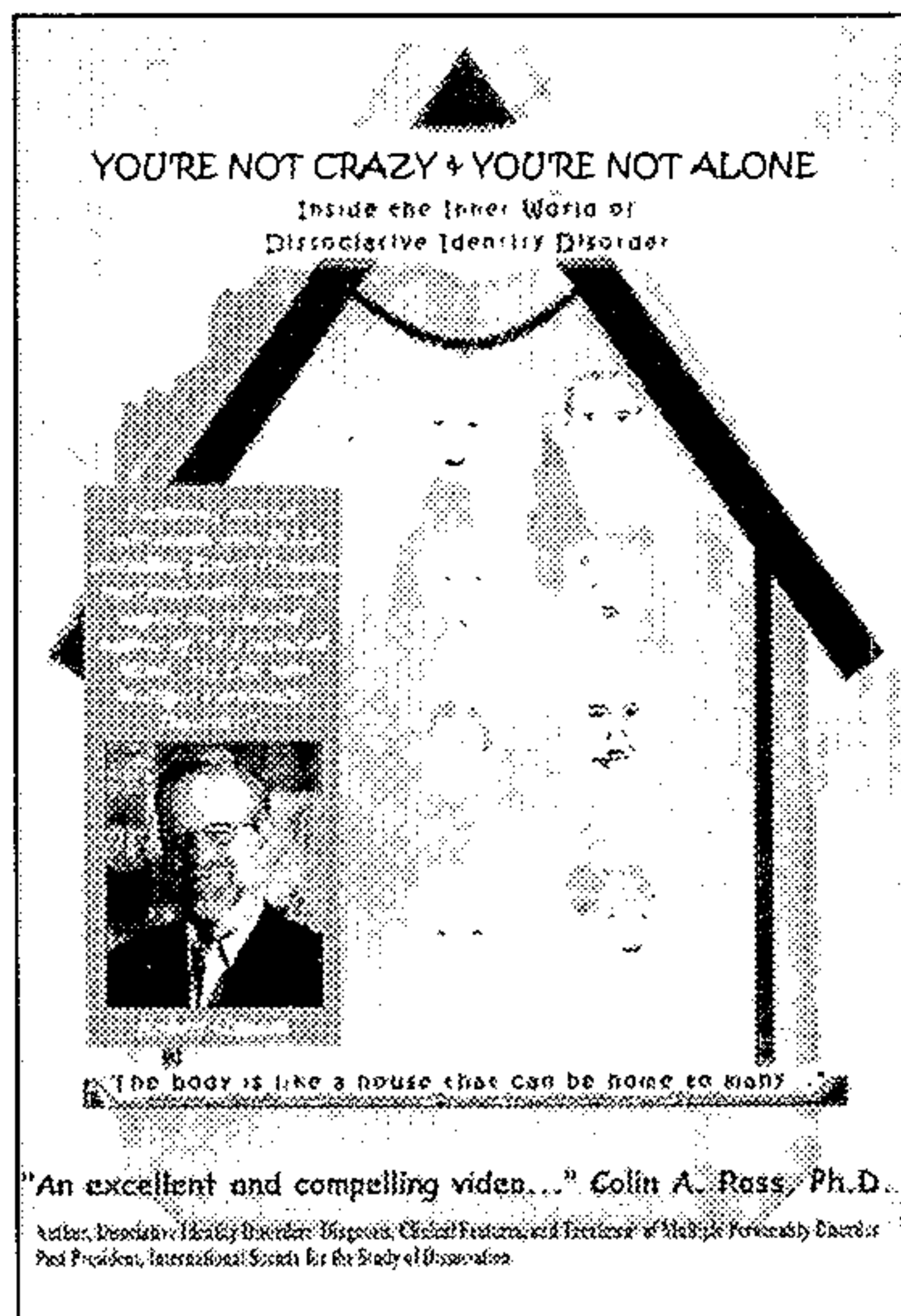
early phases of treatment. It can also be very difficult to find an adequate group, as sometimes individuals have to drive a great distance just for their individual therapy.

The value of hearing from others with the disorder is matched by the desire of these individuals to find someone who truly understands them, and no one understands better than those with the disorder; they are the real experts. These are all thoughts that contributed to my desire and plans to produce this video, but I also hoped the project would fulfill another need as well.

I've become increasingly aware and professionally frustrated with the lack of professional knowledge about this disorder. These individuals have suffered horrendous abuse and a lifetime of difficulties and the mental health profession hasn't always treated them with the compassion and expertise they deserve.

Greatly contributing to this problem is the lack of adequate education. I learned very little about dissociative disorders in my graduate training and my desire to learn more only came about because of a client who presented with what I thought at the time were rare symptoms that resembled multiple personality disorder. I also know however, that it is quite rare for D.I.D. to present in an obvious way, so if you don't have education about assessing for this disorder, you're not likely to 'see' it and if you don't 'see' it, you're not going to see any reason for seeking further education.

People tend not to believe in things they haven't seen and/or experienced. I don't know how many times I've



they shouldn't rely on just what I say. I want them to obtain information from other reliable resources as well. I want them to understand that the disorder really exists and that there is other information about it besides what I'm sharing. I've also become aware of how helpful it is to talk about (in general terms of course) experiences of other D.I.D. clients. On occasion I've obtained permission to share artwork, journal entries, and/or poetry, which has helped the treatment process considerably at times. These individuals need to know they are not alone.

Although group therapy for D.I.D.'s can be beneficial, it can also be counterproductive, especially during

heard about other professionals saying things like, "I've worked in this field for twenty years, and have never come across the disorder yet, so I don't believe it exists." In fact, just recently the spouse of a client of mine, who has D.I.D., went for help at a V.A. hospital that was supposed to have a dual diagnosis program for addictions and trauma. He was told by the admitting psychiatrist, that he "needed to grow up and take responsibility for his problems...there was no such thing as D.I.D." He is still struggling to find adequate treatment within the Veterans Administration system.

My hope is by providing an opportunity for the disorder to be 'seen,' we can start to plant a seed for professionals to at least consider the possibility of this diagnosis. Professionals need to know that people with this disorder 'look' like everyone else and quite often they are not aware of the disorder themselves.

It will be a challenge to get this DVD in the hands of the professionals who need to see it, but if seen, I believe they'll begin to think differently about the disorder. My hope is to target our future clinicians by marketing it to those who teach abnormal psychology classes, as well as marketing to places where more education could make a difference in how individuals with dissociative identity disorder are treated such as inpatient hospital settings, as well as Veterans Administration clinics and hospitals, etc.

Now that you know a little about the motivation for tackling such a project, I'll share the process of how the video came together.

A survey was given to individuals with D.I.D. that described the intent and process of this production and asked whether or not they would be interested in participating and/or if they had a close loved one who would want to participate. If they were interested, they were given more information and screened for stability prior to participation. They were given written questions prior to their interviews so they knew what they would be asked and they all signed appropriate consent forms prior to their participation.

During filming, identities were blurred to their satisfaction for those who wanted to remain anonymous. They were also given opportunities to view their parts prior to finalizing the production. Measures were taken to assure internal approval and safety pre-, post-, and during production.

Memories of childhood trauma were not discussed other than in general terms. This was very intentional, not to underscore the severity of the cause of D.I.D., but to protect those who participated as well as potential viewers from triggering memories of their own.

All of the responses were from individuals with D.I.D. and from partners of D.I.D.'s. However, actors



were utilized to convey responses of the D.I.D.'s in a few cases where individuals were not able to participate on camera, but the responses were from those with D.I.D. and their partners.

I thought the production was complete and began marketing at the annual ISSD conference in Toronto. However, an opportunity came about post-production to include Robert Oxnam, author of *A Fractured Mind: My Life with Multiple Personality Disorder* and his wife Vishakha, so I halted further marketing, and sought production services once again, as Robert is an articulate, passionate individual whom I knew would add a lot to the program.

Following five and a half days of filming, including six participants with D.I.D. and four partners, at six different locations, plus several days of editing—the production is finally ready for distribution! I could never have imagined all that would go into this production and I have to thank Quarterton Productions for all the extra time and effort that they

contributed at cost. I had a limited budget to start with that I more than doubled by the time of completion, but if this helps in the way I hope and think it will, it will all be worth it.

For more information or to purchase the DVD visit: www.clearwatercounselingservices.com.

The following description of the DVD appears on the back cover:

You're Not Crazy & You're Not Alone: are comforting words to individuals with dissociative identity disorder, (D.I.D.). This video captures the essence of those words by explaining the adaptive nature of D.I.D. from an ego-state theoretical framework and by giving viewers the opportunity to hear from the 'real' experts, those with the disorder.

Six courageous individuals diagnosed with D.I.D. and a few of their partners, including Robert Oxnam, author of "A Fractured Mind, My Life with Multiple Personality Disorder", and his wife, Vishakha share their experiences, artwork, and poetry, so that you can learn about D.I.D. from their perspective and how treatment has created a window of hope for them.

You're Not Crazy & You're Not Alone is an excellent and compelling video. D.I.D. is explained in a clear, compelling fashion that can be readily understood by those with D.I.D., their friends and loved ones, professionals, and members of the general public. I especially recommend it for anyone new to the diagnosis.

Those comments were made by Colin A. Ross, M.D. author of *Dissociative Identity Disorder: Diagnosis, Clinical Features, and Treatment of Multiple Personality, second edition, (1997)*, Past president of the International Society for the Study of Dissociation.

New Landscape: Support group in New York City

By Vivian

As I got better from DID/MPD and lost the magic structure that had sustained me for most of my 60 years, I felt like an immigrant in a foreign country, where I didn't know the customs, the culture, or the rules of engagements. I described my extreme disorientation in a *Many Voices* article ("Learning to Navigate in a New Landscape: Difficulties of Getting Better." MV, April 2004).

At that time, I was hungry to talk to people who were going through what I was, but I couldn't find a support group in New York City, where I live, so I decided to start one. It was a huge undertaking. After I took care of the logistics—finding a meeting room in a local community agency and renting a post office box—I needed to contact potential members. *Many Voices* helped by publishing a notice about the group, and the last President of the now inactive NYSSMP&D (of which I used to be a member) generously offered to let me use their mailing list.

And so New Landscape was started in November 2004. It is a peer-led support group for men and women who are healing from DID/MPD or another dissociative disorder (therapists who are healing from a dissociative disorder are welcome). We have about 12 members—a core of 4 or 5 regulars, and others who come some months and not others. We are hoping to grow.

Our monthly, two-hour meetings follow a strict format. We begin and end exactly on time. The first hour-and-a-half is devoted to sharing. It begins with the moderator reading the sharing guidelines. They are intended to foster safety and include:

- * Raise your hand and wait to be recognized by the moderator before speaking.
- * Address your comments to the group as a whole, not to any individual member.
- * Speak from the "I" perspective.

This means speak from your own experience. Example: "I feel..." "I did..."

- * Do not give advice.
- * Do not ask for advice or information during the meeting. But it is permissible to say something like: "If anyone knows of a group on Long Island, please see me after the meeting." OR "If anyone would like to exchange phone numbers, please see me after the meeting."

* Please feel free not to answer a question, even in a private conversation before or after the meeting. You might say something like, "I'm not comfortable answering that."

* Confidentiality: What you see and hear in this room should remain in this room.

* You don't have to talk; no one will call on you.

* Alters are welcome, as long as they respect the guidelines.

Next, the floor is open for topic suggestions. There are usually two or three. Examples of topics from past meetings are:

- * Feeling cut off from your insides as you get better.
- * Allocating time—to various activities or various alters.
- * Therapists: Feeling your therapist is off track. Feeling your therapist is your only real connection in the world. Other therapist issues.
- * Functioning—sometimes gets worse as you get better.
- * Feelings: Feeling more emotion in parts that previously had no feeling. Feeling too strongly. Not feeling at all.
- * Experience of an integration of a part. Knowledge and feelings resulting from that integration.
- * Finding ways of listening to your parts. Ignoring your parts. Staying in touch with yourself.
- * Doing things socially with non-DID/MPD people.

* Self-injury.

* Anger issues.

* Coming out of the DID/MPD closet.

* Relapses: How they make you feel; dealing with them.

* Having fun—sometimes it takes planning. Different ways to do it.

After the topics are out on the floor, the sharing begins. Participants have the option of sharing on or off the topics. (Because the topics are usually issues that some participants have been dealing with in the weeks prior to the meeting, and because other participants often identify with those same issues, 95% of the time peoples' shares relate to the topics.)

Until a few months ago, there was no limit on how long someone could talk once recognized by the moderator. Some people spoke for 2 or 3 minutes, others for 10-15. As we are hoping to grow and realized that that might not work with a larger number of people, we agreed on a new method. Each person may share several times, as before, but now each individual share is allocated a maximum of 6 minutes. The moderator gives a warning when there are 2 minutes left, and again when there is 1 left. Of course, the person may stop speaking before 6 minutes if he/she wishes. This new procedure seems to be working well.

The last half hour of the meeting is devoted to a discussion of the group format and organization. This "business meeting" was originally intended to continue just for the first few months, when the group was forming, after which the half-hour would be added to the sharing portion of the meeting. But members said they liked the business meeting and wanted it to continue—it enables everyone to feel part of shaping the group. (The business meeting also serves as a buffer between the end of the sharing portion and return to the outside world.) Some issues

discussed at past business meetings are:

- * Sharing guidelines (including the change to the 6-minute time allocation).

- * Writing a pamphlet about our group (for new members and for publicity).

- * Deciding whether to open New Landscape meetings to observers: psych students, clinicians who are not dissociative, etc. (We decided not to.)

- * Defining the purpose of New Landscape: whether we wanted to educate the public about DID/MPD as well as provide peer support. (We decided that for now, it would be for peer support only.)

- * Outreach—increasing our membership.

New Landscape sends out monthly mailings to everyone on the mailing list (the 180 people include both therapists and clients). These mailings used to contain just the meeting announcement and FAQ's. Last summer, we inaugurated the Writing Project, and that is now included in the mailings. The Writing Project is a forum for anyone wishing to share—those who come to meetings as well as those who don't. People can send submissions by email or post office mail. (The guidelines for Writing Project submissions are the same as those for sharing at the meeting.)

The Writing Project also contains a list of topics talked about at the last meeting. Because we received a positive response to mailing out the list of topics, we expanded it to include abstracts of what was discussed about each topic. Some people on the mailing list liked this expanded version—they emailed to say that even though they didn't come to meetings, they felt as if they were there. But it turned out to be a mistake, because though no names or identifying information were given, some people who came to meetings said they didn't feel safe talking when they knew what they said might be abstracted. So at one of our business meetings, we decided that if even one person wasn't comfortable with the abstracts, we would drop them. Now the Writing Project includes only a list

of the topics discussed, but nothing that was said about those topics.

People who attend meetings in person say they like New Landscape because it is a place where they can be with peers who are on the same journey they are. They can share their experiences in a safe, non-judgmental environment. They can be heard and recognized for who they are, validated just by being listened to and understood. They can talk about things they might not be able to share with non-DID/MPD people. They can also hear how others deal with some of the same issues and challenges they may be facing.

Everyone who comes to meetings in person agrees that we would like the number of in-person participants to grow. We know (from emails) that there are people on the mailing list who don't come to meetings, but who follow our group and like getting the monthly mailings. Some live too far. Some are not sure they fit the definition of an "almost-better" DID/MPD person, which was the way we originally described the New Landscape membership. Others may not feel safe enough to come. Still others are therapists who like to keep informed of our activities through the mailings, and who we hope will tell their dissociative clients about the group.

One of the topics discussed at the business meetings was redefining who New Landscape is for. We decided to drop the term "almost-better." In its place we came up with a longer description: "New Landscape is for anyone (male or female) who is healing from DID/MPD or another dissociative disorder and would like to share experiences, thoughts, and feelings with peers. New Landscape participants are in the process of reclaiming self and life. They may still have a dissociative system, but they have a framework for understanding it. They may still have abreactions and crises, but they are able to cope with them outside the group. (New Landscape does not provide crisis support.)"

We hope that this change in definition, along with the pamphlet we just developed and our list of FAQ's

(see below), will help our in-person membership to grow. We are selective about where we publicize New Landscape, because we don't want to attract voyeurs; that's why we don't use the Internet. But we are exploring other ways of getting the word out to as many therapists and dissociative clients as we can in the New York metropolitan area. Anyone reading this who thinks New Landscape might be for them and would like to give it a try is welcome to come to one of our meetings. (Please contact us by email or snail-mail for meeting particulars.)

FAQ's

Q: Do you have to be integrated to come to New Landscape meetings?

A: No.

Q: What if you don't have integration as a goal?

A: Everyone's goal is different. New Landscape doesn't care what your goal is, or whether you even have one.

Q: Do you have to be in therapy?

A: No (as long as you understand your system and are able to cope with your ups and downs, and as long as you are able to comply with the group's guidelines).

Q: How do you join?

A: If you would like to attend, just show up at the meeting. You don't have to sign up ahead of time.

Q: Is there a charge?

A: No. If you wish, you may make a donation, but it's fine if you don't. (Donations help cover our expenses, which consist of meeting room rental, duplicating, and postage.)

Q: How can I contact New Landscape?

A: newlandscape1@yahoo.com (there is a numeral "one" after newlandscape).

PO Box 231315, New York, NY 10023.

Partner's Page

Loneliness

By John W.

I do not know if I want to ask a question or make a statement. Perhaps it is both. I am an SO who has written articles for *Many Voices* before, and here I sit before our computer, trying to formulate how and what to say.

One of my coworkers' wife has MS, a debilitating disease that has progressed in its steady way over the last 20 years or so. It is similar to my wife's multiplicity, evolving in its revealing itself. After several doctors, psychologists, psychiatrists, it was finally diagnosed. My coworker and I have lately come to discuss our common feelings and occurrences we have with our wives. Even though one has physical problems while the other has multiplicity there are many similarities while there are very important differences.

They both have very similar moods and reactions to their troubles, but the major things I have realized is that his wife has something anyone who looks at her can see--it is a physical deterioration that is obvious, everyone can sympathize--yet my wife could be looked upon by 20,000 people and maybe, maybe five would notice something, notice something that raised a question in their mind as to her well being. That is a large difference!

What is even more disturbing to me is that their children were raised to the best of her declining abilities, not her heartfelt love for them but her physical ability to do things for them and with them. Even so, it was the same in our life, with my wife doing her best with her many selves, to get the right one out at the right time as best she could. My friend's wife has her children's support and help, they have no problem taking grandkids to see grandma, they help take her to the doctors when my friend cannot, because to some degree at least, her condition is so obvious!

Now that our children have moved

out of the house, and taken spouses, and begun having children, they act as though they have no idea what is going on. Mom has nothing visibly wrong with her so it must be bologna. She and her selves are not to be allowed any leeway when things are going badly, if an abreaction hits, why can't someone else come out and handle it? They grew up with it, experienced it, we explained to them what it was, and they each at one time or another helped her through abreactions when I wasn't there or the current psychologist could not be reached, they knew what was occurring, they knew different keepers, they each had their favorites, they even learned how to get around one keeper saying "no" to a request and finding one who said "okay" or "yes"!

Of our three children two are completely absent from our lives and one is only partially there. Only one explained to her spouse what MPD is and he accepted it. The other two either did not try to explain it because "she wouldn't understand" or "there never was a good time." While we have no idea what the other said or didn't say, we just know the result. The odd thing and what we have not found out the reason for yet is that the child whose spouse *said* he understood, and we believed him, are ones completely out of ALL of our lives; they moved to the West Coast and no one has heard from them in years.

So, physical debilitation gets support and help and assistance, yet she is sad and depressed because her health is slowly fading while my wife, a multiple, has no support from family or friends or assistance, except from a very, small few, and she too is sad and depressed because oh so very often she is so very much alone, alone at home all by herself, no one calling except me from work, no one calling to say "come help with the kids" or "visit us", no one saying "I

understand, I remember what you went through, and why".

Sound familiar to anyone out there in the *Many Voices* readership? Believe me, I hope not, but I am afraid to some it is all too familiar. We all know how difficult it is to open up to people, reactions vary but usually are incredulous. She has warily opened up to a few people, I have also, telling some coworkers, some have accepted it and asked questions about it while others have said "no thanks, I can't do this". She became close to a lady who she helped at church, we even visited her home, and as the relationship lengthened she encouraged my wife to "go on Dr. Phil" for all of the wrong reasons! She then began to introduce my wife to others as "her multiple friend" or "the one I told you about," not exactly a confidence booster, as my wife was becoming this woman's "possession" to display to her other friends.

Loneliness--compounded by when your children marry and leave you emotionally and physically, friends who are not really friends, so how about your family? Yes, the family, some of whom have experienced the same abuse you did but have not yet admitted it to themselves, others who are still abusing others in the family, and then there are the ones covering up for the abusers. Not exactly a bunch of people you even want to hear from. As of now there is one brother she can speak with and he lives on the West Coast, so hearing from him is wonderful but not very frequent because of his job. Just recently she called the state and reported a cousin who is carrying on in his father's footsteps and now most of that part of the family is aghast that she would do such a thing!

Not much friendship or contact there of a positive nature.

To all of the multiples out there who have experienced this or did or maybe will, I offer my thoughts and

prayers that it will be short and resolved soon for you in some way, shape or form. To all of your SO's I beg you to be as understanding and supportive as possible, it is a loneliness you probably cannot comprehend. It is not only a loneliness now, but it echoes with all of its hollowness from the past, when they were oh so alone, after their perpetrators left the room, leaving them there, with no one to comfort them or hear them cry or wipe away their tears.

MV

Looking for Friends

Our twelve-year-old alter Jennifer, unknown to me or any other adults inside, apparently looked through the telephone book, found a number, dialed it and left a message.

The phone rang and I answered it. And a woman from *Mothers of Multiples* asked for Jennifer!

I told the caller it was a mistake. Jennifer piped up and said she was a multiple and was looking for some children to play with.

The caller said she had infant triplets. Jennifer asked if the caller knew any older kids of multiples. She said No.

I apologized for the misunderstanding, and we said goodbye. Just before we hung up, the woman said "Bye, Jennifer!"

By Sally B.

MV

When Multiples are Friends

By Carol L.

I first met Sandy (not her real name, obviously) in group therapy in an inpatient psychiatric ward. So it was obvious right away that we were both going through a bad time. I've been hospitalized many times, have felt a spark of connection with another patient, promised to stay in touch when we got out and yet had never followed through.

But Sandy was different. She was so shy and seemed almost child-like at first with her china-doll haircut and difficulty in meeting anyone's eyes. But as we shared in the group therapy, I looked forward to her softly-spoken intelligent comments and glimpses of a good-natured underlying sense of humor. Then, one afternoon, she described a humorous bumper sticker on her car and I knew in that instant that we shared a psychiatrist as I had seen her car many times in the parking lot.

After the session, we confirmed this and started to share our impressions of our doctor, our treatment and discovered that we were both multiples who had been through dozens of diagnoses before finally ending up with this psychiatrist. It felt so good to connect with someone who knew of the intense relief of finally understanding those pesky gaps in time and memory.

Our friendship was not forged overnight but slowly and yes, even tentatively, over time. As a multiple, it can be so hard to trust another person. But, I can not begin to describe how wonderful it is to be finally able to talk openly and candidly with another who has faced the same issues and problems you have. Yes, a therapist can guide you to much better understanding of the issues involved and help you on a path towards healing--but who else but another multiple can really know what it feels like to "come to" driving a car and not know what city or even state you are in. To be able to share how it felt to struggle through college with

"incompletes" as grades every semester and to have such a sketchy job history. We can even laugh about some of the tricks of the trade, so to speak, for covering up memory lapses, dealing with the aftermath of inappropriate behavior and having other people not understanding about being on disability. In fact, I never knew "*Many Voices*" existed until she gave me a gift subscription for Christmas one year. What other friend would think of that?

Being friends with another multiple can be very relaxing. My other close friends know, to varying degrees, about the alters and some of the problems. But I know that if I need to cancel plans with Sandy (or she with me) because of being overwhelmed that we have both been there before. We have even scheduled our appointments about the same time so we can go to lunch afterwards. However, if the session was a rough one or one of us just needs to go straight home, no long explanations are needed.

So when it comes to coping, I count among my assets, a good psychiatrist, a loving husband, some loving accepting friends and an extra-special friend who is a multiple...like me!

MV

What It's Really Like Being a Survivor

By Sarah

I am a survivor of extreme physical, sexual, and verbal abuse. I am divorced after 14 years of marriage. I believe my husband was unable to understand what I was going through. This was partly due to his personality and partly due to the difficulty of not experiencing what I had. We divorced because of his inability to support me, him being verbally abusive, and several other reasons.

Recently, I was thinking that it would be good to give SO's a true picture of what it is like to be a survivor in hopes that they might understand that what we are going through and be able to release some of the frustrations they have about the behavior of their survivor. It is my hope that through this understanding you will be able to: understand that our actions are not about you; have more compassion for the survivor; and understand how difficult this healing process is and how much your support is needed.

The first thing I want to discuss is memories. There has been lots of talk about whether memories are 'true'. There are a couple of things to understand about this. When one dissociates during a trauma the memories are stored in different parts of the brain. The feelings might be stored in one place while the pictures of the event are in another and the words to describe it are in a totally separate place. Healing involves bringing all of this together. Putting all of this together is a difficult process and the result will rarely be like a running video of the event. However, most therapists I have spoken with and articles I have read indicate that while associating the parts of the memory may not be perfect, the gist of the memory is correct. Understanding this has been a huge help for me as a survivor. Self doubt is common for us as we do not want to believe that these things happened to us. I heard someone say once that why would a survivor make up memories that are so incredibly painful? This rings so true for me. It

hurts more than any physical pain you can imagine. One friend of mine said that her therapist asked her to imagine herself on the beach in a bathing suit. She did this. Then her therapist told her to change the clothes she was wearing. She did. He pointed out that you can't change memories like that. They are real. It has taken a long time to come to terms with the fact that my memories are valid, but after 6 years of therapy I finally have. Six years is a long time for a survivor, and certainly for supporters. Believe me, if there were a way to do it faster we would! In fact most of us try to do it faster, but it just doesn't work that way. The memories come when our brain thinks we have the resources to deal with them, and not one moment sooner. We have to trust our brain to understand when we are ready to deal with things.

This emotional pain that comes while healing is the other area that is hard to understand if you have not been through it. I would liken it to the death of a loved one. Imagine having to go to therapy once a week and go through that excruciating emotional pain. The worst part is that it doesn't go away after you walk out of your therapist's office. You continue to feel it until the trauma is resolved. If there are several traumas to resolve, you get to feel the pain for as long as it takes to make it through - maybe years. I often sarcastically say that "Child abuse is the gift that keeps on giving." If you really think about this, you can understand why the survivor is often exhausted and unable to do much more than healing work. During this intense time the survivor needs to take care of herself/himself. This means healthy meals, soothing the self, bathing daily. It means taking a break from usual tasks, possibly even work. You can help by taking over the tasks that the survivor normally does and being kind and gentle with the survivor.

Often during this time of intense emotional pain, the survivor will want to die. From the survivor's point of

view there is only one way out of this pain. Dying is the only way out that the survivor can see. It occurred to me that being in this state of pain is like being on one of those amusement park rides where you are in a barrel and the floor drops out, but you stay stuck to the wall. You can't see the world around you only down where you might fall. You can't see or hear anyone above you. That is what it is like to be in that state of pure pain. The only way out is down. Telling a person in this state to think about their family or how much someone loves them is totally useless. They are unable to feel anything beyond the pain. No hope, love, caring, compassion, only excruciating pain. I have been in that place and out of that place and in and out. I've been in and out so many times that I now understand that when I am there I know I must call my therapist and wait for her to call back or I must go to the hospital. There are no other choices at this point that will help me stay alive when I am in that place of pure pain. I also have a crisis plan in place for times like this because I know that I cannot think rationally when I am in this space. My crisis plan includes my therapist's phone number, my psychiatrist's phone number, the phone number of a trusted friend, and the phone number of a hospital that I might need to go to. It also has simple things for me to do to distract myself - watch a funny movie, go for a walk, write down my feelings.

Please understand here that I am not saying suicide is an appropriate action. It isn't. Suicide is a long term solution to a short term problem. The hopeless and painful feelings will subside. The survivor just has to hold on and make it through. For me, I can make a contract with my therapist to survive one day at a time. Each day a new contract is made. I don't know why this works for me, but she is the professional and I believe her when she says it will get better.

Therapy is not for cowards. Neither is being a supporter.

A Healing Family

By Connie and Her Little Ones

Our doctor, who has retired, is part of our healing family. In his care, our relationship drew close in trust and opened in our heart a safe place to heal. As he cared for each one of us, we formed a healing family inside. This healing comes with us as we go on. We are stronger for having walked this part of our journey with him. As in all good parenting, we remember what he would say and feel better. Our warm and good feelings about who we are surround us and make us feel secure - we feel safe. All our work, all our good feelings about Our Selves, everything we have shared comes with us - inside.

Our new doctor is a woman and since my problems were with my mother, this is a wonderful opportunity. Right now she is helping us with our ability to cope - reminding us of where we are. She also is very intelligent, extremely insightful, and very caring. We have only begun but she is already part of our healing family. We hear good messages about Our Selves. We are learning we can trust this woman with our feelings. She is new - this is a big change for all of us. It will take time but we all feel comfortable. She is wonderful. This relationship is a good one.

Our inside time is truly part of our healing family. We heal from the inside. Reaching each other with our nurturing; we can share all our feelings with trust. We know from our littlest feelings to our greatest fears - all will be honored. We are there. We try to soothe the one who is hurting. We listen to the one who is scared. We give comfort. How wonderful to be in this place where we are no longer separate but TOGETHER.

Inside, in our safe place, warm and quiet, we can heal. We comfort Little Connie when sad feelings overwhelm her. We support Protective One when she is afraid to talk. And with me, Connie, I need to know. I need to

understand. Then I feel whole. My world makes sense. We feel safe. I can feel the comfort. We have inside hugs. These are very special. Find your Inside Healing Family. It is there inside us all. Love them, encourage them, nurture them.

Our husband and children are a close and important part of our healing family. They love and respect all Our Selves. With our husband we can talk anytime. He listens, understands, and is very patient. To reach this level takes time and growing on everyone's part. With him we feel very secure and safe. Even so, there were problems I kept to myself. Not knowing who to tell, who to trust with the voices I hear in my head. Now the voices can speak for themselves. This is especially healing. Our children are adults; we can share with them also. I always keep in mind how blessed we are to be able to share this with our children so they can know me, us better. Their love, acceptance, and encouragement give us strength to grow.

And our mother has become part of our healing family. She is often confusing but we have come to understand more about her and this brings an understanding to her behavior. She is beginning to open up more. To share some of these experiences and know the other's point of view is painful but also healing. It is in the knowing that we heal. We need to be ready to accept whatever her reactions are and to realize this is just who mom is. For this ability, we have worked hard in therapy. It takes time to learn, understand, and accept. Our siblings are part of our healing family. We have started to talk with each other. It is amazing that the thoughts we have kept to ourselves all these years, are shared by all. The realization of these truths validates our feelings and experiences. We become closer. We have each reacted to our childhood years in different ways - we even went

our separate ways - until now. We have chosen not to tell our mother or our siblings about our DID as this is too much trust at this time. Also, we do not want our mother to know out of concern as to how this would affect her.

Our art, music, and journaling are part of our healing family; as are our three little kittens. We find these and them to be very soothing and calming. Our faith too is part of our healing family. We find great comfort knowing God is always there for us. In our spiritual life, we find a healing love surrounds us by those we have known and loved and with whom we have connected.

In forming your healing family, include only those you trust. These need to be people who make you feel good about who you are. If someone makes you or the others feel uncomfortable, there is probably a reason. Listen to that part and respect their feelings. In a healing family, everyone is respected and loved; all feelings are accepted and honored. This takes time and lots of work on everyone's part. Be patient.

Inside us all, there is this healing place. You have to trust when you do not know the way. You need a guide to give you their strength and courage until you find your own. You need to trust the answers are inside you. There is an intuition your path is the right one - trust it. There is so much healing.

MV



Living on the Outside

By Amy et al

Belonging has always been a crucial core issue for me. I don't know what it feels like to fit in—to belong—to be accepted. Since I have always been on the outside looking in, tumbling through one identity crisis after another and searching relentlessly for acceptance, I keep upping the ante through my life disasters. I guess hitting bottom for me meant ending up in a psychiatric hospital.

Hospitalization. For people with DID it is generally a nightmare. I found the program to be ineffective and the staff to be unskilled and uneducated in dealing with 'multiples.' At more than \$1000/day for this "treatment" it is abominable that so many hospitals don't know how to treat us. My stay was turbulent, fraught with acting out and manipulative behavior, unconscious attempts at staff splitting and relentlessly testing the limits—a typical DID in an in-patient setting. I did not hold back or modify my behavior in order to please people. It was difficult enough to struggle with the acceptance of this illness. I certainly didn't want to worry about being ostracized because of it. After all, I was in a place designed to provide help for this very issue, and I believe I needed to be who I am in order to work through it.

Overwhelmed by the intellectual and emotional comprehension of this new diagnosis, I was in constant battle with myself as to its validity. I thought that by bringing it out in the open and facing it, this would help me blast through my denial and break down my barrier of ambivalent disbelief. I was hoping to get professional help and support there because I was in an environment designed to treat people in crisis. So—I demonstrated crisis!

Finally, I thought, here is a place where I didn't have to be on the outside looking in—a place where I

could identify with others. Or so I hoped. Some of my alters even felt safe enough to come "out" during this hospitalization. One 5-year-old alter sat on the couch sucking her thumb and rocking back and forth, or crawled over to people hoping to get held or have her hair stroked. Another alter, a teenager, tried to disrupt group therapy by making not-too-subtle sexual overtures toward the group leader. Yet another alter, a small child, shrieked vehemently in pain when incest feelings came up through a dream. It seemed many parts of me wanted to find a way to express themselves openly and feel accepted.

My own conflict about my multiplicity surfaced daily in many ways as I struggled to find some semblance of truth for myself. Some moments, some days, I would believe it. Some moments, some days, I wouldn't. As I struggled through this ambivalence, I unknowingly helped create the same ambivalence in the hospital staff, by sharing my believing with some and my uncertainty with others. Sometimes I even showed both sides to the same person, as I experienced the conflict within, changing from moment to moment. I lived my confusion and shared it with professionals in order to get their help, during a very trying time.

It did not work. The staff either ignored me, or didn't believe me, or quizzed me nonstop with a barrage of "prove it" questions, or stared at me curiously as if I were a freak in a circus, or tried untherapeutically to bring out certain alters. Nowhere in that hospital was there a place I could go or a person I could be with where I felt safe, accepted, nurtured or free to be "us" except, of course during sessions with my therapist, which was the only saving grace of the entire experience.

The end result was that I was "fired" as a patient—and told to go

elsewhere if I had a crisis in the future. I was stunned.

Obviously I needed to find a place that didn't have a sign hanging outside the front door that said "Stop! Multiples not allowed!"

Feeling despondent about my perceived failure at the hospital, I vacillated between shutting myself down entirely and plodding on ahead. Somehow I found the energy to continue my search, and I found the place—it's called *Survivors of Incest Anonymous*.

Looking around the room during any given meeting, one might see a group of women sitting in chairs, hugging stuffed animals. What I see, however, is a group of women who openly share their pain, despair, and hopes surrounding their childhood sexual abuse and neglect. The path to recovery seems laden with constant struggles, and more backward steps than forward steps. Often I wonder how to keep putting one foot ahead of the other as I trek the journey.

It is the newness of recovery that keeps me going today. I like the giddy laughter of camaraderie, the safety of shedding tears around supportive people, the naivete of being a beginner that fosters hope and energizes me, the blind commitment that drags me off the couch and to a meeting when I'm profoundly depressed. Mostly I like the fact that I don't have to go through this alone. My hopes have risen substantially. Although my trust level is still quite low, sometimes I can crawl out of the safety and familiarity of my internal protection system enough to share some of my story. Perhaps I have finally found a place where I am free to be me and explore who I am.

How I Cope with Loneliness

By LD

Sometimes I feel lonely. There are only a few people who know that I have DID. Sometimes I feel as if I am "unknown" to the people in my life that do not know about my DID. That makes me feel lonely. I also struggle with feeling lonely within my system. Sometimes a part will stop interacting with the other parts and suffer from loneliness.

I went to a partial hospitalization program this past summer. One of the things I learned how to do is to rethink my thoughts. So when I am aware of feeling loneliness, I ask questions. Sometimes I find that I am telling myself, "no one understands me." That thought can make me feel lonely. So I change the thought to, "although no one except God understands me completely, there are people who understand me some and there are people who care about me." Thinking this thought usually makes me feel better.

Sometimes it helps to have a group meeting when we are struggling with loneliness. It is usually helpful for parts to write how they feel and for other parts to write their responses. Sometimes the feeling of loneliness is due to a lack of internal

communication. When we stop communicating, we stop nurturing each other and letting each other know that we care and this can cause loneliness.

Right now, in my life I am struggling with loneliness. Recently two different people that I care about told me that they felt overwhelmed by all my parts talking to them. It is true that we've been working less as a team lately. I find that I am telling myself, "you are overwhelming to people," and "people do not want to interact with you too much." These are thoughts that lead to painful feelings. It helps me to change the thoughts and say, "when there is a lot of switching and we talk more than we listen, this over-communication can feel overwhelming to outsiders." I also tell myself that working together as a team will help the situation. I am human and my parts are just expressing human thoughts and emotions. I am not bad for wanting to be understood. On the inside, we can help with the desire to be understood by seeking to understand each other.

When I'm struggling with loneliness, the thing that helps me the

most is to spend time with God. He understands me completely (Psalm 139). He always has time to listen to me and he doesn't get tired of me (Isaiah 40:27-31). He loves me more than anyone else (John 15:13). He promises He will never leave me or forsake me (Hebrews 13:5). He is always for me and nothing can separate me from His love (Romans 8).

MV



Books

Working with Traumatized Youth in Child Welfare

Edited by Nancy Boyd Webb

©2006. Published by The Guilford Press, NY. www.guilford.com 316 pgs incl index. \$36 hardback.

Many dissociative people emerge from troubled homes that may or may not be accessed by the welfare system. This book compiles the work of several authors on a wide range of topics to help those treating young people in disadvantaged situations. It is divided into three main parts, plus a resource appendix and a helpful index. The first section covers the theoretical framework of treating children and adolescents. It covers both trauma and neurodevelopment issues. The second section elaborates on helping interventions. Here discussions especially

pertinent to Many Voices' audience include a chapter on intergenerational transmission of family violence, treating traumatized adolescent mothers, and a chapter on animal-assisted psychotherapy (using horses and llamas) – which our readers have written about in past issues. The third section discusses professional collaboration between child welfare and mental health agencies. While this is clearly a book directed to professionals, it is not incomprehensible to the thoughtful lay reader. Lots of useful information here.

Interventions Following Mass Violence and Disasters

Edited by Elspeth Cameron Ritchie, Patricia J. Watson, Matthew J. Friedman

© 2006 by The Guilford Press. www.guilford.com 430 pgs incl. index. \$48

hardback.

This book was conceptualized in 2000...its topic made more timely by major disasters that followed: 9/11, the tsunami, Pakistani earthquakes, Katrina and many more. While there seems not much we can do to stem the rate of disasters, professionals can learn new methods to assess the affected populations and help them cope. The 21 chapters of this thoughtfully-prepared volume attempt to do just that. It covers short, medium and long-term mental health interventions for children and adults. It also discusses lessons learned from 9/11 and other traumatic events, with a goal of establishing systems better able to care for traumatized people.

MV

Thank You For Sharing!

MV Needs More of EVERYTHING! Please send your writing, artwork, cartoons, and poetry. We need your creative contributions to make MV helpful to all!

June 2006

Family Life: Relationships and communicating with Parents, Siblings, Spouses/Partners, Children. Can you create a "family" for healing?
ART: Your extended family.
DEADLINE: April 1, 2006.

August 2006

Making a Life Worth Living. What you do to bring satisfaction, joy and meaning to your life.
ART: Your favorite pasttime.
DEADLINE: June 1, 2006.



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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