

# MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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*In This Issue:*

**Hospitals: Crisis recovery  
& continued healing...  
Managing addictions**

*Our Escape*

A world of crystalline snow lies beyond  
this window  
Perfectly still,  
This world fades away  
Replaced by a wondrous land.  
A land from the fantasies of young  
children  
A land that for adults becomes more  
imaginary than real  
And eventually becomes a shadow of  
a dream  
That minutes after waking fades to  
nothing  
yet for us this land never faded away  
But became more real with each  
passing day  
It became our sanctuary, our fortress  
Where with others for whom this  
dream never faded  
We are safe from cruel reality  
Escape is easy,  
When you have somewhere to go  
This land of dreams,  
Free of nightmares  
Where the night never hides awful  
memories  
Where there really is no pain  
There are no tears only laughter  
nothing is work,  
Just genuine fun and games  
For the evils of the world cannot touch  
those who are here  
Since only the hurt ones can find it  
It is our escape  
If you too are hurting,  
Then we invite you  
just close your eyes and dream  
And you too will be safe.

*By Skyler (D Boggs) 4/2007*

MV

Imagine...a safe place. *By D. Boggs*

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# Hollywood Pavilion - A Place to Feel Safe; A Place to Heal

www.hollywoodpavilion.com

By Karen Kallen-Zury

**H**ollywood Pavilion, a freestanding adult psychiatric hospital located in Hollywood, Florida, midway between Miami and Fort Lauderdale, began with a dream. My father, Herbert Kallen, bought the building in 1973 and today it remains one of the few family-owned psychiatric facilities in the country, and one that would be dedicated to an intimate, caring environment. He and my mother, Leonore, wanted to create a home-like atmosphere that would be conducive to allowing patients who came here for treatment to find a nurturing road to healing.

I worked side-by-side with my father and mother for more than two decades. My father was the President and I came on board in 1981, learned the business, from admissions to administration to becoming, in 1995, Chief Executive Officer. Through those years I learned to understand his vision while I learned how to make business decisions that would help people realize their fullest potential as they struggled through the issues that brought them to our door. When my father died in 2005, Hollywood Pavilion stayed in the family. My mother inherited the title of President, and I inherited my father's dream.

Today, many things about Hollywood Pavilion are the same. We're still located in Hollywood, and I'm still the CEO. But what about tomorrow?

Since 2000, Women's Institute for Incorporation Therapy (WIIT), has made Hollywood Pavilion its home. This program provides highly specialized inpatient and outpatient treatment for women who suffer from severe symptoms of trauma and abuse.

During the past seven years, I have watched this program reach out to hundreds of women in ways that are tailored to their specific needs. And I have watched these women respond

in ways that have far exceeded anyone's expectations.

After seeing the success that WIIT has had with this specialized group of women, I have determined that restoring women's lives is the direction for the future of my family's hospital. After completely renovating the facility and restructuring the programs we offer, today I am proud to announce that Hollywood Pavilion will be an all-women psychiatric hospital, responding to the broader needs of a more general female population. We have, in addition to providing the best traditional care, integrated a clinical program that focuses on the whole woman - body, mind, and spirit. We address issues of lifestyle, relationships, diet, exercise, stress management and emotional well being, all in a caring, nurturing and safe environment.

## Why women?

Mental health and addiction issues do not always impact men and women in the same manner. In my years at Hollywood Pavilion, I have heard stories of women who have endured such horror that I am amazed at how strong they have had to be just to survive. By focusing exclusively on issues that affect women - in the way that those issues affect women - we will be better able to help women address those issues and begin the journey to recovery.

By creating an environment safe from dual-gender stressors, we hope to show women, many of whom may feel weak due to previous victimization, that the strength is in the journey, and that inner strength can be found in connectedness with other women, both those in the program and those in our professional staff.

Some of the challenges women face more often, or more severely, include dependence on others for economic resources, conflicting care-giving related responsibilities and an overall lack of women-oriented and women-focused services. My vision is to be available to women who want to get better.

Our staff here at Hollywood Pavilion is committed to creating - from the moment our patient arrives at our doors - a palpable energy and atmosphere that is conducive to recovery, to creating complete customer satisfaction, and to treating each woman who comes to us for help with respect and nurturing. Therapy, in order to be successful, must address one's mind as well as nurture the spirit. At our hospital, we provide the place for that therapy to begin.

At Hollywood Pavilion, we treat the woman with the issue, and not the issue within the woman. We explore various concerns affecting the changing roles of women in today's society and across her lifespan. We focus on mental health topics surrounding socialization and moral commitment, relationships and sexuality, as well as gender-based stereotypes and violence against women. We offer specialized treatment for a wide-range of psychiatric diagnosis such as anxiety, depression and trauma, with or without substance abuse, including medication management and education, dietary lifestyle changes, meditation and yoga.

By creating a plan of care with the woman, focused on the woman, we at Hollywood Pavilion help guide the woman to find healing within herself.



### To Wish I Wasn't Me

To wish I wasn't me is sad sometimes  
 To wish I wasn't me is exciting  
 sometimes  
 To wish I wasn't me takes me to  
 better places  
 To wish I wasn't me helps me escape  
 To a better place to wish I wasn't me

To wish I wasn't me takes me to the  
 sky sometimes  
 Where it is beautiful and blue  
 never too hot or too cold  
 Just perfect to wish I wasn't me

To wish I wasn't me  
 Takes me to better lands  
 Where all people understand  
 To wish I wasn't me

To wish I wasn't me is where I am  
 perfect in every way  
 To wish I wasn't me is so much better  
 Than the me that I am

To wish I wasn't me gives me freedom  
 To wish I wasn't me gives me hope  
 To wish I wasn't me helps me to be  
 strong  
 To wish I wasn't me  
 So I will belong  
 But I know it is all wrong  
 To wish I wasn't me

To wish I wasn't me is the only thing  
 that helps me to stay  
 To wish I wasn't me so I won't go  
 away  
 To wish I wasn't me is my salvation  
 But to wish I wasn't me is a lie  
 So I will say goodbye  
 To wish I wasn't me

*By BJ's Crowd  
 July 8, 2007*

**MV**

### 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**

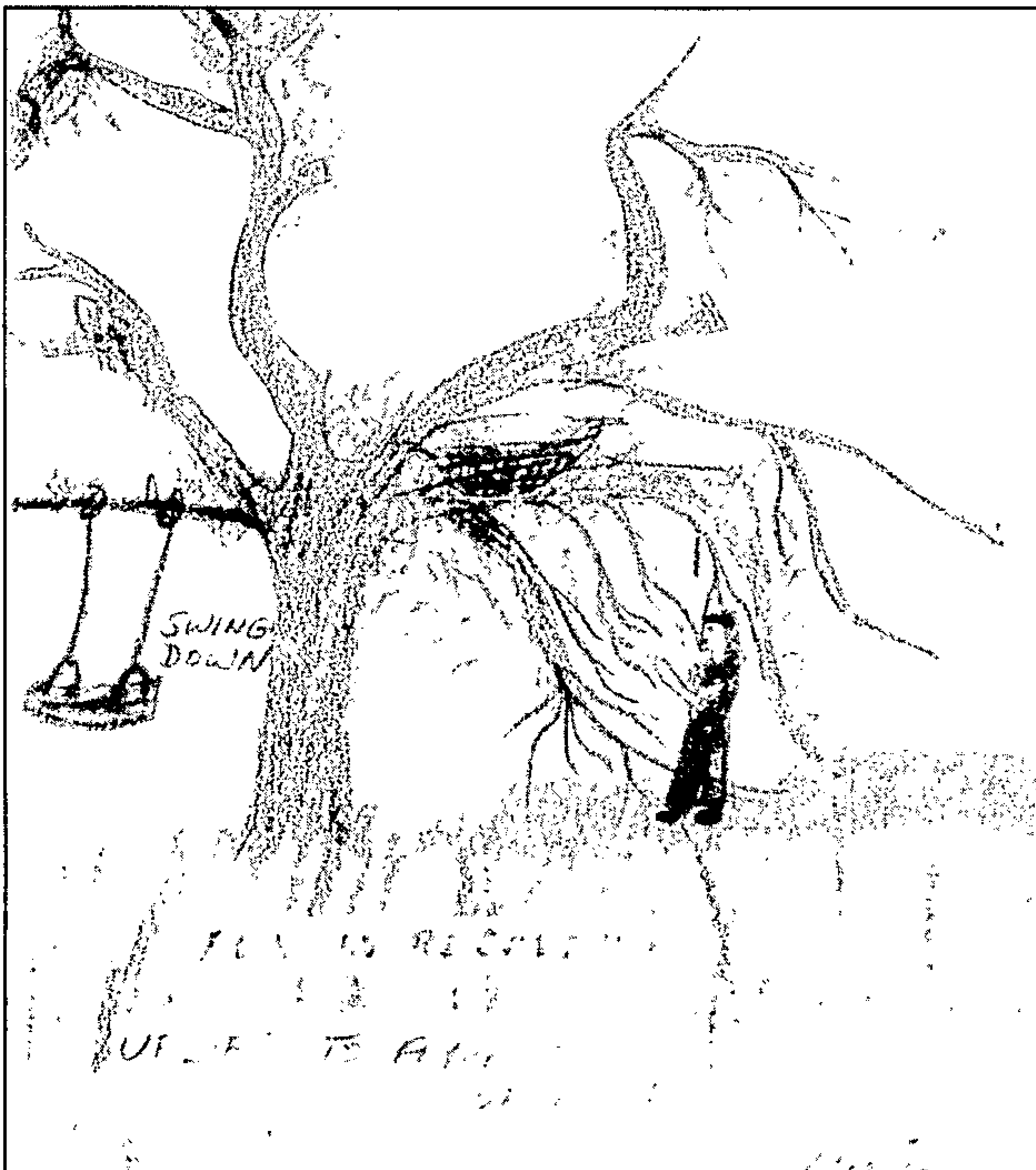
Call David Tate: (816) 356-5688 or (800) 225-8577

#### **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



## The New Orleans Institute at River Oaks Hospital

www.riveroakshospital.com

# Surviving to Treat More Survivors

The New Orleans Institute specializes in the treatment of trauma based disorders, (including clients with DID and survivors of sexual and other traumas), compulsive behaviors and eating disorders. With a respected national reputation, our programs have provided quality services for individuals from Canada, South America, Europe, and every state in the United States. The programs offer individualized treatment packages that emphasize intensive individual psychotherapy, directive specialty groups, dialectical behavior therapy, expressive therapies, psychoeducational modules, relapse prevention planning groups, spiritual integration groups, and options for EMDR.

The New Orleans Institute is located on the outskirts of New Orleans, Louisiana and is only a few miles from the airport. The facility received no substantial damage from Hurricanes Katrina or Rita, and suffered no flooding at all. When it became clear that Katrina was bearing down on the area, all patients were safely and calmly evacuated to a sister hospital in Memphis, Tennessee, accompanied by key program therapists and personnel. Our Program Director as well as the Director of our Activity Therapy Department were among those who traveled with the patients to ensure quality of care. At Lakeside Hospital in Memphis, River Oaks was provided with a previously unoccupied pavilion, which was made ready in anticipation of our arrival. There, our patients continued to receive the specialized treatment for which they had been admitted. No individual or group therapy sessions were cancelled. Treatment continued on a seven-day-per-week basis, in a highly structured and orderly fashion, until each and every patient could safely be transferred or discharged to a lower level of care.

The uninterrupted care of our patients was phenomenal, considering

that each is seen individually five times per week. They are also assigned to attend treatment-specific groups, which include: trauma group four times per week; trauma stabilization group four times per week; community process group; behavioral therapy group two times per week; compulsive behaviors group four times per week; relapse prevention group six times per week; psychoeducational group seven times per week; sexual healing group two times per week; psychodrama three times per week; music therapy; art psychotherapy; guided imagery; movement therapy; eating disorders group; DBT; and spiritual integration group. Treatment continues on the weekends, when patients attend a relapse prevention group and an educational module on both Saturday and Sunday. On Saturdays, activity therapy and spiritual integration groups are also provided. The remainder of the weekend is set aside for group outings, homework, reflection, and visitation.

After Katrina made landfall on August 29, 2005, some of our staff members were dislocated and/or suffered damage to their homes. However, River Oaks Hospital, including the New Orleans Institute Programs, was able to reopen in early October, 2005. And, we are extremely proud of the fact that each and every member of our highly trained and experienced treatment team was able (and eager!) to return. They remain as dedicated to excellence today as they were before the storm, despite any personal hardships or difficulties they encountered because of the storm.

At The New Orleans Institute, things got back to normal quickly. Throughout the entire hurricane ordeal, we were only forced to cancel one scheduled workshop – in Florida, where they were having their own hurricane related problems. We immediately focused our efforts on informing the public and professional community that our facility did not

flood or wash away in the storm. This has proven to be extremely difficult as many still hold those horrible images of the aftermath of Katrina. Despite our best efforts, many remain unaware that we were not devastated and that, in fact, we reopened in record time, proud to be a part of the area's recovery. In that endeavor, we also offered several free seminars to the public on Coping With Hurricane Grief.

Our parent corporation, UHS, was extremely supportive throughout the entire hurricane experience. Some employees went to Memphis with the patients while others evacuated and scattered in all directions. Hotels and motels were virtually unavailable for hundreds of miles in any direction. No phones, including cell phones, were working, and power was down throughout the area. Everyone was virtually an island unto himself. However, while maintaining strict patient confidentiality, UHS rapidly set up telephone banks and disaster-related Internet information for concerned family members of patients and for employees to locate one another.

When one thinks of a safe, nurturing environment, The New Orleans Institute at River Oaks Hospital should certainly come to mind. It wasn't easy, but we weathered the storm, the largest natural disaster in the history of our nation. We placed the welfare of our patients above all else, while innovatively adapting to adverse conditions. We all returned and are extremely proud of our programs, the expert services we offer, and of UHS for their unprecedented support. Most of all, we are proud that we remain the stellar program in the country for specialized, expert treatment of trauma based disorders by a highly skilled multidisciplinary treatment team made up of dedicated professionals. We stand ready to serve healthcare professionals and individuals as never before because we, too, are now survivors.



## Intensive Trauma Therapy, Inc.

**I**ntensive Trauma Therapy, Inc. (ITT) is a brief, time-limited outpatient treatment for trauma survivors located in Morgantown, West Virginia. ITT is devoted exclusively to treating the range of trauma-related disorders from post-traumatic stress disorder (PTSD) to the dissociative disorders including dissociative identity disorder (DID). In a relatively brief time, trauma survivors can make considerable gains in reducing and/or eliminating intrusive, avoidant and arousal symptoms without the use of medications.

ITT offers one-week and two-week programs that provide an effective and cost-efficient way to address the trauma-related disorders. Since all of the treatment day is spent in individual sessions you can get almost a year's worth of therapy in a week (35 hours). Unlike other programs in a hospital or partial hospital setting, our treatment is in the less restrictive environment of an outpatient clinic. Patients reserve their own lodging in area hotels, some of which offer medical discount rates. Meals are not provided at the clinic so patients are allotted a one-hour lunch break each day to go get lunch or they can bring a bag lunch.

In traditional one-hour weekly therapy sessions it is too easy to avoid focusing on the traumas because the emphasis is often on what transpired since the previous session. Also, such appointments are too short to complete most of the trauma techniques. At ITT we establish a momentum for processing the traumas that would be impossible in a more traditional outpatient setting. In a two-week period away from home one's everyday life seems to stand still while the trauma work is being done. The treatment process used at ITT includes art therapy, hypnosis/guided imagery, and an externalized dialogue as well as individual psychotherapy. These techniques make it possible to process a trauma without re-living it. The experienced trauma therapists at ITT strive to promote a lasting recovery through a program that is both structured and supportive.

After the first day (which introduces you to the fundamentals of the program) you can expect to process approximately one trauma per day. Narrative trauma processing is the first of three basic tasks

in trauma therapy conducted at ITT. The goal of narrative processing is for the patient to reconstruct a complete narrative of the traumatic experience. That is, patients are asked to tell the story of their traumas. The creation of a detailed coherent narrative with a beginning, middle, and end brings together the fragmented images of the trauma. Telling the story from start to finish, complete with all the details is crucial to reversing dissociation. The ITT staff members are trained to use a variety of techniques, such as guided relaxation and art therapy to assist patients recover the critical elements of their traumatic experience without re-living it. Once these dissociated experiences are identified, patients find that they have fewer intrusive, arousal, and avoidant symptoms.

Art therapy provides access to nonverbal memory. The patient completes a graphic narrative of the trauma in a manner that unites the fragmented images and brings closure to the experience. The drawing "unfreezes" the fixed image, illuminates the traumatic altered state of consciousness, and fills the gaps in conscious memory. Amnesia is frequently reversed by drawing, as if "the hand remembers what the head forgets." This is because the graphic narrative is "out there," relatively detached from the artist, making it easier to manage emotional distance and hold an objective viewpoint. Once closure is achieved through graphic narrative the traumatic event becomes historical memory rather than unfinished experience.

Most people who have survived a trauma become aware of separate aspects of their personality that they may try to ignore or disown. These personality states represent the traumatized self that is experienced in flashbacks or "voices" that have points of view. The task of reversing dissociation is to engage in active dialogue between these opposing voices that are different or even opposed to conscious thoughts. ITT's simple and rapid procedure of externalized video dialogue has proven very effective in reversing dissociation. In a video dialogue session the therapist works with the patient to facilitate discussion with the frozen traumatized self or "voices." The patient holds a dialogue with the split-off self that was suspended in time during the trauma

response. The patient simply talks to that self. This is videotaped and played back. Then the patient speaks for the dissociated self and this is videotaped and played back in turn. What the patient experiences is a change in which the dissociated self and the present self become so alike that they can no longer be differentiated.

The final task of resolving victim mythology is also simplified by the use of video technology. Patients are encouraged to actively question the assumption that one is permanently damaged. The patient reviews the videotaped session in which he or she explores the mythology of a damaged individual trying to survive in a dangerous world. In that review the person discovers that his or her hope for happiness would be doomed by that mythology and that it is necessary to change those dire assumptions. Without video technology this phase of treatment would require extended conventional psychotherapy. Instead, ITT provides their patients the opportunity to immediately confront the fact that they cannot be happy in the assumptive world of their victim mythology. ITT helps them to reevaluate the issues of safety and risk and record their conclusions on tape for later study and self-confrontation.

It varies whether patients require follow up care following their one or two week treatment program at ITT. Some resume supportive counseling with their hometown therapist while others may not warrant it. ITT offers all of their patients follow up care by telephone and/or return visits. Two 30 minute or one 60 minute follow up telephone consultations with one of the trauma therapists on staff are included in the price of a one week program. More follow up care is available for an additional fee.

The cost of this special outpatient service is \$4,000 per week not billed to your insurance company because it is not covered under most benefit plans. Half of this fee is required for a deposit to reserve treatment dates. A payment plan is available for the remaining balance if needed. Discounts options are also available to patients willing to allow professional clinical trainees to participate in their treatment. More information can be found at [www.traumatherapy.us](http://www.traumatherapy.us) or by calling (304) 291-2912.



# My First Inpatient Hospital Experience...

## (hopefully my last)

By JoEllen S.

I just spent 17 days inpatient at a renowned hospital Trauma Unit. My Doctor referred me there. I was in a crisis and felt blocked in my therapy; out of desperation I paid an enormous airfare and took time off work to get help. I thought you might appreciate my inside "take" on being inpatient.

The Trauma Unit, was run down as was the hospital in general, in need of paint, new furnishings and clean carpet. I told the famous head administrator his place needed fixing up, to which he replied he was doing the best he could.

I was submitted to a skin search upon my arrival to the unit. Yes, every mole, scar etc was documented...I dissociated right then and there.

I arrived on a Saturday, and learned the hard way...no patient should ever arrive on a week-end. After admission in the beautiful building displayed on the Web site, where I imagined I would be cozily nestled sipping cocoa by a fireplace, I was escorted to another building, the true hospital Trauma Unit, and following the skin search was told to sit in a chair on the unit. I fell asleep after awhile. I received no meds, no tour, no set of rules, no water or food...until a kind patient offered me water and a blanket. I finally got a bed and meds at 10pm. I was shaking having been w/o meds for 12 hours due to my flight and lengthy intake. I had also been told prior to my arrival, not to bring my own meds. Luckily I took my own supplements which the nurses gave to me at med time.

My roommate fared much worse. She came onto the unit sobbing. After her counselor (a friend of the administrator) had arranged for her to be there and had called to let the hospital know exactly what time she would arrive...no bed was available and she was forced to spend the night in an overflow unit, with patients and criminals whose loud uncontrolled behaviors were treated with a shot. My room mate said she was frightened

and retraumatized by men looking her over with their hands in their pants, and the fighting and noise going on. As it turned out, a bed did become available at 10 pm, my room mate was taken to the overflow at 11pm. Then the hospital advocate at the grievance hearing had the nerve to tell her it had probably been for the best that she was triggered so she could get right to her issues! Actually it took my friend at least a week to move beyond the bad experience and get on track with her healing goals.

Perhaps I just don't take well to being held hostage in an inpatient locked unit, and due to a lengthy adjustment and shortened stay due to insurance coverage I didn't really get involved fully in the program for over a week. As I was finally beginning to learn and apply the new skills, my insurance company refused to pay for any more days, even though I am allowed 30 days inpatient annually. I also only received one half the Individual Therapy hours I was supposed to get. Each patient was to receive three sessions of Individual counseling a week. Most of the work toward my goal, I did on my own through journaling.

On the good side, the four to five workshops I attended daily were excellent! The therapist/facilitators were also excellent! When I finally got assigned an Individual Therapist, he was great. The staff there are all educated in D.I.D and P.T.S.D and all the usual trauma related disorders. Even patient care techs were trained. The head administrator/author was excellent in his cognitive therapy workshops; he is just a very poor administrator. When asked what he was going to do about the women trauma patients exposed to the "overflow" unit—(there were five during my stay), he said there wasn't anything he could do about it. I jumped up and loudly protested "You better do something about it and protect your trauma patients!"

Incidentally one girl had awakened in the night in the "overflow unit" to find a male patient on top of her!

We, as patients, were watched by all the staff 24/7 and all our behaviors were documented constantly. This helped the doctors and therapists better know and help us. However, any infraction of the rules and the policy was to send us into the general psych unit until stable, then released. This of course did not prevent our jello food fight in the dining room one night...which was especially hilarious when a tater tot whizzed right by the staunch Clinical Director's head. This same matron was barely able to hold back a grin the morning she discovered a comical caricature of her scolding, "groups are not an option."

Back home, it was difficult to be alone and unsupervised. But I am adjusting, and forcing myself into activity and am back to work. I really believe, had I been oriented properly upon intake and been able to relax more I could have received insight from the program sooner. I learned a lot about self care and brought back a stack of resources from our workshops. My greatest support there was the "community" of patients on the Trauma Unit. They were VERY supportive, my strength and source of fun.

### My advice to future psychiatric hospital patients:

- \* Do NOT arrive on a weekend and avoid the end of the month. Some homeless individuals and drug addicts use the hospital as a means to get drugs when their money runs out.

- \* Bring your own supplements and your prescription meds in their original containers. You will need them at least the day you arrive and on discharge day, and in case the hospital pharmacy does not stock your particular med....(they didn't have mine...another nightmare.) Also be

aware that insurance companies are willing to pay for more days the more different meds you try, because you need to be monitored afterwards. This may be a good thing if you need pharmacology help, but bad if you don't.

\* Call ahead, and before you sign *any* intake papers make certain there is a bed on the TRAUMA UNIT. If not, be prepared to spend a night in a hotel until a bed is available.

\* If the neighborhood where the hospital is located is not safe, have a friend or cab get you there or back to the airport etc.

\* If you are on a special diet, take some of that food with you or have family or friend mail it to you. The dietician never got my diet right and I lost an entire pant size while there. In my case that was very nice, but frustrating. (Yes, those were my tater tots and jello flying through the air.)

\* Keep your expectations low. Do not expect the furnishings to be nice or without need of repair.

\* Do not bring any clothing with strings; you won't be allowed to have them. No drawstring pj's, no shoestrings, no bras with underwires, no belts.

\* Do not bring wire bound notebooks or sketch books. Also colored pencils are not always permitted—select oil

pastels, or regular pastels, or crayons or markers or clay to bring. I called the hospital as I was packing to know what to bring and what to leave. This particular intake office had no such list so I had to do without some of the clothing, etc. I brought.

\* Musical Instruments are allowed, but need to be kept locked up when not in use. One patient brought her guitar and it really helped us all relax.

\* No battery operated anything! No radios or cd players. You may bring your own tape player to record your sessions but it must be kept at the nurses' station until your sessions.

\* No plastic bags, like the quart size you need for your liquids when flying. Use a clear cosmetic bag instead. If you are an outdoors type do not expect to get out every day...it's more like every other day after the first 24 hours.

\* Speak up to the staff to get your needs met and always ask questions. Never assume you will be given anything like meds or the right food for your needs...you must request, and request often until the need is met. I was not even told where and when meals were served until I had missed a meal.

\* Also tell your hospital psychiatrist EVERYTHING. Tell him/her exactly what the voices in your head are saying so she will diagnose you

correctly. And what is told to the psychiatrist is communicated to the staff...which is a good thing. They will all be on the same page regarding your care. If not, you may slip through the cracks. When I blushed telling my female psychiatrist that my 13 year old male alter had a crush on her, she understood I was D.I.D. and not hallucinating.

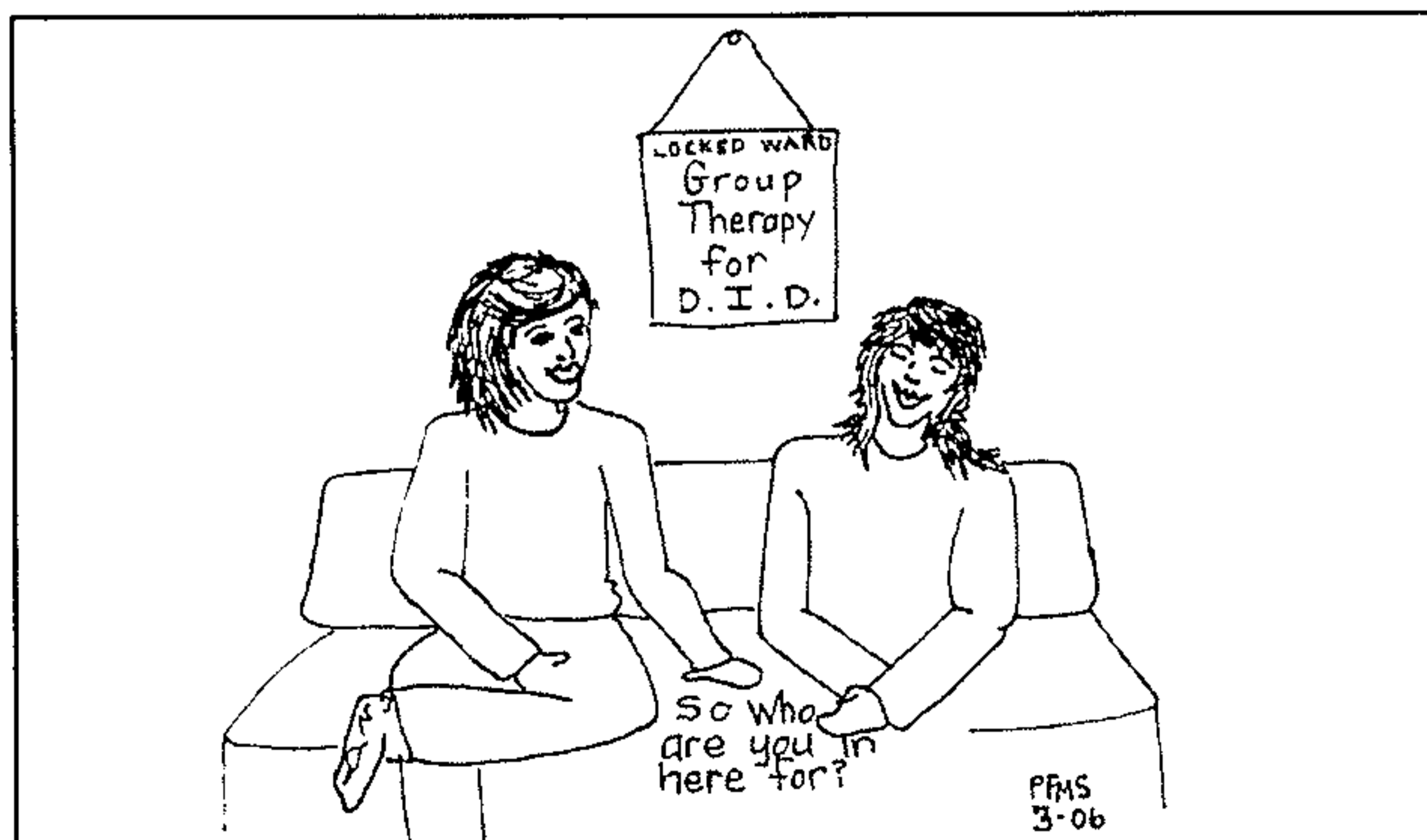
\* Read your hospital manual given to you at admission. If you don't receive this booklet, request it. There are important rules and rights in this manual you must understand.

\* Do all home work assigned by your Individual Therapist. You will really attain your goals quite quickly.

\* Journal daily. Take notes after every psychiatrist appointment, therapy session, medicines given and your reactions to those doses. Even write how you felt every day. This may be important when you re-read it at the end of the day or after several days. Also bring a composition book for a journal, and no spring loaded writing pens, just a regular Bic pen.

\* Remain focused on your goal for being there. If you can, you will receive a great deal of healing from your experience. I witnessed many women leave there transformed from backward, weeping willows to strong assertive individuals.

MV



## Not For Profit Pending...

*Many Voices' not-for-profit application is now pending with the IRS. We hope to soon be able to announce our official status as a 501 (c)(3). Once we receive this status, MV plans to make some important service upgrades and enhance our usefulness to survivors, friends, family and professionals, too. Stay tuned!*



# Inpatient Hospitalization for Trauma Related Symptoms

## *Sheppard Pratt Health System*

The road to recovery and healing can often seem like walking up a downward moving escalator. When you stop moving forward, you find that you will automatically begin moving backwards. Symptoms leading to relapse arise when we fail to take appropriate recovery steps and when there is an absence of a well thought out recovery program

Once we abandon our recovery program, it is only a matter of time before relapse symptoms occur. The relapse process does not only refer to the use of alcohol and drugs. It can include the re-emergence of any type of harmful and / or dysfunctional behavior that leads to emotional / mental / physical pain and / or to the inability to function in a healthy way on a daily basis. You can not experience recovery without a tendency towards relapse. Relapse does not mean failure. It does need to be dealt with openly and honestly with your support system. The relapse process can be interrupted before serious consequences can occur by learning about your individual warning signs for relapse and by developing a plan of action regarding how to effectively deal with those signs. At times a relapse or crisis can be avoided through additional outpatient support – seeing your therapist more frequently in individual sessions, maybe even attending a day hospital setting for a period of time. Relapse which includes self-destructive behaviors where your safety or the safety of others is involved will require a decision about inpatient hospitalization. Emergent hospitalization, usually in a generalized hospital setting, can be helpful in reducing impulsive-type behaviors, removing you from a 'triggering' environment and re-establishing your medications. However when the relapse is fueled by long-standing trauma-related symptoms, a hospitalization that specifically deals with trauma as the central issue can be warranted.

Re-establishment of safety is the primary goal for any admission to a trauma treatment specific program, such as the Trauma Disorders Inpatient Unit at Sheppard Pratt Hospital in Baltimore.

Safety is the cornerstone of trauma treatment. It is a prerequisite to the definitive treatment of dissociative and other trauma-related disorders. "If one's safety and protection are challenged, we find that the quest for safety becomes the dominating goal and a strong determinant not only of (one's) current world outlook and philosophy but also of (one's) philosophy of the future ... a man in this state, if it is extreme enough and chronic enough, may be characterized as living almost for safety alone." - A Maslow (1970)

Safety includes refraining from acting on impulses to harm one's self and / or others, and the control of addictive, self-defeating, and risk taking behaviors. It also includes the avoidance of re-victimization, the development of supportive relationships and the ability to tolerate intense affective states. Establishing safety involves symptom stabilization, psychoeducation, affect modulation, distress tolerance and the challenging of trauma-related cognitive distortions.

Admission to a trauma treatment specific program is most often in response to immediate safety concerns. In addition, an individual's level of PTSD and dissociative symptoms may be at such a high intensity or frequency that the individual's ability to function outside of an inpatient level of care is compromised. Other primary diagnoses which may need to be treated in conjunction with the trauma-related symptoms are anxiety and mood disorders, eating disorders, substance abuse disorders, psychotic disorders and somatoform disorders. Inpatient multi-disciplinary treatment progresses from the initial assessments and diagnostic phases through psychosocial, somatic, and pharmacological education to utilization of newly acquired skills and discharge planning. Individual therapy aims to assert a shift from the external to an internalized management of symptoms with a focus on increasing awareness of precipitants to self-harm by resolving internal conflicts or by regulating intense affective states driving the self-harm. Sessions provide an environment for

exploration and expression for all self-states, a time to encourage internal communication with guided support. Psychoeducational groups provide information about symptoms of PTSD and Dissociative Disorders, introduce alternative coping strategies and symptom management skills, putting names to concepts and giving one 'tools' for one's individual 'toolbox.' Psychodynamic groups in the inpatient setting invite individuals to share their concerns, frustrations and hurt while staying connected to the 'here and now,' experiencing some degree of emotion without being overwhelmed or flooded. Expressive or experiential therapeutic groups encourage an alternative or adjunct to verbal expression. Art Therapy and Creative Writing give a 'voice' to the yet unheard. Being in an environment where each individual's current struggle is a result of past encounters with trauma provides an empathic, nurturing yet challenging setting to feel understood and encouraged towards progressive change.

On the Trauma Disorders inpatient unit at Sheppard Pratt patients are held responsible for their behaviors despite their current suffering and their histories of trauma and victimization. The program is based in the philosophy that individuals with trauma-related disorders have substantial adaptive skills that can be mobilized in order to promote stabilization and resolution of their difficulties. The program, therefore, is designed as a cooperative effort between the treatment team and patients who are active, responsible, participating partners in their recovery. Individualized treatment planning provides the framework for the productive use of an admission. Definitive and realistic goals, and the motivation to meet them, will make the most of an inpatient admission, which is a transitory but influential phase in one's on-going recovery. A willingness to attempt to change current dysfunctional behaviors and patterns of coping is a key to working towards a successful outcome.

Making the decision to be admitted into an inpatient program for your trauma related symptoms can be a difficult one.



Based solely on the portrayal of the mental health system in the media, or because of a past negative experience with care providers or an institution, the prospect of an inpatient stay may feel overwhelming. Having the support or direction of an outpatient treatment team through this process is important. A trusted clinician can help to evaluate the necessity of an inpatient admission. If decided on, that clinician can also initiate the referral process, laying the groundwork for continuity of care between the inpatient treatment team and your outpatient provider.

Trauma treatment doesn't happen overnight, nor can it be successful in a vacuum, so collaboration is important. Many trauma induced concerns and fears about an 'Inpatient Psychiatric Unit' may also be present. It's important to ask questions - first to your outpatient provider and then of the program you are considering being admitted to. Asking questions might be scary, they may even feel like 'silly' questions to ask, but you being an involved and active member in your recovery is key. Gaining the information about tools for your recovery is central to the process, so do reach out and explore your options.

For more specific information about The Trauma Disorders Inpatient Unit - Sheppard Pratt, please contact the program directly at (800) 627-0330, x 5078.

MV

## Managing Addictions

By Jeanette Redmond

I manage my addictions to alcohol and compulsive overeating by attending AA and OA meetings and living the steps. I stay connected. I learned how to tap in to a power greater than myself. As long as I keep my conscious contact with God, all is well. I began my 12-step journey in the AA fellowship. After 7 years of sobriety, I moved into the OA fellowship. I no longer eat compulsively. I am at a "normal weight." When it comes to food, I am not compulsive or obsessive. I do have food thoughts. I am sober for 10 years now and abstinent for 2 1/2 years.

The food is my primary addiction. I'm grateful that I learned the steps in AA so that I could use them immediately in OA. In order to stay abstinent, I need to keep connected to my higher power, call my sponsor daily, write my food plan daily and answer a question daily, make phone calls, receive phone calls from sponsees. It's a lot of work. However, it's not as much work as trying to get enough food was.

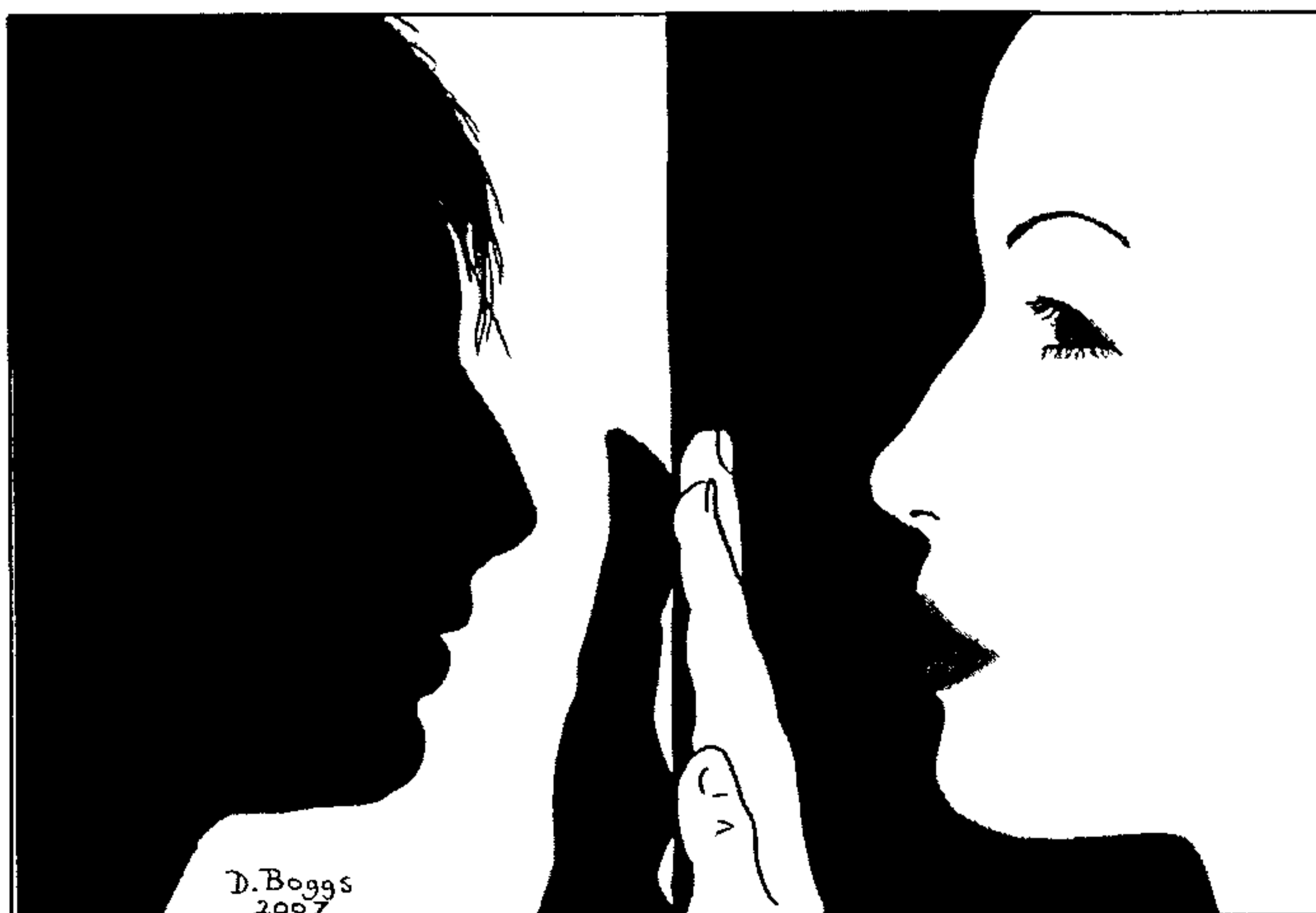
I come from a background of Satanic Ritual Abuse and sexual

torture. My body is programmed for sex. I am also a sex addict. When I was in the food, I numbed my sexual feelings and desires. Now the thoughts and desires for sex with another woman are with me on a daily basis. I am a religious sister who lives with women. My sisters have no idea about my sexual desires or that I am a lesbian.

I do not pursue acting out with others. I manage this addiction by giving those desires to the God within me and asking Him to relieve me of them. I would like more peace in this area. I'm hoping (and praying) that I can use my 12 steps spirituality, especially my conscious contact with God, and my therapist to deal with my sex addiction. I'm hoping that letting you know that I am a lesbian will relieve me of some of the guilt and shame that I feel because of my sexual orientation.

I am a Sister of Hope filled with guilt, shame and doubt, yet I am hopeful that I can continue to deal with my addictions one at a time. God never gives us more than we can handle. I trust in God and do the footwork.

MV



D. Boggs  
2007

# Internal Communicating

By John Vogt, LCSW

John Vogt is a Licensed Clinical Social Worker in Kansas City, Missouri. He has worked as a therapist on the Trauma Unit of Two Rivers Psychiatric Hospital for the past sixteen years. You can learn more about Two Rivers program at [www.tworivershospital.com](http://www.tworivershospital.com)

In my role as a therapist on an inpatient hospital trauma unit I often come into contact with individuals who are beginning to realize that they have very separate and distinct parts of self. Frequently I hear them say things such as "I hate my parts—I wish they would go away."

I feel sad when I hear this kind of statement. I know that the parts of self of these individuals helped them to survive. I believe that each of their parts is valuable and needs to be heard. I also know that trying to make one's parts of self go away does not work. When parts of self are pushed away they return in some manner, sooner or later. When they return, they generally are unhappy about being pushed away.

Having distinct and separate parts of self that take over control at different times is characteristic of having a dissociative disorder. If you have a dissociative disorder you may think, feel, and behave in very different, and sometimes, conflicting ways at different times. For example, you may have a separate part of self that wants to cut and another part that is horrified at this idea. Or you may have a distinct part of self that wants to share about the trauma with your therapist and another side of self that is terrified of doing this.

Getting these separate parts of self with conflicting points of view to communicate, work through their differences, and negotiate changes can lead to less internal turmoil and chaos. It can produce less extreme reactions and lead to safety.

So how does one begin to communicate with their parts of self?

First, let me say what does not work. It does not help to begin to communicate with parts of self by criticizing them, telling them to go away, telling them you hate them, or by ignoring them. Imagine what would happen if you communicated with a friend, or even a stranger, with such an attitude. It is likely nothing good would be accomplished.

One thing that does help is to get committed to the practice of internal

communication. It might help to make a list of the pros and cons of communicating with your parts of self, as well as the pros and cons of not communicating with them.

One patient I worked with listed the pros of communicating with her parts as "I would lose less time, I would be more able to keep on track, I could accomplish more, and I could live more fully in the moment." The cons of talking to her parts of self were: "I would have to face and work on internal arguments and conflicts, and I would have to become more responsible."

This patient also listed the pros of not talking to her parts. They were "I could get some quiet and respite from the noise inside my head for a short while, and I don't have to take the effort to check in." The cons of not talking to her parts of self were: "I lose time and wake up in panic, I feel out of control when things occur as surprises, I miss out on days or hours at a time, and I cut myself but don't remember why I did it."

Most people who do this exercise find that communicating with their parts of self is beneficial in the long run. I believe it really is essential for your healing.

After you have become convinced of the importance of communicating with your parts you need to set up the best conditions for it. It is useful to create a quiet time and a safe environment without distractions for your internal dialogue. On the trauma unit in the hospital we also suggest the patient alert a member of the staff in case the communication becomes intense and the patient would like some support.

You might begin by taking time to calm yourself, relax, take in some deep breaths, or even meditate a little, if you are comfortable with that.

There are certain attitudes that make it easier to productively dialogue. Richard Schwartz, the developer of Internal Family Systems therapy calls these "qualities of Self". These qualities are easy to remember because many of them start with the letter C, such as calmness,

compassionate, centered, clear, curious, courageous, confident, and connected. I suggest you communicate with your parts of self only after you have accessed one or more of these qualities. If you feel critical, angry, or fearful of your parts of self, you probably will not get a good response.

Consider this scenario: An adult is watching a child happily play in the yard. The child runs, falls, and scrapes a knee. The adult caringly walks over to the child, gets down to the child's height, and gives the child a hug. The adult looks clearly at the child. "You scraped your knee; let's go into the house and clean it off." The adult calmly holds the child's hand, walks the child into the house, washes the knee off with a clean wash cloth, and puts a bandage on the scrape. Then the adult says confidently, "Now it's going to heal up so we can go back out and play." The child runs out, happy again. The adult in this experience was exhibiting a number of qualities of Self and the outcome of the experience was a positive one.

But if the adult had related to the child in fearful, angry, critical, or invalidating ways the outcome would have been negative and both the child and the adult may have become upset. Relating to your parts of self can be similar.

The child in my story was little and vulnerable no doubt just like some of your parts of self. But you may also experience parts of self that are more grown up, parts that are angry or self-critical, or some that may engage in self-harm or other destructive behaviors. With these parts of self it helps to adopt a non-judgmental and curious listening perspective. It also helps to remain grounded, confident and adult. When you learn more about what these parts of self experience you may start to feel compassion for them, even if you do not support their behaviors. Often their extreme positions and behaviors begin to moderate after they are heard. Your therapist will be valuable in helping you work with these parts.

Some survivors dialogue with their parts of self via journaling; others visualize their parts, experience their feelings, or



hear their thoughts. You will find out what works best for you.

You might begin by choosing one of your parts to dialogue with, perhaps a part of self that is concerned about the idea of communicating internally. You may wish to express appreciation for your part of self, for its role in protecting you and helping you to survive. Find out what is that part's job, what it is afraid would happen if it did not do its job, what it needs to be able to trust you, what it believes, what it wants to tell you, and what are its needs.

It's important to monitor yourself as you dialogue so you continue to convey qualities of Self and also so you do not become overwhelmed or go into a flashback. Limiting the time you spend communicating with your parts of self, especially at first, is a good idea.

I recommend that you share your efforts at internal communication with a therapist. Their suggestions and support may make the process safer and easier. Regular practicing makes a big difference. Although it seems like rough work, especially at the beginning, I have seen people make tremendous progress over a short period of time.

MV

### Two Poems by Mary

(Mary is disabled by cerebral palsy. If you would like to write to her, send your letters to MV and I will forward them.- Lynn W. )

#### These Walls

I live in a place basically designed for the elderly, however I am not elderly.

There is so much sadness and grief and loss living in a place like this, too much.

I have made a lot of friends, but soon lose them due to illness or their age.

I feel as if I will die at a young age if I continue to live within these walls.

They say it's good to put the elderly with the disabled, but at what cost.

The elderly like having young people around, but who are here for the young disabled people, NO ONE

#### If Only

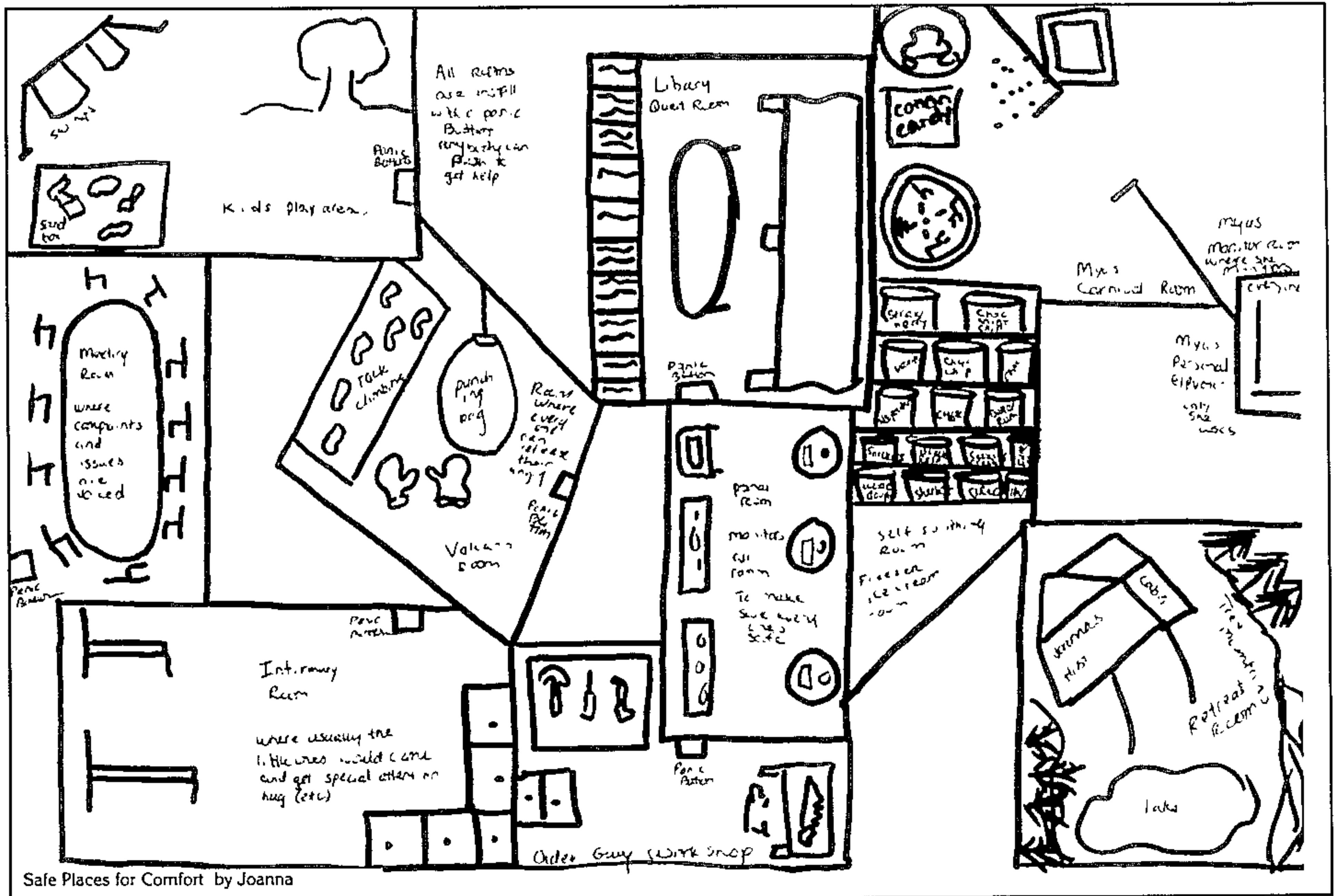
If only I could be someone else like a person in a play or playing on a beach  
If only

If only people could hear what I don't say, but that I truly want to say  
If only

If only I knew what was going to happen before it did so I wouldn't feel so numb  
If only

If only I knew what tomorrow holds for me I know that I would be alright but none of us know that  
If only

MV



# On Meditation and Multiple Healing

By Kate Evans

**A**s a multiple I had long had a problem with Buddhism in that ordinary meditation did not bring me peace, but imaginative work with my insiders (or alters) did. Recently I visited Plum Village, centre of the monastic communities started by the inspirational Vietnamese Buddhist monk, Thich Nhat Hanh, author of over 100 books and nominee for the Nobel Peace prize. He started what is known as "Engaged Buddhism" in the Vietnam War, as he and his followers moved out to directly help the suffering people. I took with me a suggestion of my therapist's—that meditation for multiples is working with insiders. The most senior nun agreed.

This was a liberation for me. In sitting meditation I was able to imaginatively sit with different insiders—to comfort and listen to them, cry and learn with them. In walking meditation the children emerged, proud to step on the earth, enjoying the physical exercise and delighting in what we saw. When we ate, in silence, I was able to be with those who had problems with food and eating. Whatever we did, I was usually able to imaginatively be with my insiders, while the repeated reminders to focus on the breath calmed the emotions.

## Parallels with multiple healing

Listening to the talks there, I found surprising parallels with our healing. They talk of a "store consciousness" in which 'seeds' of emotions live, which surface into consciousness when they are "hooked" by an outside event. Once these "seeds" surface, if they are positive emotions they are encouraged, if negative they are embraced and worked with until they diminish. It seems so much like our insiders emerging in terror or fury, needing love and then comfort or containment until they can talk of their experiences and begin to realise the past is over. In both cases the first step is to recognise and name the emotion or insider.

Thich Nhat Hanh teaches meditation as a constant "mindfulness" of our outer and inner (psychic) activity in every part of everyday life, rather than as something confined to the meditation session. Mindfulness can be approached by the opening words of a Plum Village song, "I

have arrived, I am home, In the here and the now," and its practice leads to deeper, wider beingness...And it seems to me that mindfulness in some ways parallels our goal of co-consciousness—being with our insiders instead of cut off from body, feelings, memories and intentions. For, while we often function like dissociated, floating consciousness, it is our insiders who "are", who are filled with being.

## A helpful healing resource

There is a Zen Buddhist tradition of "gathas", or short verses to aid a wider mindfulness in many everyday activities. Thich Nhat Hanh has translated and modernised many gathas to encourage the understanding of the "interbeing" of everything in our world—for example, while washing, one can recite:

Water flows from high in the mountains  
Water runs deep in the earth  
Miraculously water comes to us  
Sustains all life.

A practice of repeating short verses can be most helpful for us multiples. At first the host, and then specific insiders can repeat, say, a verse to move from a disturbed state to a peaceful one. Or there can be specific verses for specific types or individual insiders. For example, when in despair one can recite:

When I feel overwhelming despair  
I remember despair destroys,  
but hope builds  
Breathing deeply I begin to  
nourish the mind  
To turn its energy from despair  
to hope.

Repeating simple verses, mantra-like, can help us in many ways. Firstly, the simple act of repetition calms a disturbed mind. Secondly, to address and provide a way forwards for the precise problem that is experienced, means that the insider can both be contained, or gain strength, and learn how better to cope in the future. Thirdly, in an extension of this, a series of short verses to contain, encourage, teach and calm especially the most powerful and disturbed insiders, can be read each day for a period.

The benefits of repeating a body of

writing regularly must be what lies behind the Christian Liturgy, a body of writing, parts of which are recited daily over a period, and then it is begun again. An integral element in its effectiveness is well expressed in the teaching of Steven Levine, a Buddhist meditation teacher, who talks of summoning up strong emotions in meditation and working with them again and again. Each time the emotional "charge" diminishes. Put like this it is clearly akin to the desensitization techniques of modern psychology. Such a "liturgy" or collection of verses can be added to or subtracted from as desired, and can form an immensely powerful aid to healing.

It is clear that meditation extends far beyond our healing practices, which possibly correspond to part of the first of four distinct stages. But by learning to welcome, love, understand and share our lives with many traumatised inner children, young people and often adults too, we are meditating just as much as those who follow a more standard practice. In addition, suffering is a great teacher, and we, who can only get out of pain by healing, are pushed into a growth many people never experience.

It was an inspiring moment for me, for it to be accepted that our inner imaginative healing can be our form of meditation. I hope teachers in other Buddhist traditions may feel the same as those in Thich Nhat Hanh's Order of Interbeing. I hope this article leads to clarity and nourishment rather than discord and confusion. And I hope that the practice of making little verses for repetition may help us all.

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Thich Nhat Hanh's inspirational poems are collected in "Call me by my true names," Parallax Press, 1999, CA, USA. His marvellous collection of gathas is called "Present Moment, Wonderful Moment," Mindfulness verses for daily living, Parallax Press, 1990. "Thich Nhat Hanh, Essential Writings" is an excellent general introduction to his teachings, Orbis Books, NY 2001 or via Community of Interbeing Book Services, 0870-8502615.

Kat has written a little booklet of Healing Mantras and Verses for Multiples. Drop a note to her c/o MV if you are interested in more details, and Lynn will forward the message

**MV**



# The Trauma Program at Del Amo Hospital

[www.delamotreatment.com](http://www.delamotreatment.com)

**D**el Amo's Trauma Recovery Program specializes in the "Trauma Model" approach to treatment. This model utilizes cognitive therapies to guide the client towards self awareness and trauma resolution. Clients learn to identify signs of personal conflicts and to unlearn distorted thoughts related to their trauma and identity. Signs can often include out-of-control behavior, disorganized attachment patterns, and even suicidal ideation. Severe, unresolved trauma and attachment conflicts can interrupt the normal human developmental process of integration. The result is a fragmentation of the personality, manifesting as personality disorders and comorbidity.

## Treatment Overview:

- Individual and group therapies
- Dialectical Behavioral Treatment (DBT)
- Cognitive Restructuring
- Anger Management
- Relapse Prevention
- Therapeutic Recreation
- Concurrent Addictions Group
- Long-Term Recovery Plan

During the treatment process each client is provided with individual therapy and a group therapy plan. Clients are assigned an individual therapist who they meet with three times per week. These individual sessions are typically scheduled before a group meeting, allowing the client to focus on issues that are to be processed in a group setting. Del Amo offers such groups as:

### Affective Management:

Clients discuss the effects of feelings such as anger, sadness, fear, and anxiety. The physiological responses to feelings are discussed, along with myths and false beliefs about feelings. Methods of positive expression of feelings are introduced.

### Cognitive Therapy Group:

Clients will be assisted in correcting cognitive errors and distorted thought process related to attachment, anger, shame, identity, sexuality, relationships, and other topics. Trauma commonly results in errors of thinking that drive the maladaptive symptoms.

### Family Lab/Group:

Families meet three times per week during family week to discuss issues related to boundary-setting, goal setting, and practicing new communication skills.

### Anger Management Group:

Clients develop healthier ways to express and process anger. This group is set up in an educational systematic desensitization format to help clients learn to tolerate and manage their anger.

### Women's Group/Men's Group:

Clients discuss gender-related issues which include sexuality, body image, relationships, sexual identity, and self-defense. Clients also practice bonding rituals, share their beliefs regarding gender issues, and explore how these beliefs affect their addictive behavior.

Each client is provided with a Treatment Team upon admission. The Treatment Team consists of the Medical Director, Internist, Program Director, Program Coordinator, and Attending Therapist. The Team outlines an individualized treatment program tailored to each client's needs. The Team meets weekly to review each client's nutritional goals, daily treatment goals, and current direction of treatment. The client's progress is evaluated and clinical approaches are discussed. If modifications are necessary it is agreed upon by the Treatment Team. Each client is provided with both individual and group therapy combined with medication management as needed.

Del Amo welcomes and encourages outpatient/private practice

clinicians to participate in their client's treatment planning. Clinicians can be included in treatment meetings through a telephone conference call. The goal of treatment is to use the structure and therapeutic processes of the Trauma Model for stabilization and then to generate improved functioning and a return to outpatient therapy. Our program is based on a cognitive behavioral approach and does not utilize regressive therapies.

Our model is designed as a highly-structured inpatient program which can be stepped down to a partial program. The goal of treatment is to use the structure and therapeutic processes of the trauma model for stabilization and then to generate improved functioning and a return to outpatient therapy.

Del Amo's Partial Hospitalization Program consists of six hours of intensive programming Monday through Friday. This component may be utilized as a "step-down" level of care assisting the client with integration back into their community, or as an alternative to prevent unnecessary inpatient hospitalization. Program features include group therapy, cognitive restructuring, relapse prevention, and transportation to and from the program (based on geographical location).

Whether a client is coming in for Del Amo's Inpatient Program or Partial Hospitalization Program, all clients are screened by a qualified professional for appropriateness for the program.

*For more information about Del Amo's Trauma Program, or other specialty programs call:*

*(800) 533-5266 or visit our website at:  
[www.delamotreatment.com](http://www.delamotreatment.com)*

# Trauma Treatment at The Ross Institute at Timberlawn

www.rossinst.com

Individuals with comorbid psychiatric conditions have been receiving treatment at The Ross Institute at Timberlawn Mental Health System in Dallas, Texas since 1996. Dr. Colin Ross is an internationally renowned clinician, speaker, researcher and author who leads a cognitive therapy group one time per week, and consults with the treatment team on each case.

The Treatment Program at the Ross Institute at Timberlawn is intensely therapeutic. 35 therapy groups are offered per week, along with 3-4 hours per week of individual therapy. The groups offered include: Cognitive Therapy, Trauma Education, Life Skills, Addictions and Recovery, Healthy Relationships, Managing Emotions, Relapse Prevention, Body Image, Anger Management, Art Therapy, Grief Therapy, Music Therapy, Therapeutic Recreation, Affect Management and Stress Management/Relaxation.

Cognitive therapies allow patients to identify conflicts and unlearn specific cognitive distortions related to attachment conflicts, trauma and identity. Experiential modalities foster the development of self-awareness and trauma processing on a visceral level with an emphasis on affect regulation. Didactic therapies emphasize the importance of education about trauma and its effects, including comorbidity. Psychotropic medication is prescribed as needed. The Program's emphasis is not diagnosis-specific, but instead focuses on the symptoms treated.

The Trauma Program focuses on the effects of trauma and unresolved attachment issues. The treatment goal is to help individuals improve their adult functioning by helping them stabilize and continue their recovery with new tools learned in the hospital setting. This is achieved by utilizing the structure and processes of the Trauma Model within cognitive-behavioral, experiential, and didactic therapies.

The Trauma Model recognize the

human personality is not a unity, but instead is composed of different elements or ego states that jointly shape individual thought and behavior. In normal human development, experiences are assimilated and integrated as the building blocks of personality. Severe, chronic, unresolved trauma and attachment conflicts interrupt this process. As a result, the mind maintains an unhealthy fragmentation of thought, feeling, memory and perception. This fragmentation is manifested as personality disorders and extensive comorbidity.

The Treatment Program does not utilize regressive treatment modalities such as focusing on the retrieval of repressed memories. The treatment team members work collaboratively utilizing a multidisciplinary focus to ensure an integrated approach emphasizing acute stabilization, improved affect regulation, and increased ego strength. The Program is committed to preparing patients for reintegration into society. While in the program, patients are expected to be responsible for their behaviors and to be committed to treatment.

The Program treats all polydiagnostic diagnoses related to unresolved trauma and attachment issues. This would include, but is not limited to: Borderline Personality Disorder, Post Traumatic Stress

Disorder, Acute Stress Disorder, Depression, Panic Disorder, Substance Abuse, Somatization Disorder, Dissociative Disorders, Obsessive Compulsive Disorders and Eating Disorders.

Signs of unresolved trauma may include: suicidal thoughts, homicidal thoughts, a pattern of out of control and self-injurious behavior and self-destructive addictions. These symptoms are often driven by one or more of the following: intrusive thoughts, images, feelings and nightmares, flashbacks, the inability to tolerate feelings and conflicts, staying stuck in the victim, rescuer or perpetrator role, disorganized attachment patterns, cognitive distortions and pathological and unresponsive dissociation.

Admission to the Ross Institute at Timberlawn Mental Health System can be facilitated with a phone call to 1-800-426-4944. A caring assessment specialist will discuss your situation, send additional information and connect with any treating providers as requested.

Timberlawn Mental Health System has operated continuously since 1917, and is affiliated with Universal Health Services, the largest provider of inpatient behavioral health services in the United States.

MV





## Healing Spell

Flitting through the woodlands  
 in my deep blue "fairy" dress  
 swinging my long hair  
 skipping through dappled light  
 stopping to adore  
 heavenly scented flowers  
 marvelous bees  
 and incredible trees

Talking to myself  
 feeling spirits all around me  
 alone and innumerable  
 healing the wounded selves inside me  
 eye to eye with birds  
 floating with scudding clouds  
 in warm sun or dripping rain  
 I can shelter, watch and learn.

Letting the tides  
 roll each of my quartz crystals  
 washing them in salt water  
 scouring them with stones  
 hearing the aching seagull cries  
 wailing in my soul  
 scattering storms into the ocean

Opening my volcano  
 to melt down my boiling anger  
 pouring out lava  
 which cools to form  
 fertile new earth.  
 Let the fires I kindle  
 be full of souls  
 to set free.

© By Kirsty Winterbourne



## BOOKS

### An Uncertain Inheritance: Writers on Caring for Family

Edited by Nell Casey. Published by William Morrow/Harper Collins Publishers. [www.harpercollins.com](http://www.harpercollins.com)  
 © 2007. \$24.95 US. 270 pgs. Paperback.

This is a touching and informative book for caretakers of family members who suffer from pain, mental disability, or serious, sometimes terminal illness. What makes it special is the quality of writing. Each chapter was prepared by a different professional writer, interpreting a particular experience of caretaking and support (or in a few cases, avoidance). Some of these chapters are terribly sad. Others are inspiring. The book demonstrates the wide range of emotions that accompany disability and illness, and a variety of ways individuals deal with such crises.

It also makes clear the universal nature of tragedy...how even those families who seem to have 'everything' must sooner or later face difficult decisions and sorrow. Deaths of parents, siblings, friends and children are discussed with passion and concern. I found it to be well worth reading. It gave me lots to ponder, and I think many MV readers, especially health professionals, may benefit from this eloquent description

of the caretaker's role. The editor's previous book "Unholy Ghost—Writers on Depression" may also be of interest. —Lynn W.

### The Inner World of Trauma: Archetypal Defenses of the Personal Spirit

By Donald Kalsched PhD. Published by Routledge, London 1996. \$31.00 ISBN: 0415123291 240 pgs Paperback

Donald Kalsched is a Jungian analyst. For those readers interested in the spiritual dimensions of trauma and dissociation this book is a comprehensive and invaluable read. Sometimes crossing the boundaries between the spiritual and the psychological can seem like an arduous task for 'non-believers'. But Kalsched helps us to achieve this, in this beautifully written, highly recommended book.

In a recent interview Kalsched states: "The child psyche splits: the part of the child's psyche that felt threatened goes into hiding, whilst another part of the child's psyche develops prematurely and becomes a fortress-like defense system. This psychological defense system is supposed to protect the hidden core of the child from the risk of annihilation, but like an auto-immune disease, the psychological protection spirals out of control and it will do

whatever it has to do to keep the innocent core safe. If it has to traumatise the child, and later on the adult, in a way that is more painful and life-denying than the original trauma was, then so be it. The archetypal protector turns into an archetypal persecutor and the survival system becomes a self-created and self destructive prison—albeit a miraculous prison that had to be created in order for the psychological essence of the child to survive.

The spiritual dimension of the archetypal self-care system is best told through a Gnostic myth: at birth a spark of the divine comes into each of us. If our childhood is well enough mediated, the divinity incarnates. That divine spark is humanized and it illuminates and animates our life. But if the child's pain is too great then the archetypal defenses make sure that feelings are not experienced in the body in an integrated way. The mediation of the divine energies is curtailed. That spark of divinity never makes the journey to ensoulment and, instead, it becomes cloistered in an autistic enclave: it is split off in the psyche's deepest recesses. It is kept safe until such time as a person can find mediation for the pain that could not be suffered at the time that it was experienced.

—By Jane

### Thank You For Sharing!

Your healing thoughts and artwork help others heal.

### Coming soon...

December 2007

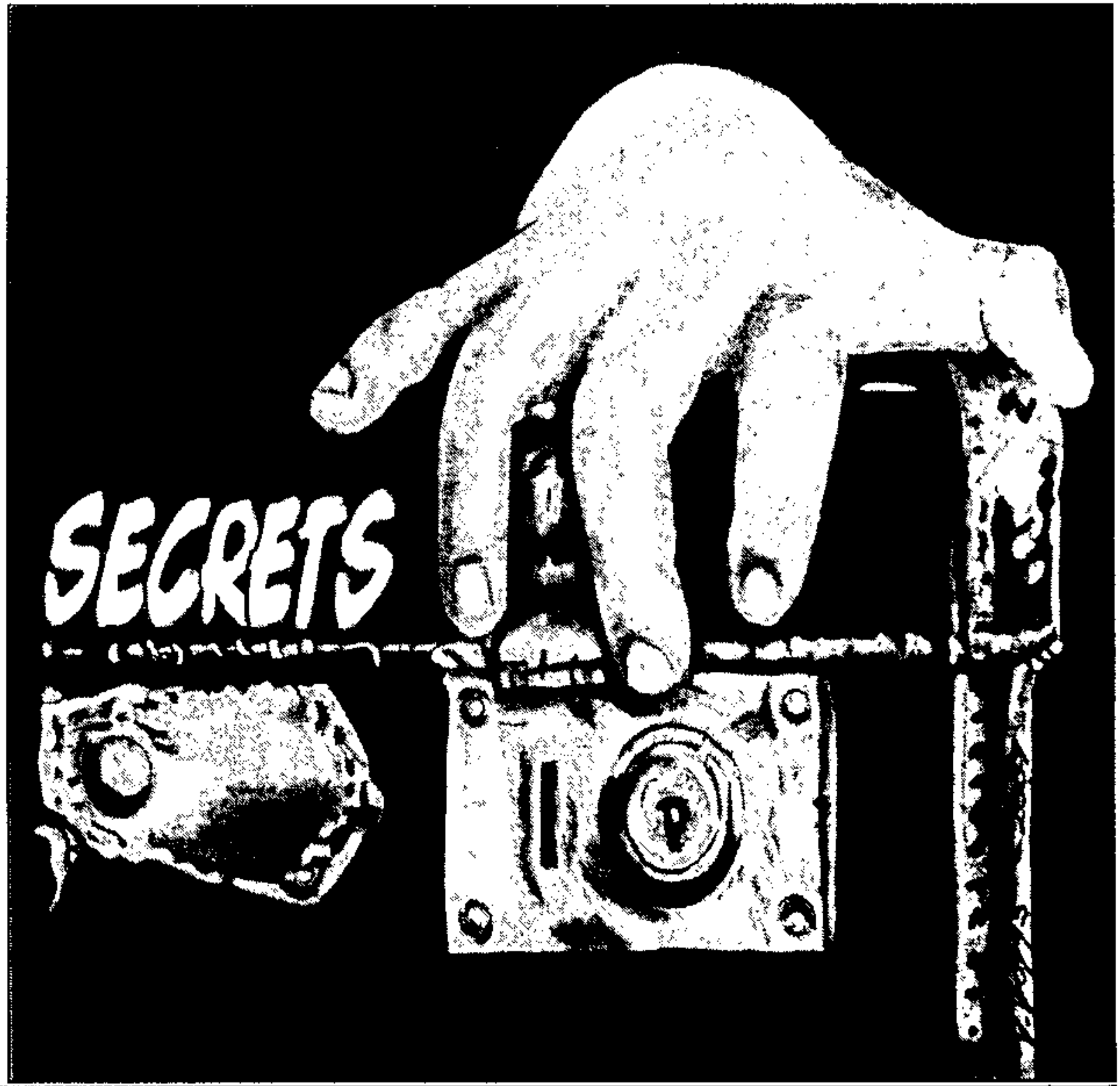
Parenting (inside and outside) children  
Breaking the cycle of abuse.  
Artwork: What children really need.  
DEADLINE: October 15, 2007

February 2008

Managing symptoms of Dissociation & PTSD. What recovery means to you.  
ART: Yourself in recovery. DEADLINE: December 1, 2007

April 2008

Finding therapy that Works. Physical healing. ART: Therapy in Action  
DEADLINE: February 1, 2008.



### Share with us!

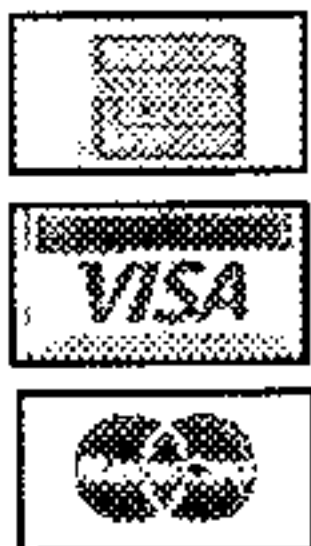
Prose, poetry and art are accepted on upcoming issue themes, (and even on NON-themes, if it's really great.) DO send humor, cartoons, good ideas, and whatever is useful to you. Please limit prose to about 4 typed double-spaced pages. Line drawings (black on white) are best. We can't possibly print everything. 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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