

# MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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In This Issue:

**Good Food & Good Sleep  
Developing Healthy Habits...  
and more**

*Flying*

Little Girl  
Speak to me  
Your voice is important  
Your words have meaning  
You are so scared Little One  
Scared and scarred  
You don't need to make new scars  
We have enough  
You are my first child  
I hold you in love  
I will rock you to sleep  
A quiet sleep with no bad dreams  
If you could cry I would dry your tears  
I would cry for you if I could  
You want some crayons and pretty  
pictures to color  
I will buy them for you  
I wish I could buy you some happiness  
Happiness in rainbow colors  
We would paint the whole world happy  
together  
Talk to me Little One  
Why can't you have a birthday  
A birthday with cupcakes and ice  
cream  
We know you will be six forever  
Six years old not going on seven  
The only thing I can give you is my  
love  
Not my life but my love  
Love and fairy wings  
Together we will fly  
Fly into a future with hope  
Hope for you  
Hope for me  
Now close your eyes  
Together we leap from the past  
Fly high Little One  
Fly love

*By Deb*

**MV**



# TOPS (Take Off Pounds Sensibly)

By Kathleen

I would like to tell you all about my group that is helping me to lose weight. My Chapter meets once a week and we all weigh in to see if we lost or gained. We all strive to be the biggest loser for the week. There are rewards for doing so. We then attend a meeting where we talk about business issues for the Chapter, then we have a program on various subjects to help us learn more about how to make food something that we can handle.

The costs are very reasonable for becoming a member. The national dues are \$24.00 a year. The local dues are nominal (for my Chapter it is \$5.00). We also have various small awards that we fund as well. Not all chapters have this in their meetings. My group (individually) gives a quarter to a kitty. The person who loses the most for the week gets all the quarters from the weekly kitty. So, it is a lot when there are many people present.

I have been in the group for a year. Since I started losing weight, I have lost close to 80 pounds. I have had struggles to resist the problem of gaining but I am very proud to say that I have learned a lot about how to make food something that I control and I learn new things each week. There are some programs that happen through the year and I have attended those as well.

We get rewarded for things we have done in the Chapter through the year. I am the Secretary and Program Coordinator for my Chapter. I also help to fill in at the weight room if the weight recorders must take a week off. I am also very proud that since I joined TOPS, I have not missed a meeting yet. I started in mid February of 2006. We meet each week and give each other a lot of support and guidance if needed.

We have what is called a Chapter Pal. This is another member of the Chapter who will call you and check on you through the week. If I happen to think of my Chapter Pal first then I

will call her and see just how she is doing as well.

We have both men and women in our Chapter. The men lose just as well as many of the women do.

When you make your goal weight you are considered a KOPS (Keep Off Pounds Sensibly). Then you work on maintaining your new weight. We have two ladies in our group that fit this level of support. I have access to one of the ladies on a semi-daily level. She is open to keeping me encouraged for the week as well. She is also available to talk to before the meeting each week if you need to ask questions about their success. No one pushes things on you-- just the opposite--the members are very supportive and willing to share their successes and exactly what seemed to trip them up.

I recommend this group to anyone who needs to lose weight. There are no special foods or any fads. There is just good old sensible eating and support. The exchange program that is used is similar to a diabetic diet. There is a book that can answer all the questions you may typically have through the week, called "*The Choice Is Mine*". So, one can get support and feedback as much as one avails themselves to in the Chapter. My Chapter is considered a small group but we know that if there is a major problem that we will have the support within the Chapter or in the area coordinators and captains that will give you added support.

To add to the situation, there are several members who know that I am a multiple and are available to give us all the support that we need; all we have to do is ask.

So, if anyone would like to write to me for more information, please feel free to email me at [sunshinepal@comcast.net](mailto:sunshinepal@comcast.net). Please contact me if one wants or needs support at losing weight and is also a multiple. I have found a lot of things that have helped and I feel that I

would be available to answer emails and see if there is any support I can give to those that are fighting with multiplicity and needing to lose weight as well.

My Counselor, Rhonda, has been a big part of my recovery. She works with me on my individual issues and in the days of crisis she will respond to phone calls as needed. I also have a male counselor, Reid, who helps with my family issues here at home and also those of my birth family and what happens to come to the surface as well. I also have a Psychiatrist, Dr. Steve, who is very much available to me as needed. He mostly helps with the medications but also helps with keeping my thinking and thoughts in a constructive mode. So, as you can tell I am being blessed in many ways.

I am also working part-time for a lady with physical problems. I work for her for 35 hours a month. I am in the works of taking on two additional women, for 5 hours a week for each of them. These two ladies that I will be adding on to my schedule will be with mental disabilities. I will be responsible for teaching them social skills and other things that come up that need attention to making things more positive for them to live. So, I am going to be working 18 hours a week as well as continuing my therapy schedule, TCPS, and physical exercise that I am striving to keep going. I have found that the more structure that I can put into my life the better things are and the more I can assist in my own therapy.

MV



## The Search

I am wandering about.  
 Alone in this lonely world.  
 I long for a friend.  
 One I can share everything with.  
 Where I can be me and it would be  
 OK.  
 I am lost.  
 Directionless.  
 Tainted by another's lies and abuse.  
 I was abused.  
 That is the truth.  
 It matters not what happened in all its  
 detail.  
 Fact remains I was abused.  
 Who am I when the abuse is  
 removed?  
 Do I even exist without the abuse?  
 Who was I before; who could I have  
 become?  
 Would I have been lonely as I am  
 now?  
 Would I have been fearful of  
 everything?  
 Would I have been depressed?  
 Who am I?  
 To be me, do I have to have the  
 abuse?  
 What, what could I be?  
 I hurt. Deep inside I hurt.  
 To my core.  
 I feel like dying.  
 But I choose to keep on living.  
 Why?  
 Why do I continue to survive?  
 What inside of me is so strong?  
 Who inside of me is so strong?  
 The voices, the voices.  
 They are all there.  
 I hear them all.  
 I know them well.  
 They are my only true friends.  
 They don't fail me.  
 We are strong.  
 We are the ones that suffered.  
 We are the ones that do not fail.  
 "I" is not "We."  
 We are lonely.  
 We hurt.  
 We long for a friend.  
 Someone to call on these difficult  
 nights.

*By Kelly and gang*

## MANY THANKS TO OUR FRIENDS!

### **Del Amo Hospital - Torrance, CA**

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

### **Intensive Trauma Therapy, Inc. - Morgantown WV**

Outpatient Treatment for PTSD & Dissociation - (304) 291-2912

### **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 Peyton Orr: (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



*Healing Angel - By Denise F.*



# My Name is Miriam

By Miriam for the system

**M**y name is Miriam and I have multiple personality disorder. It is not a severe case, fortunately. I do not have fully formed alters running around doing things and going places I am not aware of.

My 'system' is 'co-conscious', meaning that each of us is aware of the others no matter who is 'out.' My alters are child personalities. Right now there are two: Scared and Lonely One, who is three (going on five) and Miriam, who is nine (going on eleven or twelve.)

Life is interesting living as a multiple. Many decisions are made by committee. What is for breakfast? Scared and Lonely One favors French toast. I favor coffee. What to wear? Miriam favors pink. I favor black. Who gets to drive? Not Miriam, she is too wild. Scared and Lonely One can drive on side streets (she likes to drive to the library) but I handle the brake, and any sharp turns. What to read? Scared and Lonely One likes children's stories. Miriam likes C. S. Lewis and Judy Blume. I like romance. We take turns.

The kids don't like my work, even the little bit of it that I do while on disability. They get very antsy and try to distract me - they want to play or go to the park. I am considering giving up my job for now.

I have degrees from two Ivy League schools. I practiced and then taught law. I volunteered in my profession. I was well on my way to being what society calls a "success." Then the memories started coming back. (I was in my early 30's.) With the memories came the separation into different personalities. I've had a three year old and an eight or nine year old since then. First I had Little Miriam, age eight. Then Hup came, she was three. Then my husband playfully bit my nose one day, and out popped a 2 year old who asked "Who you?" that was Good Girl.

Over the years, the makeup of my inner system has changed and shifted. When Little Miriam integrated,

I was devastated by the loss. I will always regret not taking her to the Magic Kingdom when I was visiting Disney, because I was in denial about my disease. After she integrated, I stopped my singing lessons—I guess she must have been a big part of my desire to do that.

I had a few dreadful years of memories coming back and washing over me. It was hard to keep my work and volunteer commitments. A lot of days were devoted to processing my memories. I had not remembered my childhood well until then—I had sort of felt cut off from it, but I thought that was how everyone felt. I did not understand that it was my mind's way of protecting me. You could not pay me enough to go thru that phase of my life again.

In my late 30's, I developed bi-polar illness and anxiety disorder in addition to my depression and MPD. I was hospitalized for suicidal thoughts and the manic part of the bipolar episode was no picnic either. I did have a great experience of G-d at that time, and I feel G-d as a force in my life now as I never did before. Silver lining? Or part of G-d's plan for me?

My bipolar illness, depression, and just recently, my anxiety are all controlled more or less well by medication. There is no pill to take, however, that can integrate a multiple.

My struggle today is two-fold. I am blessed with a one-yr-old son, and I am worrying about how having a multiple mother will affect him. I also worry about whether my suicidal tendencies—expressed forcefully by Miriam, who is nine—might someday prove too much for me. I do not want my son to have to deal with the loss of his mother, G-d forbid, by suicide. So, I take my meds, get my rest, and pray a lot. I realize that how we die is in G-d's hands.

My second struggle is with my feelings about my family of origin. I want to tell them the truth about my illness and the events in childhood that caused it. However, I also want to

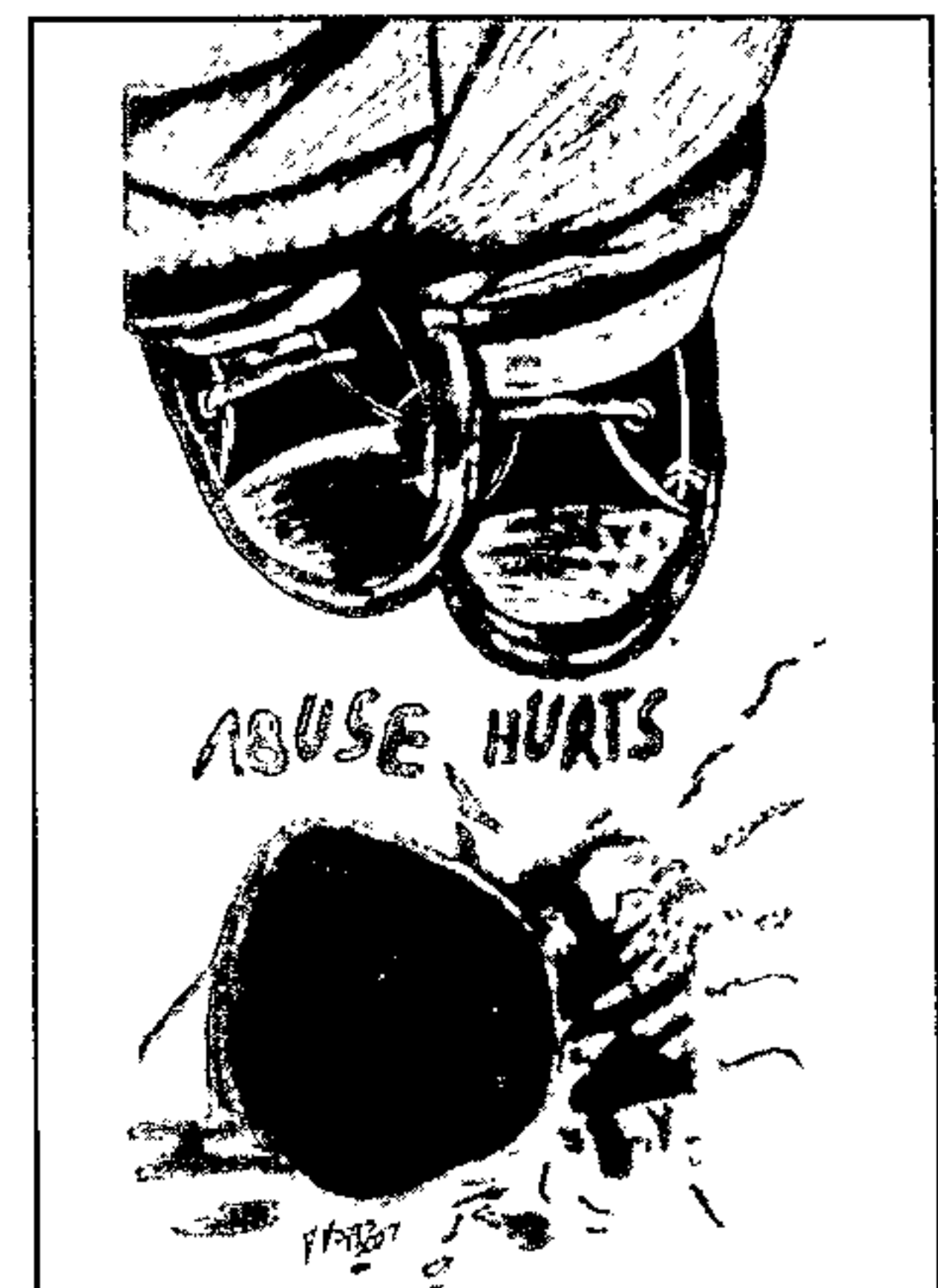
be lovingly accepted by them. I am afraid I can't have both. I do not want to be rejected by them for telling the truth, but I am living a lie with them right now and it is very painful for me.

Today, I am fully accepting of my life as a multiple. I do not have integration as a goal anymore. I accept myself for who I am, even if it means I can't work, even if it means I never know who is going to be out when we go shopping or to the movies. My husband is wonderfully supportive, talking to whomever is out and interacting with them at the appropriate level. I am very blessed to have him.

I used to struggle to integrate because I wanted to be "cured". Now I have realized that the past does affect the future, and that my childhood trauma did leave scars, in this case ones of dissociation. I was also left with an eating disorder, and I work an Overeaters Anonymous program daily to deal with that. We like to say that we are living in the solution today.

Today I try to live each day as fully as I can, grateful for my son, grateful that my health is as good as it is, and mindful that we never know what is ahead. All we have is today, and we need to use it well.

MV



## Change

By Maggie

I and those in me, do not like change. It causes me to feel unsafe, afraid, and off balance. Recently I made a move. My husband and I were living in a tiny little slum; we wanted to have a real home. Then a perfect place just opened. We happily packed up and left the slum behind.

Over time, I, and those in me, have learned not to base our expectations on past life events. The past is over and the present needs an honest chance to be better. So giving the present the opportunity to prove itself clean, new and happy, it has come through in a great way. I/we are glad we kept paying attention to slogans like "one day at a time."

Some days, I have to reduce that to one hour at a time. To even "God help me get through the next minute!"

But I'm learning that change can be good. That allowing my life room for the normal kinds of changes, and try to adjust and grow with the changes, I am more healthy each new day.

I still have problems with things changing. But now I do my/our best to stay open minded, and feel pretty happy with most changes in my life. Probably because I, and those in me, have also been learning to make healthy choices.

MV

## Follow-up to Sherry's Medal

By Jane

In the February 2007 issue of Many Voices, I wrote about wanting to recognize one of my parts, Sherry, by getting her a silver medal with the word "Sherry" inscribed on it. I planned on wearing this medal around my neck. It took me about 2 months to finally get up my courage to go to a jewelry store, one that I considered high-end. I chose this store because I wanted Sherry to feel that she was worth getting something from a really nice store. So, what happened was, basically, the store was way too high-class to even consider getting something as insignificant as a little medal; in other words, as the jeweler told me, "We don't even deal in silver, we only deal in gold." As someone who was uncomfortable going into the store in the first place, boy did I feel like a jerk.

The jeweler did say he would order the medal and call me when it came in. I left the store and decided if I never heard from them again, that would be okay. I would deal with it, and maybe go to a store that really needed the work, probably where I should have gone in the first place. To me, this medal was huge...this was a big thing for me, an important thing. I didn't realize that it wasn't a big thing to everyone else.

Instead of getting down about it, I decided to learn something from this experience, and what I learned is—things do not always go as you hope or dream they will go, and it is not the

end of the world. In other words—things aren't always black and white, and you can be flexible and still live. Good lessons for people with D.I.D.

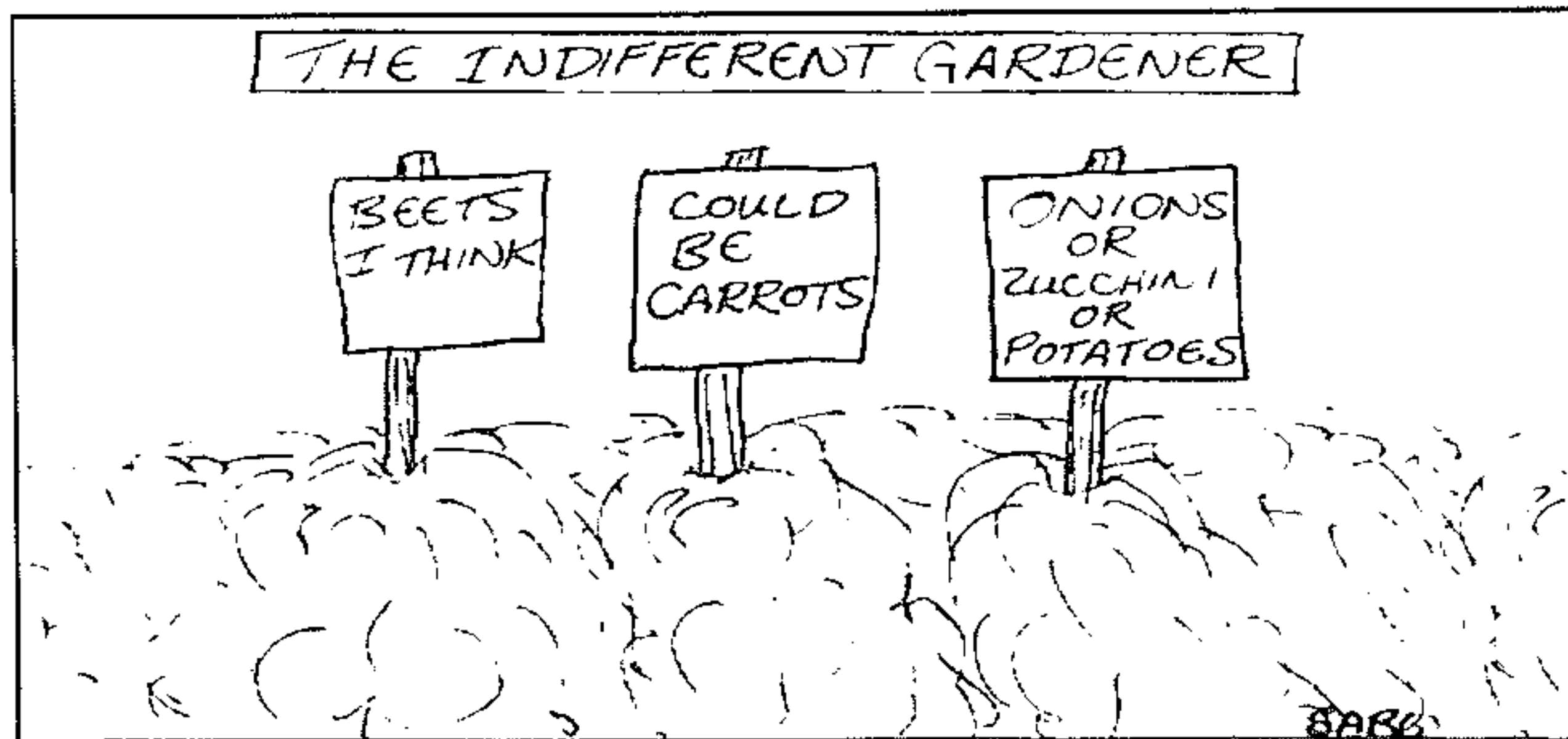
Not the end of the Sherry medal story...After about 6 weeks, I came home one day and there was a message on my answering machine telling me my medal (or pendant, as they called it) was in. So after putting it off for about 2 weeks, scared to go back to the store, I got up my courage and went in.

The jeweler was busy with a customer, so a young girl helped me, I paid for the medal, and practically ran out of the store. I did not want to look at chains to put in on. At this point, I didn't want to have any more dealings with a store in which I felt uncomfortable. I ended up going to a craft store and got a yard of leather cord to put it on.

The first time I put it on I was pretty darn happy. It was really cool. That night, I woke up in the middle of the night and thought that something did not smell very good. Hmmmm, I thought, I really need to change my sheets. Which I did, the next day.

The second night, again I woke up smelling something, and I thought it must be my pillows, so I threw my pillows on the floor and went and took some off my daughter's bed (she is away at college.) Again, after a couple of hours I woke up smelling something, and damn — all of a sudden it dawned on me. It smelled like a dead cow, a dead animal! I had bought a leather cord for my medal and I thought, what is leather? Why, it is dead animal.

So—I got rid of the leather cord, and so far I have not gotten anything to replace it with. I am thinking of some kind of cloth cord. I went back to the craft store but did not find anything. The Sherry medal is sitting in its original little blue velvet sack it came in—that little sack is just about as nice as the medal itself. MV





# Doll Story

By Debbie S.

Hello to Many Voices fans. My name is Debbie, and I have DID.

During therapy, I had trouble getting in touch with an alter I call, "The Warrior Woman." I knew that I needed to access her, but she was way back inside of me. I need her strength to get myself going.

My therapist suggested that I make a Warrior Woman, so I began with just a plain doll body and started sewing and making faces with sculpty clay. The warrior woman's face showed the male side of me with three male younger alters on the pleats of the dress. On the front

side is the host: me! There are 7 female alters shown.

At first I thought, "How confusing! This is so chaotic!" However, I held our doll and amazingly found that my heart felt truly understood for the first time. I have taken this doll to therapy with me and can see who is talking and recognise the faces.

Although they do not look exactly like me, my alters have identified and attached to the different parts of our doll.

My therapist asked me to consider making them for others who have DID. He thought that this doll could be a very helpful tool for those with our diagnoses.

I sleep with my doll sometimes. I feel relief when I look at her. The chaos is somehow sorted out when I hold her.

I would be glad to help others make their own dolls thru e-mail correspondance or, if anyone wants me to make a doll for them, I would be happy to design one for you and yours.

All my dolls will be different. They can include alters, or groups of them. I have little cat buttons, if you love cats, or just want one for your doll. Your doll will be an original and just for you.

The DID companion doll is \$60.00 plus shipping and handling. I can only ship

them within the United States, but would help those outside of the US to make their own doll via e-mail. You can do it!

Comfort and understanding to all.

Debbie  
sabine86@sti.net

(If at all possible, check out Debbie's dolls in our art gallery section at [www.manyvoicespress.com](http://www.manyvoicespress.com) The colors are gorgeous! If you don't have email, write to Lynn W at PO Box 2639, Cincinnati, OH 45201-2639 and your message will be forwarded to Debbie.)

MV





# Art From Within

By Debby Boggs

I am a self taught artist. From an early age I loved to experiment with drawing on non-traditional surfaces.

Pen and ink drawing has been my main focus for years. I love the detail that can be achieved with the pen. *Reverse Glass Pen and Ink* pictures have been a creative way for me to give my pen and ink drawings some depth.

*Reverse Glass Drawing* is an old art form not often seen today. You may still find some of the old Reverse Glass drawings in antique stores. Our forefathers used Quill pens to etch drawings directly onto glass. Today I use a fine point drafting pen which is much more durable, and I use UV treated Plexiglass as it is much less likely to break. The drawing is done directly on the Plexiglass, which is then inserted into a frame with the drawing to the back. A cloth backing is placed behind it. These drawings are durable and completely waterproof and will last as long as any print. The Reverse Glass technique gives the drawing a beautiful 3D effect. I am one of a select few artists in the United States that still do Reverse Glass Drawings today.

In addition, I have recently discovered a new and exciting form of artwork that adapts well to my methods.

I am now using many of my detailed pen and ink drawings for wood burning. I have wood burned many of my artwork images onto birch plywood for pictures. I have also wood burned my artwork onto coffee tables, end tables, doors, shelves etc. My pen and ink drawings make for very detailed images to be wood burned and are a stunning addition to any piece of wood.

Another new venture for me is my colored artwork. For years I have mainly worked with pen and ink and therefore no color was used. I have devised a wonderful way to add color to wood that when sealed will last for years. I first draw the picture onto the wood. I then wood burn the outline

and some of the details of the image onto the wood. I then use a combination of colored pencil and oil and actually rub this into the grain of the wood. The color is very brilliant. Not typical of colored pencil. These drawings are not as detailed as the pen and ink drawings. However the



*End Table with Woodburning by D Boggs*

color adds a stunning and beautiful effect to any wood surface. After completion the surface is coated with many coats of polyurethane which will seal the artwork completely.

Unfinished pine or birch are ideally the best woods for me to work on.



*Reverse Glass Art by D Boggs*

Maple and oak are harder woods and therefore more grainy and harder to wood burn and blend the color into

the wood. Interior doors make great canvases for my work, as the luan is very smooth and takes the wood burning and color easily.

As you can see I have used my artwork for various projects over the years. Artwork is a great therapeutic tool as well. I have done many pictures depicting the feelings and emotions which have come to the surface from the past abuse.

I do have a website at <http://webpages.charter.net/dbcreations> which shows some of the pen and ink artwork I have done.

I am also setting up a website showing some of my latest artwork pertaining to a recent abuse situation.

It is located at <http://webpages.charter.net/illusions> You will also be able to access that site through the *dbcreations* website for a few weeks, as it is launched.

Please stop by my website and have a look around. All of the artwork on the website is for sale. Pen & Ink drawings are priced at

\$60 unframed, if woodburned onto a 16" x 20" birch plywood board

Reverse Glass(Plexiglass) 11" x 14", \$45 framed

Print 8" x 10" \$10 unframed.

(The woodburned and reverse glass pictures are 'originals' because each is hand drawn. No two are exactly the same.)

Therapeutic artwork is also for sale.

Originals: \$50

Prints: \$10

Feel free to e-mail me at [sabine86@sti.net](mailto:sabine86@sti.net) with any questions or comments as well as more specific pricing details.

Thank you !

*If you make something special to sell, let me know. MV will try to help our Artists and others sell their work.*  
Lynn W.

# That's Enough

By Carolyn H.

“Do you have any history of mental illness in your family?” asked Dr. Z.

Well, of course that question could be expected. And I suppose I even sort of welcome it. She's a therapist; at least she'll know what I'm talking about when I rattle off this list. I'm not going to say, multiple personality disorder and have her think my mom was schizophrenic. She's not going to eye me with that suspicious glance that's wondering if I've fallen victim to a genetic defect. Right? I don't want her thinking I'm crazy. I want her to understand that I'm not crazy, I'm just sad. And I think I have a reason to be.

“Yeah,” I say. There's a kind of overwhelmed amusement in my own voice. “Well... I mean, where do you want me to start?”

“Wherever you want to start,” she says. She's got a moderately thick accent that I can't figure out.

“Well... my dad is a compulsive gambler... But nothing really aside from that... His mother was diagnosed schizophrenic, and spent a lot of her life in hospitals and... I guess, like... halfway houses? Something like that? He was raised by his dad, who was an alcoholic, and his grandmother.”

“Mmm...” She's typing something on her computer. She's maybe thinking that I'm crazy. I don't know.

“My mom, though... Well, her parents... Her parents are just crazy. Just crazy and abusive and manipulative and... They're just crazy, horrible people...” Dr. Z. says nothing. “But... I'm sure they've never been diagnosed with anything. They're not really the kind to go to therapy.”

Dr. Z. still says nothing. So, here's goes nothing. “My mom... she went into the hospital when I was about eleven... Maybe twelve... She went in for an eating disorder... She was anorexic.” I rub the seam of the vinyl couch. My mom used to refer to the anorexia as a “diet” until she was

admitted. Diet is an understatement. So is anorexia. If I don't tell Dr. Z. the rest of it, I'll be lying. “And then she was in therapy, and they diagnosed her with depression.” I take a breath. “And then post-traumatic stress disorder.” Dr. Z. may or may not be paying attention anymore. “Well... I mean, they called it a disorder then, but then they changed the terminology midway through her therapy, and started calling it a syndrome. And then I guess they changed it back to a disorder. I honestly couldn't tell you if there's a difference.” Dr. Z. is typing furiously. She looks agitated. I take a very deep breath and let it out all at once: “...and then they diagnosed her with multiple personality disorder...”

“That's enough,” she says, her tone bordering on sharpness. I can't tell if she's actually being sharp with me, telling me to shut up, or if it's just her weird accent. No, she was being sharp. She blinked in order to cover up a slight rolling of her eyes. But I heard the huff in her voice.

I don't think she even typed multiple personality disorder in her report. I strain to look over her shoulder. With my glasses, I have 20-10 vision. No, she didn't. She left that part out. She left that part out. Well, there goes this attempt at fixing the things that are wrong with me, I think. That's the important part.

Dr. Z. goes back to asking about my substance abuse issues. I don't have substance abuse issues, dammit. It's been years since I smoked pot, and even then, I can count the number of times I did it on my two hands with a few fingers left over. Now I don't even take aspirin. But now she's probably going to think I'm lying about that, too. I mean, I just told her my mom was a multiple. Somebody like Sybil, or Eve, or Truddi Chase, one of those rare freaks that probably exists only in the minds of overzealous diagnosticians and Hollywood screenwriters. I may as well have just told Dr. Z. that my

family history includes numerous cases of alien abduction. Great.

I cannot explain now how my mother punished me for the same exact things she praised me for. On one day, picking flowers was a good thing, and she put them in a vase and told me their names. One another day, I had been disobedient for picking flowers without permission, and I got spanked and sent to the corner for hours. Dr. Z. will call this inconsistent parenting, and probably chalk it up to some secret drug habit my mom was hiding. Nor can I explain Angela, the beautiful woman my mom brought home with her from the hospital, her best friend on the eating disorders unit. I cannot explain how Angela, who lived with us for four years, alternated between a brilliant comedienne with a sharp tongue and a wicked wit, and a three-year-old in the body of a 26-year-old, wanting me – at thirteen – to read her a story. And worst, I cannot possibly explain to Dr. Z. that this was normal to me.

I knew, of course, that this wasn't normal. If it were normal, my dad wouldn't have issued a stern warning to me never to discuss my mom's “problems” with anyone, not even friends or teachers. He said that other people didn't understand this kind of thing. And of course I knew that my peers didn't have their mother's best friend living in their house, calling herself “Crazy Aunt Angela” and asking for stories one minute, and asking for a proof-reader for her college papers the next.

But who knew what went on in other people's houses? If, one day, my mom called herself “Bobby” and smoked cigarettes in the basement, and called herself some other name the next day and talked about running away and living in Amish country, how was this any less normal than a mom who worked too much, or took too many sleeping pills at night, or had an affair? My dad and my brothers and I loved my mom, and we all loved Angela, too.



Would Angela count as family? Should I have told Dr. Z. about her, too? She lived with me, and I loved her, after all. She took me on a long car ride once, and we sang Indigo Girls songs all the way, and when she stopped the car, she took me to a Methodist church service, even though neither of us was Methodist. She wore long skirts with beads dangling from the cords in the elastic bands. She taught me to make dream-catchers, and it was her arms that went around me after I'd seen my mom have a flashback and scream for ten minutes that there was blood all over her. She even came to Parents' Night at my school when my mom was in the hospital again. She introduced herself to my teachers as

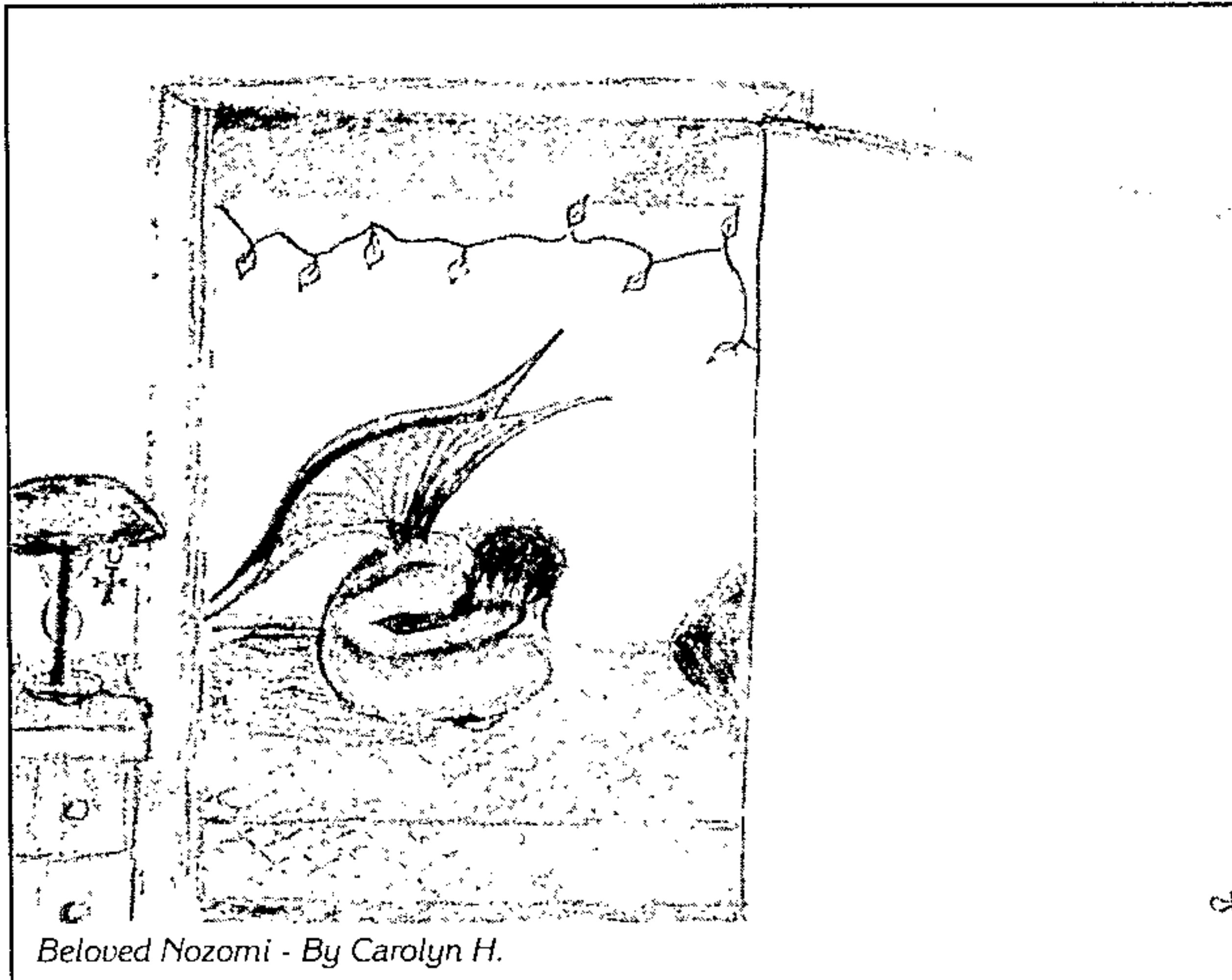
colors of his eyes, the long history of getting on busses and refusing to acknowledge his past, the occasional blindness and the migraines, she only said, "I am so sorry." I told my mom, "he was wearing a long skirt when I met him, with little beads on the cord. I just thought he was kind of weird." My mom knows, though. After she integrated, she became a social worker. She knows it from both sides now. She said, "they say you marry people like your parents..." She thinks I married somebody like her. In truth, I married somebody like Angela.

"I'm here because I'm sad," is what I told Dr. Z. And I think I have a reason to be. My husband isn't even real, at least in the eyes of most

shouldering the guilt and the hope of the blank-faced boy. And I am alone now, abandoned by a husband who claimed he never knew me. When they left, I lost sixty of my most beloved friends.

I cannot tell any of this to Dr. Z. And so there is no point in telling her anything. I am sad, I have told her. But she doesn't believe in multiples. And so she will believe I have no reason to be sad. And so she'll chalk it up simply to a selfish and overly sensitive 20-something, whining over the loss of a selfish spouse. Or she'll think that I'm crazy, which is almost preferable to selfishness. When our hour is up, and my report is full of things that don't matter, about my college, and my hobbies, and my job history, I stand, and I tell her something that my mom's therapist told her many times: "Normal is a setting on a dryer." I stand up and I leave, and I don't intend to come back. *That's enough.*

MV



*Beloved Nozomi - By Carolyn H.*

"Crazy Aunt Angela." But now, of course, I can't tell Dr. Z. about Angela. Dr. Z said, "That's enough." And she didn't even think multiple personality disorder was important enough to write on my report. Angela was diagnosed too, a few months before my mom was.

And if I can't tell Dr. Z. about Angela, of course I can't tell her about my husband.

They say people tend to wed spouses who bear similarities to their parents.

And when I told my mom about my husband's voices, the mood swings with names, the changing

people. He's a voice in the mind of a monotone, blank-faced boy I don't even know. The boy with the blank face, the owner of the body, left town after he found out he'd been the unwitting victim of an arranged marriage. There seems to be nothing I can do about this. If the flashbacks begin, if the voices start cutting the body again, if they force another round of bronchial relaxants down his throat, I will be in another city, another state. I will not be able to put my arms around my husband. My husband is the one with the gentle green eyes and the quiet, silly grin. He is alone now, with the others,

### *Incomplete*

I think I am far from being complete  
for I do not know which way to go or turn  
I do not know how to let this intense  
pain out, caused by so many

I know I should give it a name  
and send it to a far off place, but  
it remains with me, and it will still be  
tomorrow and the next day

Oh how I wish I was not hurt as a child  
or even hurt now as an adult

I am here.....

I am alone.....

I cry inside.....

*By Mary G.*

MV

# The Elusive Embrace of Sleep

By Colette

There is nothing like the experience of having a good night's sleep, where one wakes feeling refreshed and full of energy, ready for the challenge of a new day.

For me—and maybe for you—that level of restful sleep is rare.

When I was growing up, for reasons obvious to other MV readers who experienced a 'difficult childhood,' I slept very lightly, alert for sounds and danger. Often I faked sleeping, even when I was poked or prodded, because I didn't want to let that person know I was aware of what was happening. I learned very early that showing distress led to more pain, not comfort.

As a consequence, I've been hyper-alert most of my life. 'Sleeping' for me is often what others would call 'dozing'. So I have been known to obsess about the quality of my sleep and to feel, somehow, I need to be 'in control' of it, rather than just let sleep 'happen' as the natural thing it truly is.

Over the years I've used many different approaches to manipulate my sleeping habits. For example, during my marriage, I painted the bedroom walls a soft, subdued mossy green that seemed pleasant and encouraged relaxation. Later, after I was divorced, and had to be sure I got up promptly with the sun, to go to work—I painted the walls a bright apple green. This bright color startled me awake as soon as I opened my eyes, and was an effective 'day brightener' that cheered me up, despite the early hour.

After my divorce, I also had to relearn 'sleeping alone.' Another single friend shared his method of making the bed inviting, with thick fluffy comforters and soft pillows, to promote the sense of nurturing at night. Creating this 'nest' made a major, positive difference in my nighttime comfort. For several years I also took a large, very cuddly teddy bear to bed, for hugging purposes.

When I was young, and especially

after I started therapy for dissociative disorder, I had severe nightmares that caused me to wake up terrified. Sometimes it got so bad I slept with the light on, which was embarrassing to me, but better than freaking out. Then my therapist told me about 'lucid dreaming.' With lucid dreaming, you can train yourself to know when you're dreaming and change the dream story as it unfolds. I found that by saying 'NO' in my dreams, I could take charge of events. After some practice, I learned to beat up and send away the horrible scary monsters who ruined my sleep. (You can find descriptions of lucid dreaming and how to do it in libraries and on the internet.)

With age, I found myself more often waking in the middle of the night, anywhere between 1a.m. and 3a.m. Sometimes I have no trouble falling back to sleep, but other times I'm not so lucky. I've learned that, for me, it is better to just do something, whether it is writing in my journal or reading a book, or even getting up to clean something, rather than toss and turn for hours.

Now that I have a boyfriend, it's a little bit harder to get up in the middle of the night and run the vacuum cleaner. But I can always take a book into the bathroom, close the door, and read without bothering him with the light.

Other things I've used to help me sleep include:

1. sex (with my loving partner)
2. hot cocoa
3. chamomile tea
4. a long hot bath
5. peaceful music (using head phones if my partner is with me)
6. meditation and/or deep relaxation techniques
7. pretending I'm walking down a long staircase, counting the stairs into sleep
8. pretending I'm walking in a beautiful woods, along a beach, or in

a field of grain

9. reading really boring books
10. doing crossword puzzles
11. running a fan to blow cool air over me (the droning sound helps too)
12. holding my own hands under the pillow; it feels as if my 'parts' are comforting each other.

A few times a month I use a sleep aiding medication. Many years ago my therapist prescribed a .25mg dose of Xanax for me to take if I had trouble sleeping. If I took the whole thing, I felt 'way too groggy, so I divide the pill into 4 pieces. Usually, 1/4 of a .25mg Xanax is sufficient to help my body relax and fall asleep. Once in a blue moon, I have to take a second piece. While some people have addiction issues with Xanax, I'm fortunate in this regard. Over the past 20 years, I have not increased the amount of Xanax I take.

Currently, I have a new set of sleeping problems. A physical illness is causing chronic pain, which wakes me up in the middle of the night. I just got some new pills that are supposed to ease the pain, but they make me nauseous. So I still have sleep issues. In fact, I'm writing this piece at 3 a.m.

Oh well. It's better than tossing and turning—especially since tossing and turning HURTS. And I hope that someone out there finds a useful idea from what I've written.

MV





# Therapist Training Needed

By C.

I have a dissociative disorder (DID) because of childhood sexual abuse and I am also a psychotherapist with a Master's Degree in Social Work. I am no longer working because I needed to go into intensive therapy for my disorder. The sad thing is that when I was in the Master's Program we studied many disorders but never touched on DID. When I was working at a community mental health clinic I had a client who had to be hospitalized. Her therapist at the hospital called me and asked me if I knew she was a multiple with DID. I said "no." She asked me if I knew how to work with the client and is said "no but I will talk to my supervisor." I went to my supervisor the head therapist and asked her how to work with this woman who had DID when she

got released from the hospital. She answered, "I have absolutely no idea." What does this say about how today's therapist are being trained? Knowing what I know now, my client's diagnosis makes so much sense. Every time she came in it was like she was a different person. I could not figure out what was going on with her. Now I know it was the different alters. I wish I could have helped her. I hope she found someone who could.

I had to quit work because I was having so much trouble keeping myself together. Luckily I found a great therapist who diagnosed me with DID. We have been working together for ten years now and all my alters love and respect her. Unfortunately my psychiatrist who prescribes my anti-depressive drugs does

not seem to know anything about DID. I see him every six months and every time I see him the only question he asks me is if I am integrated yet. He asks me this every time I see him. I always say yes because it is obvious that is what he wants to hear. I love all my alters and we are learning how to all work together. I especially love my six year old who is so easy to please. We have loads of fun together. Her favorite toy is a balloon.

Something must be done so that therapists can learn about DID. It needs to be taught to the new therapists coming out of college. I hope there is some way more therapists and people can learn about this disorder. *Sharing Many Voices* would be a start. Let's get the word out. MV

# The Journey

By Jeanette R.

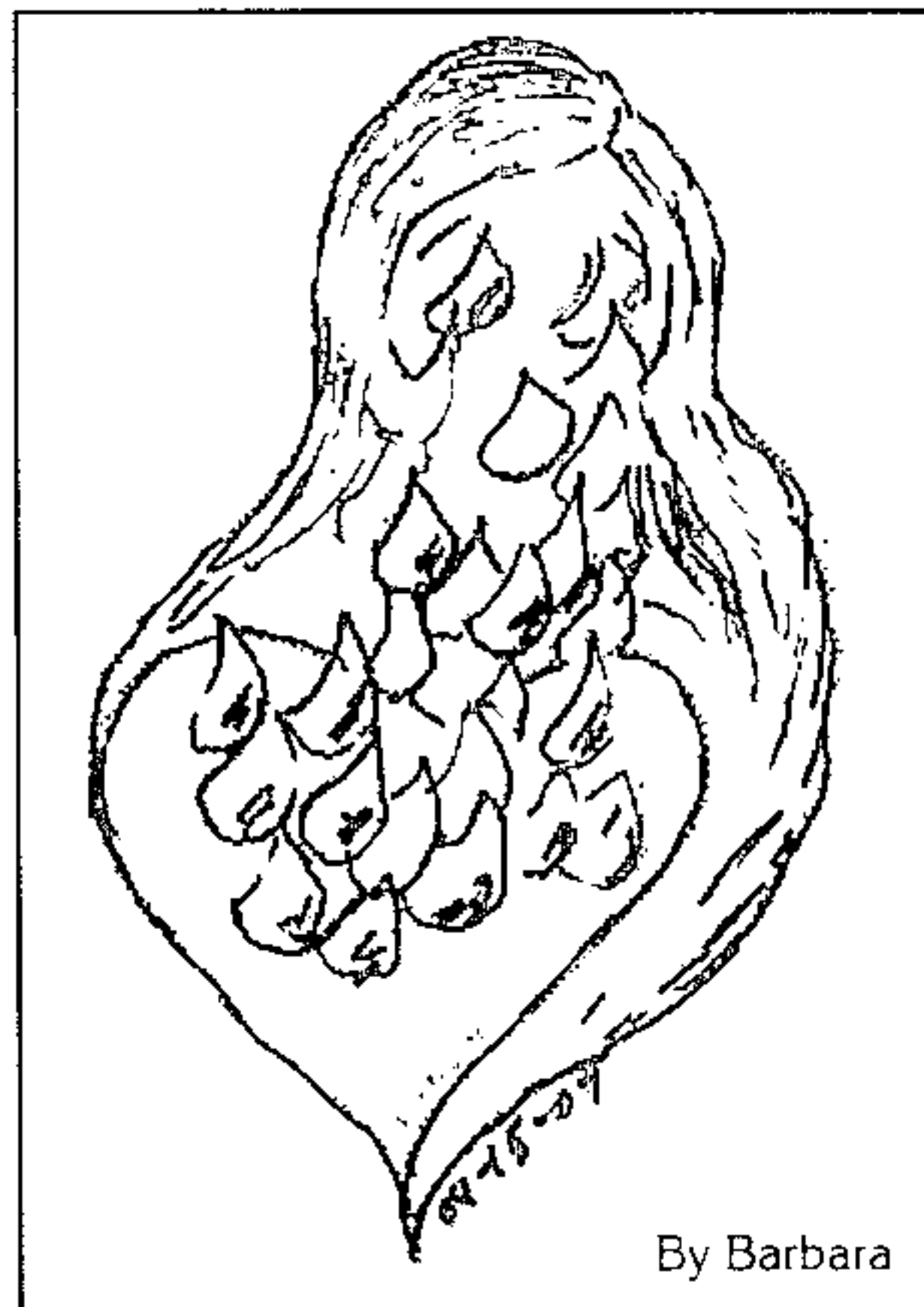
The DID journey from my head to my heart, from knowledge to feeling the feelings, is incredibly painful. The road is paved with tears. They soften the terrain that has hardened due to abandonment and neglect. They prepare the way in the wilderness for me to walk toward the light. They make the parched land fertile.

I notice that as I journey inward and allow my parts to unburden themselves of their feelings, I am not alone. There is a power greater than myself, greater than the universe, which sustains me. It's not "out there." It's within me. It's part of me. I realize that it has always been there, but I have not been aware of it. I was too busy trying to survive.

Today my focus has changed from "survival" to "recovery." My attitudes and behavior are changing along with my focus. I had been taught to hate myself and to abuse myself. Trapped by walls of secrecy and self-loathing, it appeared that there was no way out.

Well, there is a way out and that way is facing the truth which is which is bringing me to the light. The diagnosis of DID was the key that

opened the door. Therapy keeps the door open and teaches me how to live with DID and journey from captivity



into a land flowing with the richness of acceptance, love and joy.

Tears are a blessing, and hope is ever present today. Life is worth living. The joy is truly in the journey of life and recovery a day at a time. Don't give up before the miracle happens.

MV

# Better Health Habits

I eat too much at times and am diabetic.

Some of "us" have sleep apnea.

We give ourselves 6 very small pieces of candy a day, then low-carb low calorie diet otherwise.

This works for us, along with pills and insulin.

At night we often use a CPAP machine to help us breathe, yet it is still hard to keep "littles" from pulling off the mask.

Sometimes we do not even try to use the mask because it keeps me and my partner awake.

I've learned better health habits by caring for my (outside) stepson who was twelve when I married.

I insisted on clean, good looking, well fitting clothes. Daily vegetables and fruit. Brushed hair and teeth, for him.

Eventually we realized our own kids and adults deserved that, too.

Now I eat fruit and vegetables, comb my hair, and have better clothes, too. Who says you can't learn from the outside in?

By Sally B.

MV

## New Therapy Tools

By Jesse

What helps me with my "emotional pain" is a method I was taught inpatient. It is the most effective tool I have discovered for taping over the negative thoughts with the truth. It is professional brain reprogramming. Saying the truth to myself in the mirror relieves anxiety and erases the lies my abusers fed me.

It takes time and effort but with diligence it really does work. I had to write down all of the negative thoughts that rule my life in the third person. Then I had to write the opposite, the truth, in the first person. These affirmations had to be checked by a qualified therapist before I began saying them in the mirror a minimum of five times a day. I don't have to believe all my affirmations are true now, but in time I will. They have to be done everyday for six consecutive months.

Hypnosis was used to switch me and abuse me so it is a huge trigger now. It can be used for good but I'd rather not use it now. I meditate on the Word of God. I find it impossible to "empty my head" and think of

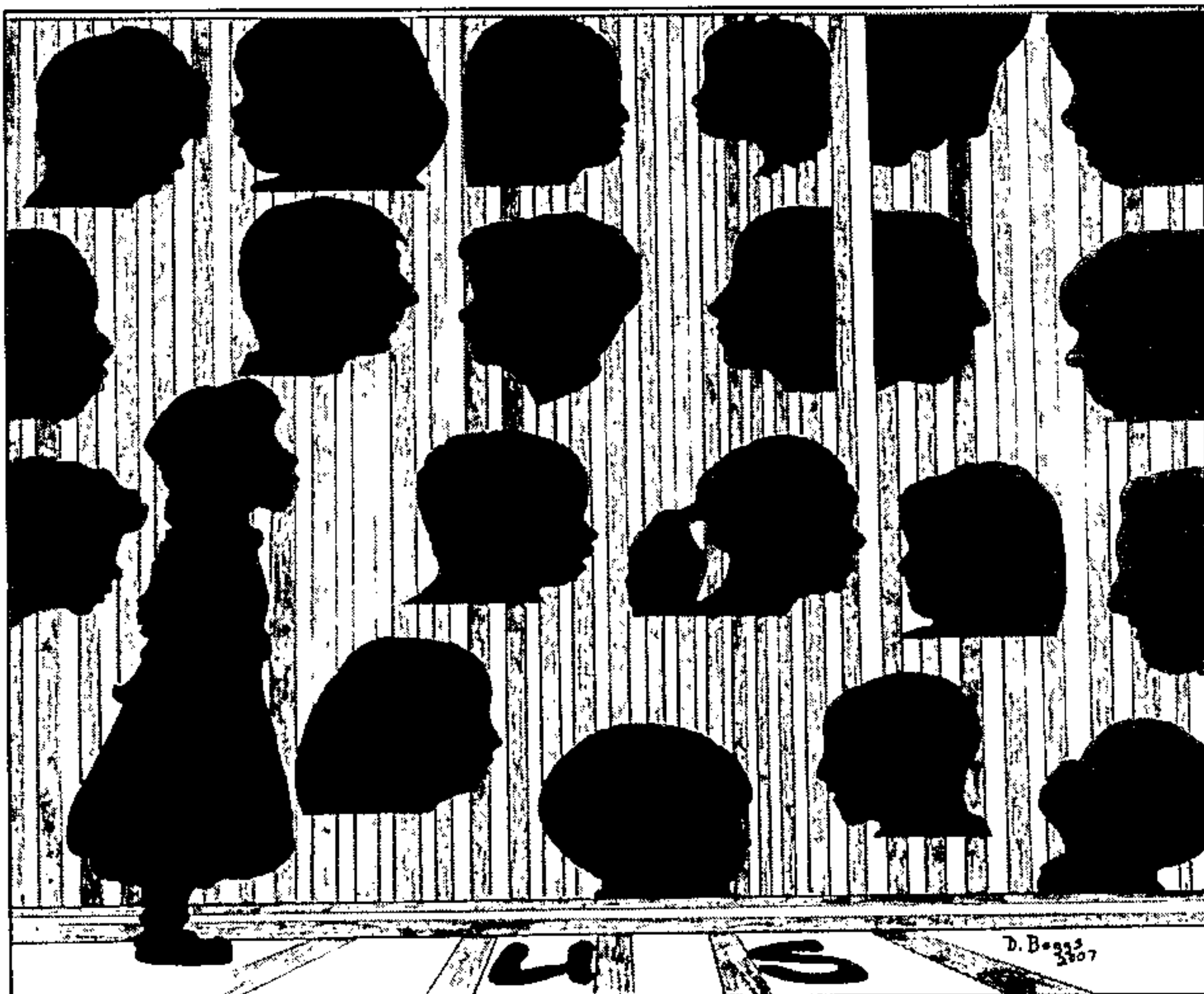
nothing. I particularly like Psalms to meditate on.

I also keep pictures of supportive people in the kitchen. I have had to cut all blood relatives out of my life for now. They all trigger me tremendously. Only my true friends and family can see the real me. I also get comfort from a picture my daughter painted. I switch back from a frightened alter listening to soothing songs. My son's hugs also help.

Journaling and drawing help me to release and also to communicate with alters. Calling a supportive friend, my husband, my therapist has also calmed me. I ask myself what triggered me, what negative messages came to mind and if any perpetrator's face came to mind.

I haven't needed any medications during the day for a while thanks to doing affirmations in the mirror. I carry meds with me in case I get triggered anywhere. I also "ask inside" as I was taught to do, inpatient. Alters know best. Ask them to help you find what works best for you.

MV



Some of Us by Debbie

## Sleepy Eyes

(This happened in therapy just last week. I have heard from other survivors that this has happened to them, also. - J.)

when you said you would be there,

i believed you

when you said you wouldn't leave,

i believed you

but sleepy eyes really tell the real story

we talked and told you secret things

not told to anyone else, for no one

could possibly understand

but your sleepy eyes told me more

you weren't really there

you didn't hear...you didn't talk

sleepy eyes say it all

we are hollow inside, guarding our

heart and our feelings

you hurt them inside

to trust you...not sure

sleepy eyes don't show any trust

sleepy eyes and loss of words and

shake awake

but words pass by and pass thru

you didn't hear us

you didn't seem to notice

the hurt and pain we shared

now what do you expect?

trust? honesty? forgiveness?

i don't know. they all have hid from

your sleepy eyes

your thoughts made no sense

no help at all

gone away...until we find

something we can depend on and

honor our pain

we are sad at your sleepy eyes and

loss of thought

for our hurt and our story

it only adds to the realness of being

not wanted

By Julies

MV



# Sleep Training Experiments

By DL

I have a long history of depression/PTSD/OCD/Bipolar/DD NOS/migraine/seizure disorder/chronic balance issues and consequently my sleep takes a back seat to all this brain disruption. My neurologist feels that once she gets the right medication in place it should dampen down the excitability in my brain and calm all this down. We are trying but I do not tolerate medication well, never have. Lithium is the drug of choice to help reset the circadian rhythm but due to my balance issues, this drug does not work well with me.

I read an article all about resetting the circadian rhythm. Subjects were put in a completely dark room for 14 hours. Whether they slept or not was not the issue in the beginning. It was all about inducing melatonin. Eventually the sleep subjects started to sleep within those 14 hours and sleep without interruption. As they slept, the time required in absolute darkness was reduced to regular sleep needs.

What I am doing is to keep the TV, lights and computer off after dark. I sit and listen to book tapes or meditate or whatever as the natural light goes down. I have invested in room darkening drapes; I sleep with an eye mask to get rid of any yellow or blue light filtering into my room at night. What I have found is that by keeping away from artificial light in the evenings, it is beginning to reset my circadian rhythm and increase melatonin.

Before I tried this experiment, I slept maybe one hour, woke up, and struggled to go back to sleep, then woke up, and so on throughout the night. Now I am sleeping up to 5 hours before I wake up and I am beginning to feel more rested.

This is not an easy feat as nighttime TV is a habit for me, same as sitting in front of the computer at night in support chat rooms.

The flip side to this is about my trauma. As a child, I rearranged my sleep cycle to be alert at night due to

the things that happened in my bedroom at night. During the day I remained in a semi-sleep state and was not able to function well at school, hence my bad grades. One therapist who was working on EMDR with me, tried music therapy with tapes from The Monroe Institute. She found that the tapes that encouraged brain waves for sleep actually made me wide awake and alert and the tapes that make you wide awake and alert actually made me drowsy. Closing my eyes at night makes me feel vulnerable, so I sleep very lightly and am subject to frequent awakenings due to external noises.

I have another theory that made sense to my situation. I was listening to a radio broadcast about the society of cave dwellers thousands of years ago. The society included one particular one who was the protector. The protector had to remain alert at all times because even the snap of a twig might mean imminent danger. I feel that due to my trauma, part of the reptilian brain in me was activated, thereby causing me to remain hypervigilant at all times during the day, and especially at night.

Currently, this nocturnal behavior I have does not serve me well. It interfered with my career, social networks, family, and spouses. I am trying to create a safe environment for me to slumber successfully in. I purchased a new bed that supported my body composition, expensive buttery soft sheets and pillows and a body pillow to snuggle up against. Room darkening drapes, a white noise machine and eye mask all are part of the equation. This, along with sitting in natural light as the sun recedes, has helped me immensely. But this is a work in progress and I feel is subject to bouts of depression, mania or reactivation of PTSD.

The meds I am currently on are:  
 Pamelor – to reduce panic attacks  
 Beta Blocker – taken at night to prevent adrenaline surges and helps keep me calm for night terrors and

nightmares

Klonopin – reduces seizure activity and is a sleep aid

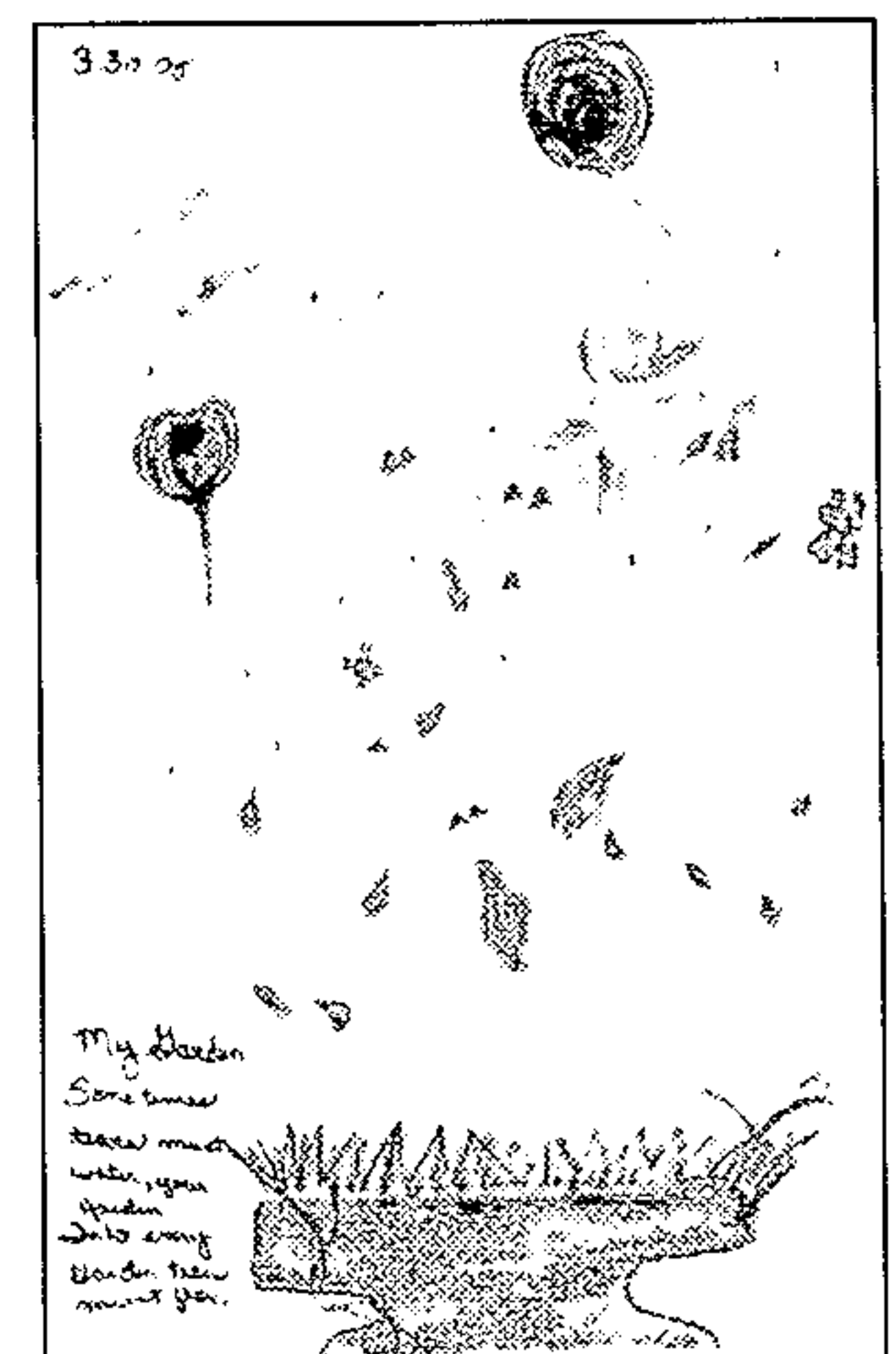
Risperdol – to calm my mind and to prevent mania; only used as needed.

The two other drugs waiting for me to try are Lamictal and once again Lithium.

It is always best to run thru the gamut of sleep specialists, to have a sleep study conducted and also see a neurologist who studies your brain via an MRI or EEG. My sleep study shows that I have over 10 sleep disruptions per hour. I also have sleep apnea, restless limbs and night terrors recorded.... Then my EEG showed that I have temporal lobe abnormalities. No wonder I am not having a good nights sleep!

If found that a good medical team to work in concert with each other for sleep issues includes a neurologist, a psychiatrist and a sleep doctor. If you have sleep problems, that's a good place to start.

MV



By Dawn

## Relationships

By Rhonda P.

Being in relationship with people is often a very difficult thing for a trauma survivor...especially with someone who has DID. I'm learning so much about boundaries, good and bad, that I sometimes live in a state of confusion.

I know that good boundaries make me feel safe, and secure in an ever-changing world. But bad boundaries keep me distant and lonely and afraid. Figuring out which self-protective layers are for my own good and well being is a challenge.

As a natural born care-taker, it is important for me to set simple boundaries so I don't exhaust myself and get ill. This is not as hard for me now as it one was. I used to never say no to friends, family, coworkers...anyone. I would run around aimlessly taking responsibility for everything that happened around me. Of course this gave me a false sense of control which made me initially happy...until I burnt out.

Now I know how to tell my freinds, no, I can't take you to that do tors appointment, and no, I can't dog sit for the weekend. I need time for myself....and that's not being selfish, that's being realistic. There's something very nice about coming home and not having to do a thing.

The thing I'm learning more clearly today is that I put up boundaries that I think protect me but actually hurt me in the long run. And it's all about how I am in relationship with others. I know I put up a wall when it comes

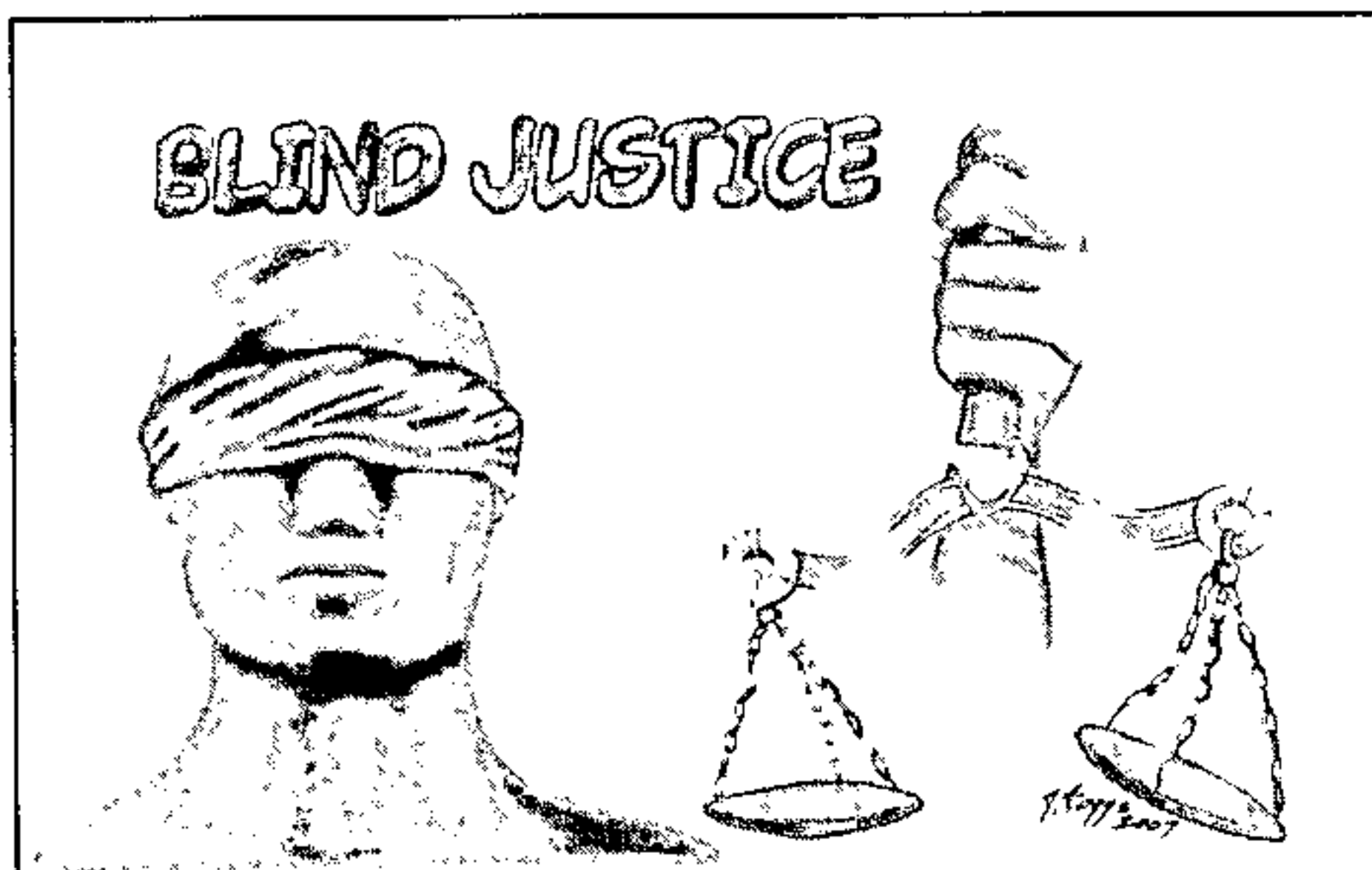
to taking care of myself. I figure that I took care of myself my whole life ...it's my turn... I want someone to take care of me.

But then I look for relationships with people who are caretakers. They in turn, turn out to be like parents more than friends or lovers. Then when sex becomes an issue it feels like incest all over again. This is a giant roadblock for me becoming involved in an intimate relationship.

I asked my therapist to make me a tape for relaxation and encouragement to use when I am on my lunch break at work. Now 2mg of Ativan is the only way I can relax at that time of day and that's not beneficial to my therapeutic process.

My therapist suggested that we both make the tape using both our voices with various messages. This would allow me to take some responsibility for making myself feel better instead of looking towards her as a mother figure who will take care of me and soothe me. Her voice still soothes me, don't get me wrong, but it's not a parental thing so much with this motivation. I'm realizing that I wasn't taken care of as a child and that is sad...but I can't make that happen today in my adult life. I have to learn to soothe and take care of myself. This means taking down walls that I think are serving me well. I mean hey, it feels good to be taken care of but in the long run it doesn't help me win the battle or reach my goals.

MV



## Survey for Partners Underway

If someone you know is a partner, friend or supportive family member of a traumatized individual, please tell them about my online survey, which you can find with your web browser at <http://tinyurl.com/398a6o>

This survey is my initial attempt to gather information for a book addressing the needs of partners, friends, and supportive family members, who often struggle as their traumatized loved one goes through the recovery process. The survey does not require a name, address, or other identifying characteristic, unless the respondent wishes to be considered for a phone interview at a later date.

I hope to contact a wide selection of partners of people suffering from post-traumatic stress disorder (PTSD) or dissociative disorder. I'm especially interested in gathering information from the families/friends of war veterans, torture victims, victims of childhood sexual/emotional/physical abuse, rape, kidnapping, domestic violence, other violent crime, fire, and natural catastrophe (earthquake, hurricane, tornado, etc.) Survey candidates include anyone who lives with or is closely connected to a person whose trauma history led to severe, long-term emotional distress. I'm interested in suggestions, coping methods, special resources or anything else that loving partners might find useful in their relationship with a survivor of trauma.

I am also interested in hearing from therapists who specialize in trauma and might want to contribute helpful information for friends and family of recovering clients. If anyone has further questions that are not covered in the survey, please contact me at [LynnW@manyvoicespress.com](mailto:LynnW@manyvoicespress.com) or phone 513/751-8020.

Feel free to post this information anywhere, and if you are a recovering client, ask your friends/family to consider filling out the survey. The more input I get, the more useful the end result will be.

Thank you, very much.

Lynn W., Editor

MV



# Learning About Medicine the Hard Way

By Unsigned

## What's all the fuss about medication, anyway?

It is important to stay on your medication. It is also important to be honest with your prescribing physician if your medication is not working. It is paramount that no one self-manage their own medication issues without the advice of the prescribing physician.

Why am I saying all this? Because I self managed my own medication and it cost me, big time. After 30 years on the same medication I made the executive decision to just quit all of it and I suddenly went off of everything. Not a wise choice for me. What happened was a cascading of very scary experiences.

You see, I felt around December of last year that my meds weren't working for me. I wasn't thriving, I was stagnating. I had addressed this several times with my prescribing physician and he, being very conservative and very wise, advised me to not make any changes at this time. At this time? How many times do I have to hear this?

The cascading effects of suddenly

eliminating all my medications rendered me completely helpless. My paranoia reared its ugly head and I became afraid to call my prescribing physician to ask for help for fear of what would become of me if I let him know what I had done. During this time, I neglected all rudimentary care of myself. I cascaded further down into a darkness that engulfed me and took over my life. I lost over 30 pounds in two months by not eating or drinking. My hair started to fall out, my gums started to bleed, my heart kept skipping beats, I had the shakes so bad holding anything in my hand was an impossible feat, my sleep cycle was severely disrupted, I hallucinated, I saw things that weren't there and I felt things that weren't there. I never in my life experienced such an almost-total separation of self during these two months, and all because I made the executive decision to eliminate all my medications.

There was a part of me that knew I was in trouble and took over and telephoned my prescribing physician. Before I knew it I was back on all my medications + one new one and within five days I felt like my

former self. Not the self that was thriving but the one that could manage and carry the day.

A new line of communication was opened between my prescribing physician and myself, with more honesty. This time I negotiated on the meds that I felt I had read good reports on and wanted to try. This time my prescribing physician listened to me and we are adding new meds and eliminating some old ones. It's a dance between honesty with a prescribing physician and honesty with all parts, keeping the lines of communication open at all times with everyone and respecting the effects that medications have on our bodies.

In the end, my prescribing physician could not say if what I experienced was purely drug withdrawal symptoms or the real me that I had become. Either way, it was not an experience I would ever encourage anyone to attempt to do by themselves or outside a therapeutic environment. We know we won't ever do this again to ourselves.

MV

## BOOKS

### Sober Celebrations: Lively Entertaining Without the Spirits

By Liz Scott. © 2007 Published by Cleveland Clinic Press, [www.clevelandclinicpress.org](http://www.clevelandclinicpress.org), 216-445-5547. 293 pgs. \$24.95 Paperback. ISBN 978-1-59624-028-5

If you must not touch a drop of alcohol, or hate the stuff, yet enjoy socializing and yearn for the pleasures only party food can bring, this is the cookbook for you. It is festive enough to delight any "foodie," with recipes ranging from the simple (white tea tonic) to the complex (slow cooker brisket with dried fruit and root vegetables; or cardomom shortcakes with strawberries in honey syrup.) It includes menus for all sorts of holidays or special events, such as a Jewish Seder, Thanksgiving, a Texas Barbeque for 12, a Poker Party for guys, even a Wedding Breakfast Reception: 25 menus and 150 recipes in all. This charming book is lavishly illustrated with photos that tempt one to run to the pantry

and start pulling ingredients off the shelves, while reassuring yourself "It's healthy!"

Well, sort of. There may be no alcohol in any of the recipes, but there are plenty of calories, so if you also need to watch your weight, you'll have to be selective in your choices. However, Liz Scott's creative substitutions sound as good as or better than the traditional boozy mixtures. Ms Scott is a professional chef and caterer, honored for her innovative approach to addiction recovery by the Research Society on Alcoholism for her first book: *The Sober Kitchen: Recipes and Advice for a Lifetime of Sobriety* (2004).

Nearly every page features a delicious surprise. It's impossible to feel deprived when following recipes that substitute a piquant raspberry syrup in place of the fruit liquor in an Olde English Trifle (sponge cake layered with custard and fruit), for example.

*Sober Celebrations* naturally features

non-alcoholic drinks galore, from Strawberry Daiquiri Fantasies and Frozen Margueritas in the Buff, to "Celebration Champagne" (one 1-liter bottle of chilled club soda, one 1-liter bottle of chilled ginger ale; 3 cups chilled unsweetened white grape juice; one 6-ounce can chilled pineapple juice). Ms Scott also weaves health information related to alcohol use throughout the book, including holiday tips for the newly sober.

I love to cook – it's a hobby that nurtures my spirit as well as my body, and has helped me gather friends and family for social activities. Preparing healthy food for people I care about is one of my special joys...and I consider myself a bit of a "cookbook connoisseur." *Sober Celebrations* is on its way to becoming one of my favorites.

--Lynn W.

MV

### THANK YOU AGAIN!

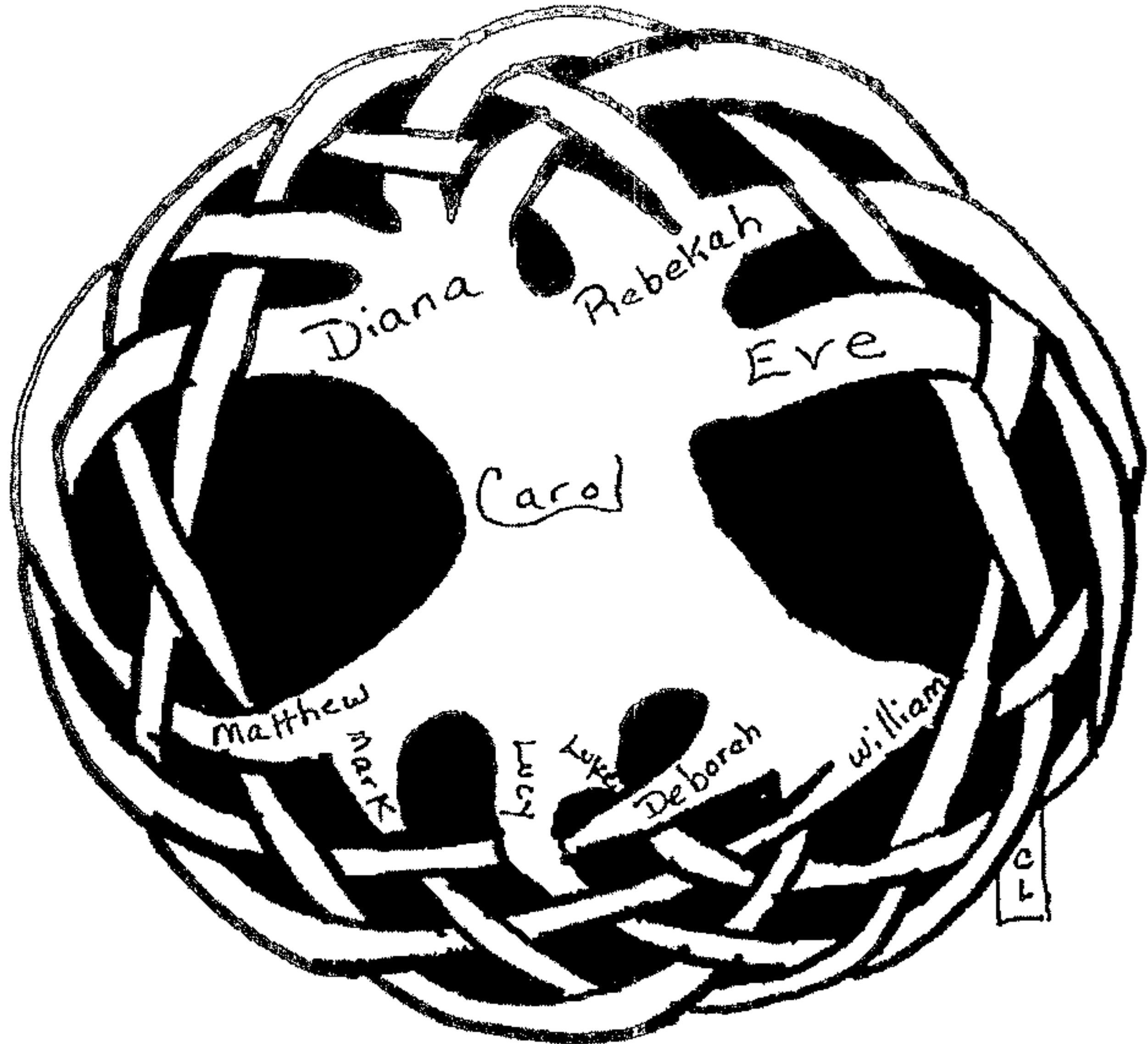
Once more, MV readers sent in so much wonderful material. I am deeply grateful to those who share their creative talents. MV ALWAYS needs more articles, artwork, and poetry to keep our issues interesting to all. Please send us your ideas for 2008 healing themes, too!

#### August 2007

Pacing in Therapy: What it is, Why it matters.  
Holistic treatments that help you.  
Artwork: Interactions with your therapist.  
DEADLINE: June 1, 2007

#### October 2007

Hospital issue:  
Crisis recovery and continued healing.  
Managing addictions.  
Artwork: Safe places for comfort  
DEADLINE: August 1, 2007



Tree of Life

### 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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