

MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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In This Issue:

Hospitals and Services Treatment Success

...and more



By Kate Edwin

The Healing Soul

...An Alpha Poem

A sudden shift in thought
Brightens the gloom within
Catching hope before it takes leave
Dragging it closely until it is hugged
Exchanging pain with comfort
Fear not new hope, you are safe
Gone are the spirits that kept you
away
Here now you find a dwelling
Insulated, soft and filled with
Joy in our union apart for so much
time
Kindred spirits cheer in support
Loving friends who truly understand
that
Memories kept us isolated from you
Never did their eyes or backs turn
away
Opposing voices within sometimes
struggle with change
Perhaps instilled with fear of what's
unknown
Quieting them now, with compassion
Respecting their positions and the hard
work they endured
Saving us when we could not do it
alone
Terror held us in its claws
Understand that it is powerless now
Victorious are
We breathing the air of freedom
X-hilaration replaces fatigue while
aspects
Young and Old find piece in unity
Zenith, we will reach you yet, for we
are the healing soul.

By Jessi Michaels

MV

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On Finding Self

By Jane

*"Why do we spend so much energy defending mothers
And so little considering the effects of their behaviour on us as children?"*

L.M. Wisecchild (1993)

In the world of psychiatric medicine my present behaviour patterns might very well bring about a diagnosis of obsessive compulsive disorder; of late I can't keep still and have become a 'professional' neurotic multitasker! But I know better now that I have accessed my unconscious, developed some ability to observe myself and hence gained insight into my present erratic behaviour patterns.

I have recognised that my inner 'child/ren' is suffering from ADHD. She can't concentrate, tries to do several things at once, makes a hash of most of them and becomes exhausted in the process. Why? Because she is driven by FEAR. Fear that she won't manage to complete the task and will be severely reprimanded as a consequence; fear that time will run out before she has finished; fear that she will forget the other tasks whilst she is focussed on just one; fear that someone else will do it instead, leaving her feeling totally out of control. The logic behind her childlike thinking is that if she gets everything done she will make mummy really happy, and all will be well

But what is really going on? My adult self is acting out. I am reexperiencing the past in the present, and can't differentiate between the two states. I am driven by so much blocked, psychic energy; too much fuel in the tank! I feel like a 'runaway train'. This analogy describes accurately my 'state of being' at these times. This undischarged psychic energy is a by-product of blocked emotional states from the past, which are being activated by 'triggers' in the present.

This is happening now as it did then. So many emotions are resurfacing from the past, but I am just as unable to stay with them now as when I was a child. Back then, I could not experience any one feeling

for long enough to make it my own. By that I mean to acknowledge it, feel it, give expression to it, and then let it go. That sounds so easy, such a natural thing to do, especially when you know how. But on its own, 'knowing' does not make for change; it can become nothing more than an intellectual exercise, though it is the first step towards understanding.

What I need now is first hand experience at managing my emotions and giving expression to them, and it is my relationship with my therapist which affords me this opportunity. But often I am not capable of 'relationship' at all, not even in therapy. I find myself climbing the walls to get away from the 'other', whoever they may be. I become stimulated by their presence, but can never manage to discharge the 'emotional' energy which they arouse in me so it is gets converted into physical activity, 'conversion hysteria'.

This chaotic cycle was formed in my early childhood. When I was very small I used to think that my mother 'stole' my emotions because that is how it felt to me. Her rapid and chaotic emotional fluctuations overwhelmed anything I might have felt, changing my moods before I had time to fully experience the emotion in question. Eventually I suppressed all emotions, which resulted in chronic dissociation. But, recently I have begun to recover some memories of my past, so at long last I am able to piece together cause and effect, and make sense of the chaos.

My mother's many pregnancies were the result of the only thing she knew how to do, or rather the result of what was done to her. As a child I had always felt that she was in total control of me, this in contrast to her actually being totally out of control of herself. Producing babies became her hobby and her pastime, filling the emptiness inside her; though once

she had produced us, she didn't want the responsibility of caring for us. As a result, we, her children, metaphorically her litter, were actually motherless, unwanted and unloved. I hate seeing myself in this way. It arouses in me abhorrent feelings of self loathing, which I still have to fight against.

A child who grows up without the love and guidance of a 'mother person' is in danger of becoming a 'feral' child. The 'little savage' who still exists within me, is swallowed up by her own rage and terror, and there is nothing she can do to change 'mother', much less change herself. So she lives in a state of perpetual conflict, attracted to and feeling repelled at the same time. As a result, the 'little savage' becomes mad, bad and very, very sad. But still no expression is given to those powerful emotions. She is me.

On reflection I think that I could always 'see' the cause and effect of my mother's behaviour, through my own experience of it and reaction to it. But dissociation saved me from the pain of it. Very young children have yet to develop the capacity of 'objectivity' and, I therefore believed that my behaviour was the cause of all her adverse, cruel actions and reactions towards me. It was all my fault, surely it had to be?

Everything a child learns within the context of its first primary relationship, lays the foundations for future behaviour patterns in all other relationships. For example, a child who has been loved and cared for can sustain him/herself during stressful periods of change and separation, because he/she has developed the ability to understand and tolerate the state of impermanence; meaning that things which disappear will, in fact, return again. This important and integral developmental milestone has to be reached, if the seeds of

confidence and security are to be sewn in this ground of our being.

The child can only develop this understanding however, by virtue of the fact that he/she has already experienced a state of permanence, within the context of a secure attachment to a loving mother person. Not so me. I compensated for this developmental deprivation by making my 'internal world' permanent and unchanging instead.

That is how my 'child' achieved security, as if such a thing were actually possible. This was magical thinking indeed. I lived only on the inside, and related only to myself. I became asocial, not giving expression to or 'letting go' of any of those blocked emotions, which initially were buried within me lest they be stolen, remember. But they have remained buried because of an inability to let go, which can only be achieved when a child/adult actually feels real security, in the presence of another.

So I became STUCK in a totally self absorbed state, one which brought with it abject despair. It is a very different state to that which is sometimes referred to as egocentricity. My inability to share of myself today, within the intimacy of any relationship, is rooted in those early maladaptive behaviour patterns. It is my 'prayer' that the work of therapy will help me to address and change them.

I can now remember that as a schoolchild I was referred to as 'a bad apple'. My teacher went on to explain that one 'bad apple' in a barrel has the capacity to turn all the others bad. Well it was easy for her to make that analogy, much more difficult to acknowledge that the 'bad apple' behaviour was as a result of the hysteria. That being the case she might have been expected to do something about it! Although that term is no longer used, that same distress is probably what is now referred to as ADD or ADHD.

My mother was never aware of me as someone separate from herself, and hence never noticed me outside of herself. During my adolescent years she continued to project all her feelings of guilt, anger, sadness and pain onto me; I was the part of herself that she rejected. She remained a

MANY THANKS TO OUR FRIENDS!

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Does your clinic or conference need flyers? If so, please call 513-751-8020.

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baby giving birth to babies until ultimately, she became my baby. This way we maintained our symbiotic state, which exists initially between all mothers and babies. I was and still am unseparated from her, even though she died some years ago.

As a result of my therapeutic journey towards separation, I am in the process of passing through the many painful developmental stages of my lost childhood. I have a tendency of late to look back and think 'if only'. But this, in itself, becomes a wasting disease, eating away at the human spirit and leaving it emaciated. I have to learn how to let go. It is not possible to recapture what is past, but necessary to move on to something new. This is the natural lifecycle.

I am facing the loss and I have much grieving to do; a grief that takes me into the bowels of my very existence. I have to accept that everything that is past is in the past, and that I have only myself left as a reminder; myself, as a separate person, my present and my future. I look forward!

MV



The New Orleans Institute at River Oaks Hospital New Orleans, LA

What We Do

By Barbara Bolongaro

The New Orleans Institute at River Oaks Hospital in New Orleans, Louisiana provides specialized treatment for clients presenting with trauma based disorders (childhood or adult onset), compulsive behavior disorders, trauma based eating disorders, and post traumatic stress.

Since 1989, thousands of individuals from the United States, Canada, Europe and South America have received and benefited by the specialized care offered at River Oaks Hospital. Military personnel have been provided PTSD services for combat related stress, military sexual assault, and family turmoil.

Patients receive a full day of treatment services within the structure of a safe and trusting therapeutic community. Our goal is to provide a respectful, protected and empowering environment in which patients can pursue the work of healing through solution focused, information reprocessing therapy. Our experienced and highly trained multidisciplinary treatment team is made up of psychiatrists, addictionologists and other physicians, psychologists, social workers, counselors, dietitians, psychiatric nurses, and expressive therapists. There is collaboration between the treatment team and the referring outpatient therapist for continuity of care and to maintain benefits of inpatient treatment post discharge.

Intensive psychotherapy is used for the stabilization of depression, anxiety, and addictions. Individual, group and family interventions are employed to identify and provide resolution for the cycles of destructive behaviors, dissociation, and relational difficulties. The programs also address long-term developmental deficits and the grief process. Trauma resolution = grief resolution. Specialized treatment for

eating disorders, chronic chemical dependency and sexual compulsivity/sexual addiction is also available.

Our programs specifically address life-interfering, relationship-interfering and therapy-interfering behaviors with an emphasis on adaptive coping responses and relapse prevention. Each individual is treated with respect and compassion in an intensive, state-of-the-art program that effectively combines psychotherapy and pharmacology within a healing environment. Expressive therapies are an integral component of the treatment structure. EMDR is available when indicated and DBT skills are taught as part of the treatment package. Psychodynamic, cognitive behavioral and systemic approaches are integrated into treatment.

Three levels of care are available: inpatient, partial hospitalization, and outpatient. Impaired professional evaluations are also available for compulsive-behavior disorders.

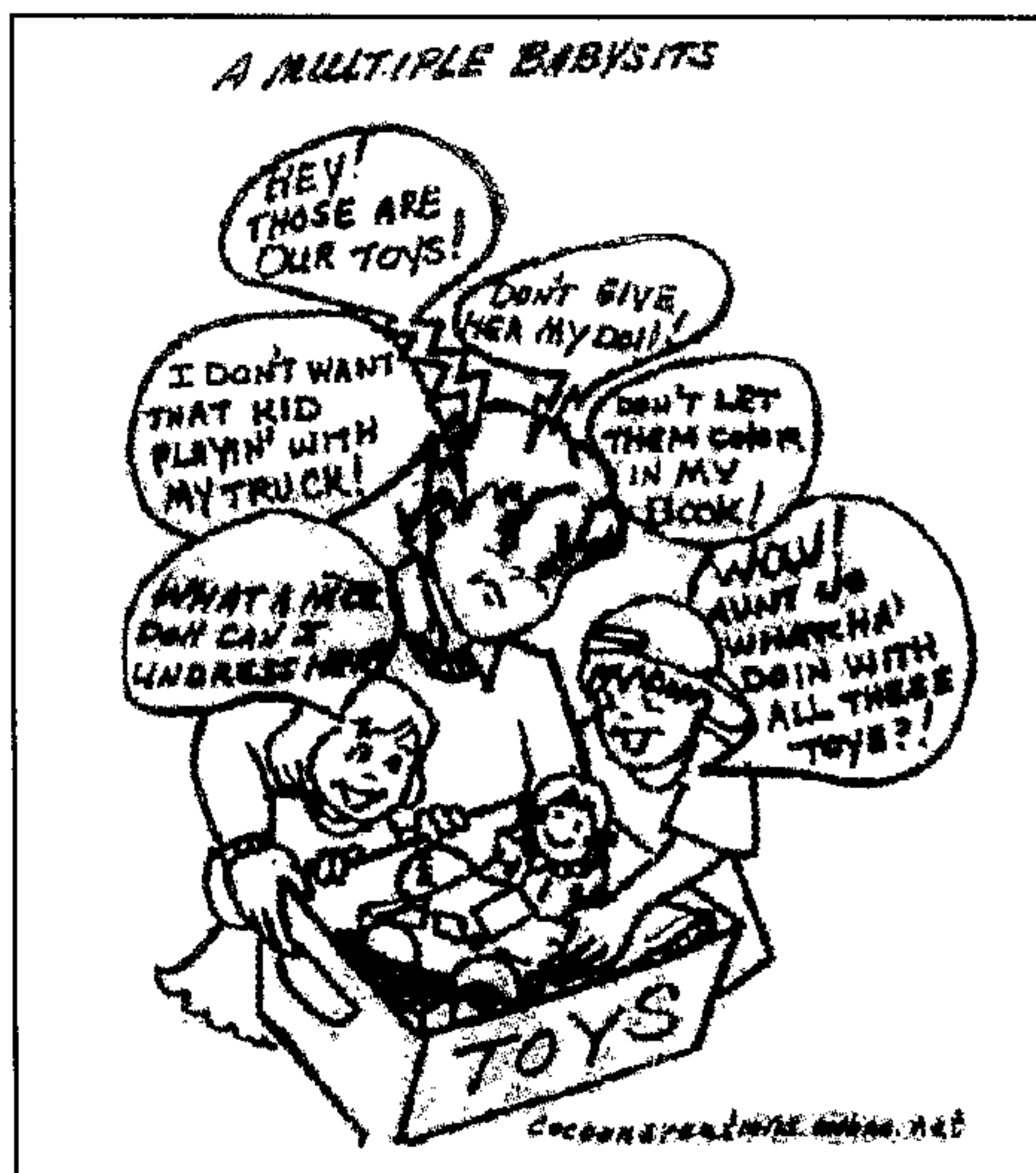
WE ALSO OFFER:

The New Orleans Institute offers a myriad of nationally accredited workshops and training throughout the year for mental health professionals.

Our workshops focus on the theoretical and clinical advances in psychotherapy within the trauma-based, self-psychology, developmental psychopathology, and attachment disorder perspectives. The topics primarily address relationship and life-interfering behaviors, eating disorders, paraphilias, or other sexual disorders and addictive behaviors.

For additional information on these events or for the 2010 workshop calendar, call 800-598-2040, or contact me, Barbara.Bolongaro@uhsinc.com. You are also invited to visit our website at www.riveroakshospital.com.

MV



The Role of the Hospital in My Healing

By Paul

I have been very fortunate to have a very well-respected psychiatric hospital be the center of my care, both inpatient and outpatient. I have been going inpatient since around 1991 with various degrees of frequency. I have been many times a year back in the "old days" (exceeding my 60 day private hospital insurance limits many times). I have also had a break of many years.

Now I go in occasionally. Coming to the hospital now is about recharging my "battery" which contains acceptance. When it drains to zero, that is when I end up there. If I didn't have DID, then I would perhaps be able to get support through normal life experiences, like work colleagues, friends, etc. But how do you talk to your friends and neighbors about having DID? When I come to the hospital, I am surrounded by people who accept what I go through and can understand and can help me. When my battery is charged, I leave. It doesn't mean I feel great. It just means I accept and can go on with my life.

Every single admission is so completely different, in part because each admission has a different cause and because I'm at a different place in my healing. I have taken lately to writing appreciation letters to the staff because it always amazes me what happens there. I reprint here some of my letter from several months ago:

What I feel in my heart is enormous gratitude for the entire unit and everyone who makes the unit the special healing place that it is. Many of you know that I had a difficult hospital course of 11 days. I was only ready to leave not because I felt "One", but because I did enough work. My usual tendency is to just "regroup" within a couple days and get out of there as fast as

possible. This was different. What I grappled with in the hospital was the result of many years of struggle. I discovered things about myself that I had simply not known before. Some have been monumental. Given the distance I allowed from my normal "life", it became easier to come to these realizations. I know I have had similar productive stays before, but probably this one stands out as one of the most important. Put simply, I gave myself the chance to do work that I could only do in the hospital. The result is that a great weight has been lifted from me. This gives me the strength to move on and to do the work I need to do to heal.

I want you to know that I realize how difficult a job you all have. But I also want you to know that what you do can make a difference. What you do can change people's lives. I know that most who come to the unit do not get the benefit of what it has to offer. That's okay because that's the way the world works.

I know that for many of you the changes you see in people over the years is what allows you to do your job so well. I used to be sad about the fact that I would always recognize patients from prior stays. But I now think this is, in some way, good. While it makes me feel bad, it allows you to see the changes that occur in individuals who come there. The hospital really isn't like a hospital emergency room where you almost never see the same person twice. It's also not like a therapy relationship. It's somewhere in between.

I think it's important for people to realize that psychiatric hospitals do have a real role to play in helping those in crisis. I understand that many are petrified of hospitals, as we've all heard some horror stories, and that not all hospitals are so great.

I also want to acknowledge how difficult it is to come out of the hospital. I wrote about recharging my "acceptance" battery. But there are other batteries. And the one that gets recharged with rest and relaxation does not get any juice added to it at all. Coming back from the psychiatric hospital is a lot like coming out of a medical hospital after surgery. It's the same kind of recovery.

Also, when you come home, people expect that you are all better. Hospitals do that, right? So, there is a huge pressure to "act better".

Another is that the hospital is an ultra-safe environment. The doors are locked. The windows have thick locked mesh screens covering them. Staff checks on you all the time. When you are out of the hospital, there's a rush of sensing. The world seems enormous. This takes a bit of getting used to. I don't think anyone can understand it unless they've experienced it.

Then there's the processing. What was actually done in the hospital? How do you make sense of it all?

Those are some of my experiences and thoughts on hospitals. If you would like to hear more of my thoughts, I write a blog on healing from trauma and dissociation at www.mindparts.org.

MV



Del Amo Hospital, Torrance, CA

Our Trauma Model Program

Del Amo Hospital's Treatment Center, in Torrance, California, offers a nationally recognized Trauma Program. This Program utilizes the "Trauma Model" approach for the treatment of trauma-based disorders, including PTSD, Dissociative Disorder, and Self-Harm Behaviors.

This model relies on cognitive therapies to guide the individual towards self awareness and trauma resolution.

Signs of unresolved trauma may include:

- * Suicidal Ideation
- * A pattern of out-of-control and self-injurious behavior
- * Staying stuck in the victim or perpetrator roles
- * Inability to tolerate feelings or conflicts
- * Disorganized attachment patterns
- * Intense self-blame and feeling unworthy
- * Extensive comorbidity/multiple diagnoses
- * Black and white thinking and

- other cognitive distortions
- * Intrusive thoughts, images, feelings and nightmares
- * Self-destructive addictions
- * Pathological dissociation

The goal of treatment is to use the structure and therapeutic processes of the trauma model for stabilization, to generate improved functioning, and a return to outpatient therapy. The program focuses on disorganized, ambivalent attachment patterns and feelings of self-blame. Within the program clients learn to identify conflicts and to unlearn distorted thoughts related to trauma and identity. This program does not utilize regressive therapies. This model is designed as a highly-structured inpatient program which can be stepped down to a partial program.

Trauma Recovery Partial Program

Del Amo's Trauma Recovery Partial Hospitalization Program (PHP) is designed for clients that can benefit from a highly structured and supervised setting yet do not meet the criteria for inpatient hospitalization. The program consists of 6 hours of intensive programming Monday

through Friday. This service is staffed with mental health professionals such as a registered nurse, masters level therapist, and trained mental health counselors.

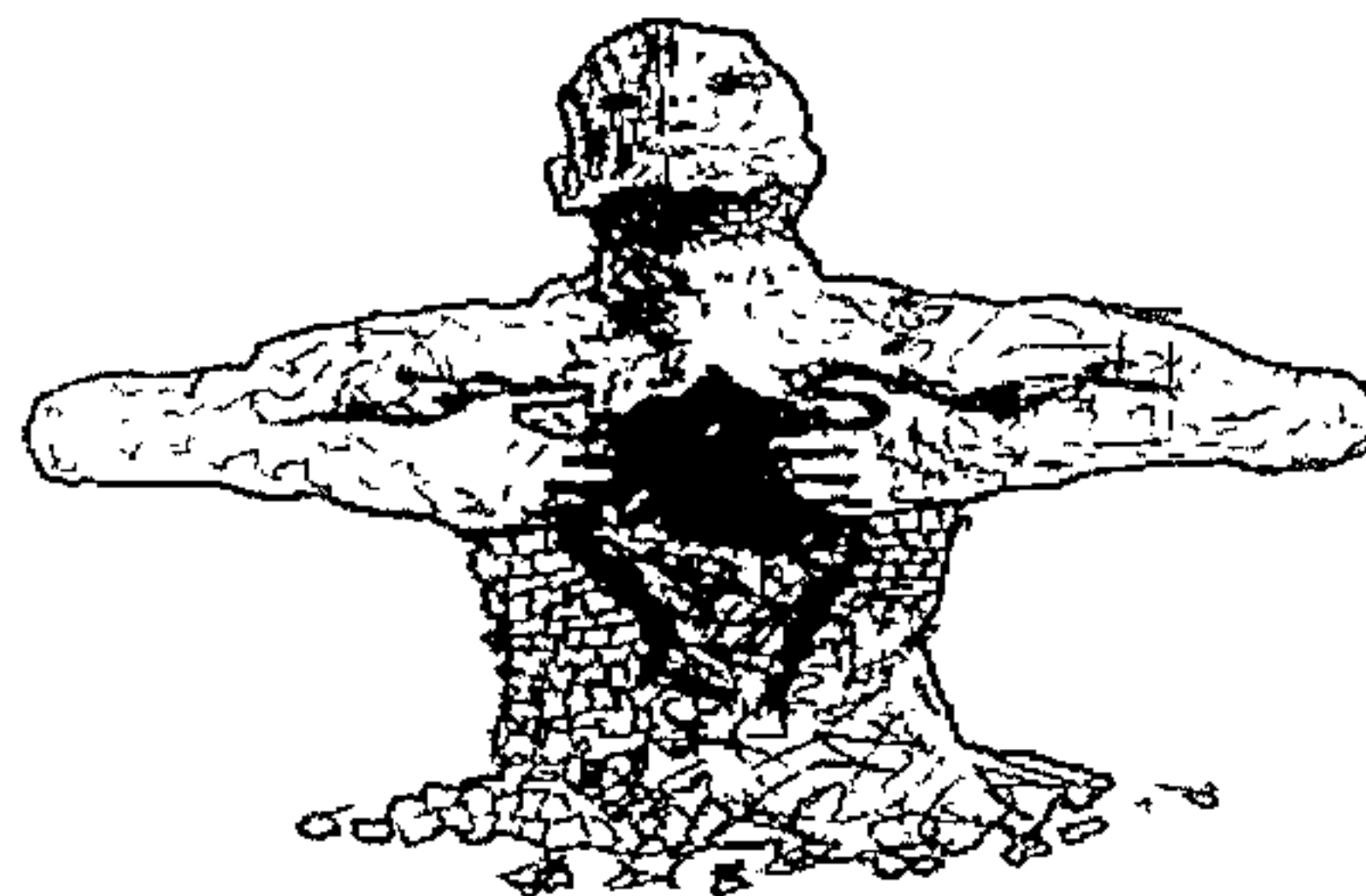
Treatment Overview

Included among our many treatment options are the following:

- * Individual and group therapies
- * Cognitive Restructuring Group
- * Anger Management Group
- * Relapse Prevention Group
- * Therapeutic Recreation
- * Concurrent Addictions Group
- * Long-Term Recovery Plan
- * Annual Alumni Support

Assessment Screenings are provided at no cost and can be completed through a personal interview or by telephone. Del Amo is also able to assist with local and national referrals for clinicians, treatment programs and support groups. To schedule an assessment, inquire about our programs or receive assistance on community resources please contact us at 800-533-5266, or visit our website at www.DelAmoTreatment.com

MV



Hidden within, lies the true meaning of my life.
Yet to be counted memories, moments of pain...
Myself in pieces.
How does one collect the past, present, and future yet to be?
How does one validate breath and believing?
How does one possibly put back all that becomes lost?

By Crystal-Mylove & Co.

MV

Hospitals, Wehu!

By Janice T.

What a topic. I have been in a few times. It was real scary to find out I had MPD. My counselor said she thought I had it and that my family was in the occult. Well, shiver me timbers, as if MPD wasn't bad enough I saw Sybil!

This lead to sixteen hospital stays in the old nut ward. I was dual diagnosed with MPD - Schizophrenia. And it is possible.

The fright of the possibility of being in the occult threw my schizophrenia in high gear. My Dad was schizophrenic and my Mom was MPD. Lucky me--I have both.

One thing I learned - don't just walk up to a doctor and say "I am MPD." Hah, they will say "schizophrenic." Well I guess I ought to qualify, some will.

And don't just think you can show them and let all the alters hang out. I did. Our first stay at a general hospital - it is funny now - but then!!! They threw the handcuffs on me so to speak, and yes those "white jackets" are real. Katie and Trudy can attest to that.

Funny thing was after being taken to lock up and tied down with leather belts we were still trying to teach them about MPD. Littles were out talking to the camera, Bigs were out. The nurses told us more than once to shut up in there. And the shots, they kept coming.

So if you are diagnosed D.I.D or as we like to say MPD- Don't tell just anyone at a hospital and expect them to understand. I can't say I blame them as I do have alters who are schizophrenic too. But that is another story all in itself.

I had a couple stays at private hospitals with treatment specific for MPD but I was too schizophrenic at the time to learn too much from them. They were good hospitals, but they are no longer open.

Although I did get the white jacket at one of those stays too, because of my schizophrenia.

I did learn a trick from one of those hospitals that has helped us over the years. It is called a lie and the truth. You're supposed to make a T on a paper and write 'lie' on one side and 'truth' on the other. Write down under lie what is bothering you. Like right now money is bothering us or lack there of. Then under the truth I write on the opposite side: "God will provide". This tends to be calming for us.

Even though the general hospitals and Medicaid didn't deal too much with the D.I.D. we got pretty good care. Regular meals, meds to calm us down and structured programs to get us out of our self, were all good. And those who needed to learn skills were able to learn them at a group home we were in as well.

The one on one times with different people, nurses, staff at hospitals and group homes were helpful and some people believed in my diagnosis and actually helped settle problems with our system. And those who did not believe still helped out by listening to Little's and Big's. These parts were accepted not for being D.I.D. but for their feelings, and that in itself was healing. I never did find an alter in the occult. I don't know if that is good or bad.

When we found out we were MPD we bought books about it and in one book they talked about some people abusing themselves--that it would slow or stop memory recall. And so in our bright selves we abused ourselves like the people in the books and movies were abused to stop memories. I don't suggest anyone do that. It may sound stupid but it is true. We did stop the abuse over time and still no memories of the occult so we are happy about that.

So all in all, being MPD and in the hospital can be good even if you are on Medicaid and in group homes. The support was tremendous and I thank God for it.

It has been over 5 years now that

we have not needed to go to the psych ward. Also we are very happy to report we are and have been working now 4 years and 8 months at the same job. It isn't glorious by any means--we are machine operators in the auto industry. But who ever thought we'd ever get back to work!

Well, I suppose the doctors did. ☺

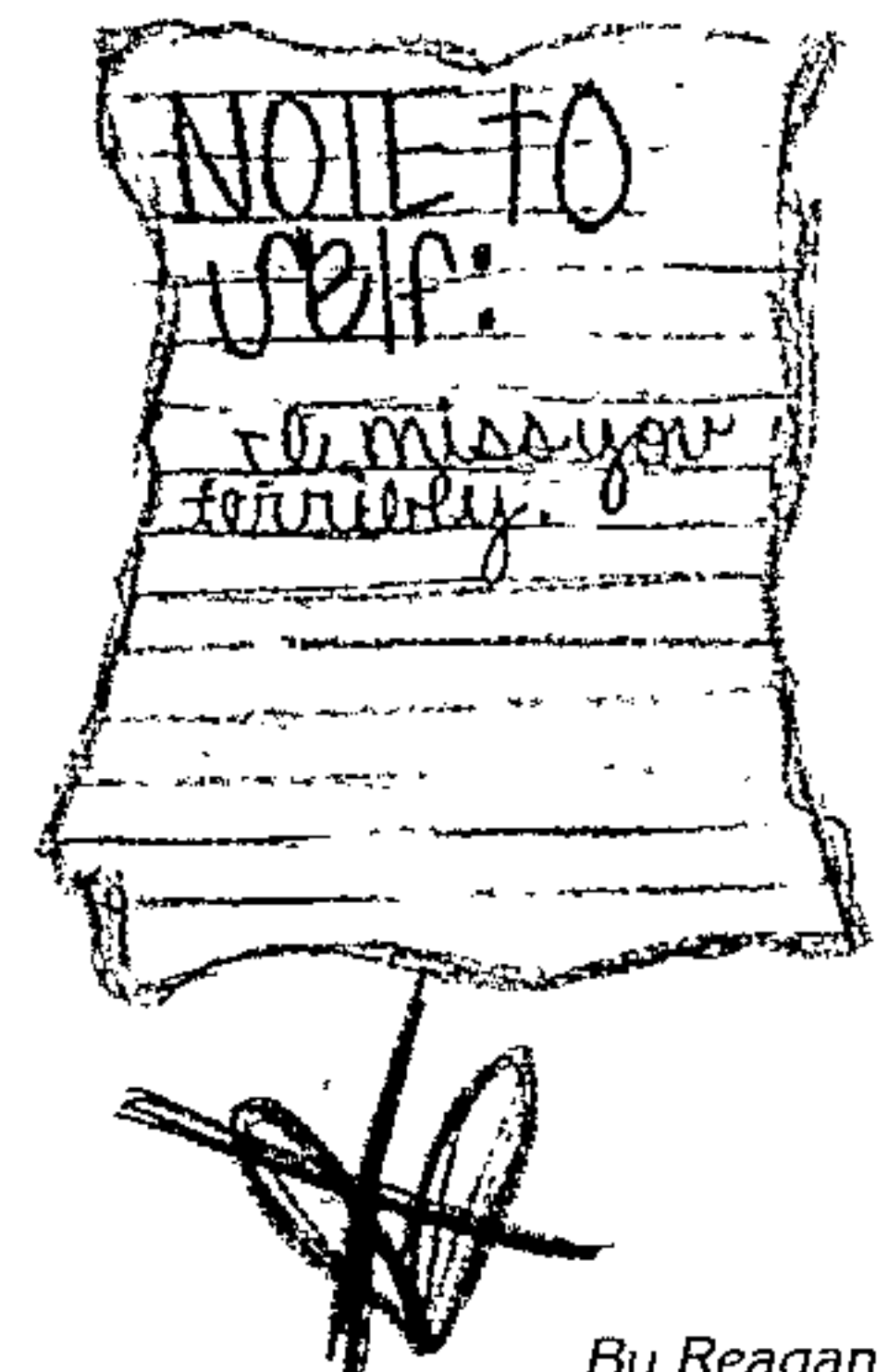
Through the day treatment programs we also got support from family. Over time we have recalled happy memories from our childhood and those things that brought on the MPD as well. We have found, being dual diagnosed, that the schizophrenic part of ourselves caused more splits as every day occurrences like being yelled at by a parent. Or one telling "you don't smile and wave you'll get raped." Things like that caused splits all over the place. I was grateful to the day treatment program for bringing my family into my treatment. I am glad to have that support as well.

(With writing help from Teddi, Lotty, George, Katie, Jamie, Truby, Jani, Ja'Lei, James & the gang.)

It is a beautiful day!

God's love shines all around us,
we just have to look and see!

MV



By Reagan H.

WiiT at Hollywood Pavilion, Hollywood, FL

Incorporating the Core: Enhancing Recovery

By William Tollefson, Ph.D.

Clinical Director of The Women's Institute for Incorporation Therapy at Hollywood Pavilion

Addressing treatment of dissociative disorders is a complex subject. Simply, dissociative disorders are a result of an external event causing an internal reaction. Decades of research and study has shown that Dissociative Disorders and Dissociative Identity Disorders are a normal protective internal response to an overwhelming dysfunctional threatening life experience. Any human who has gone through an abusive or traumatic event knows that his or her integrity has been threatened. All overwhelming life situations throw human systems out of balance. Once out of balance, a survivor feels that his or her life will never be the same ever again. Following an abusive or traumatic event, survivors have reported feeling personally invaded and empty inside, like something had been taken from them. The emptiness felt was the loss of their Core.

In history, there are many stories of humans living through life threatening events not seen as possible to survive. So to gain a deeper understanding of the internal symbolic process of survival, one has to learn the importance and function of the "Core". The Core is what makes us human. The main objective of a human when threatened by abuse or trauma is to protect the Core at all costs. The Core is made up of three elements; Self, Soul and Spirit. The Core holds human breath, depth, essence, order, structure and substance. If all the elements of the Core are functioning, and they are in balance, we are healthy. Abusive and traumatic life events throw our Core elements out of balance. When Core elements are out of balance, we become unhealthy.

Survival is a mental, physical and spiritual miracle. There are two gifts in this miracle from God or our Higher Power. One, protection of the Core is accomplished by a re-structuring of the Core, and the Core is symbolically

moved up the dissociative continuum for safety. Two, the vehicle to move the Core is called *dissociation*. Even though both are a gift, some who have experienced the aftereffects of surviving, do not view survival or dissociation as a gift but as a curse.

The Women's Institute for Incorporation Therapy (WiiT) is different in its approach to recovery in that it strongly adheres to three beliefs. The first belief is that survival is a gift and within that gift there is hope. The second belief is that a survivor is creative, intelligent, strong, and powerful. Third is that the unbalancing that trauma causes can be put back into balance.

WiiT principles and theories state that significant healing cannot be accomplished until an individual has returned the Core back into a state of balance. Without the return of the Core, a survivor remains out of balance, in a state of confusion, crisis, chaos and trapped in painful recollections.

One part of the treatment program at the Women's Institute is called incorporation. Incorporation was developed to address the internal act of survival. Incorporation is a safe guided protocol designed to assist in a survivor in symbolically accepting his or her core or parts of the core back. This taking back helps the individual achieve a level of empowerment, a state of balance and gain stabilization.

There are two different incorporation protocols, depending on his or her position on the dissociative continuum. For individuals at the beginning of the dissociative continuum, incorporation helps one gain a sense of balance through symbolically rescuing his or her core. Another incorporation protocol was designed for individuals with Dissociative Identity Disorder to achieve a state of balance through safely and symbolically accepting all

parts of the Core back.

A dramatic example of the second protocol can be viewed through the story of a 44 year old female who survived many events of emotional, physical, sexual, and spiritual abuse starting when she was very young. Her knowledge of these events started coming to her consciousness after many years of therapy. She worked very hard and for many years in outpatient therapy, but felt stuck. Yet, the older she got, the more dysfunctional her life became. Her dissociative symptoms intensified. She went through periodic inpatient hospitalizations for unexplained loss of time, emotional outbursts, self-harm and inappropriate behavior. Her thoughts became more fragmented and she felt disconnected from her body. Other people and family members accused her of many acts and behaviors for which she had no memory. During the course of outpatient therapy her private therapist had asked her to begin to journal as a way to keep track of her time, daily events and feelings. The result of months of journaling brought her additional denial, disbelief, pain and shock. She started to find disturbing entries. Entries she did not write, accounts of bizarre behaviors she swears she never performed, and threats against her family and herself. All these entries were written under names that were not hers. Her job, marriage, and relationships began to unravel. With extensive help from her private therapist, she came out of denial and recognized the possibility that she had Dissociative Identity Disorder. She was determined to not live that way, so with support from her therapist, she decided on Women's Institute for Incorporation Therapy. She reported at admission "I have all these other parts that live inside of me that keep interrupting and ruining my life. I cannot keep living like this. My goal is to get my life back."

In the course of her stay at WiiT,

she was educated in the normalcy of her condition as a reaction to the childhood and adulthood abuse she went through. Through hard work she was able to get rid of her victim mindset, achieve self-acceptance and recognize her system. She began to internally communicate. She learned about her strength, and power to recover her personal authority which her abusers had taken from her. Toward the end of her stay, she decided and volunteered to incorporate her parts. For the first time in her life, she was willing to accept her parts back. She successfully completed the incorporation process and united her system. Her initial dream was realized. All of her parts of her Core were home and safe. She was back in balance.

Of course that was just the one part of her journey to health, but now she felt in balance and healthier. After returning home, she was able to participate more effectively with her therapist, family and her job. Her relationship with herself improved, she found worth in herself, had increased ability to stay present and was able to look forward to a future, rather than feeling trapped and painfully stuck to her past.

Love Is Gentle, Love Is Kind

By Judy Miller

Our past can be a blessing but it may take a special experience to create that reality in the present.

Before I had children I worked as a nurse in a doctor's office. One day I will always remember because it shaped how I loved my children.

Like normal I greeted a patient while we sat down in the examining room.

"Hello Mrs. Jones, how are you and how can I help you?" I said in a friendly, inquisitive voice. She responded with a quick answer, and I said, "And who is this little guy?" Mrs. Jones brought her grandson, Eddie, with her. She told me she babysat him regularly.

A brown-eyed, curly topped boy was sitting quietly in her lap. I watched as he leaned into her cheek when she whispered something to him. He looked back at me and smiled with a boyish twinkle in his eye. Then he jumped to the floor and hopped to the toy area as if hearing his name was an invitation to play and explore.

"Eddie," said his grandmother,

"come close." Little Eddie toddled back and held onto her knee, smiling and watching me.

During the long doctor's visit I gazed at Eddie as he ran his little cars all over the exam table. He was becoming impatient and whiny. Mrs. Jones put her arms around him, which comforted him. Her words were gentle and soft. As the doctor talked, I continued to watch the actions between the two.

Love is gentle and kind. Love is not asking the impossible of a little person. Mrs. Jones was teaching Eddie that the world is a loving place by her actions.

During my lunch break with a friend, I started crying. I hesitantly relived the time with Eddie and Mrs. Jones. I realized that I never had that kind of love. In my childhood years love was painful and fearful.

I remembered that day all of my parenting years and have six loving children. It was agonizing to recall my past but a blessing in disguise.

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A Time of Growth

By Connie and Her Little Ones

This is a journey. One we have been on and continue to be on. We are searching and asking questions. Here, in this place, we have learned it is safe. Each of us needs time to grow. We are grateful for all the patience we have been given. One must heal in one's own time.

I am together or co-conscious most of the time now. We have worked on so much to reach this wonderful place. We had to be open. We shared the pain, the memories, the thoughts and the feelings, all within each other. With knowledge and understanding, we could go into the fear and sadness. We began to accept and nurture the experiences of one another. Exceptionally skilled and caring, our therapist has always been able to "go there" with understanding to guide us through the pain. We are not alone, we are safe. She meets us where we are and patiently guides us onward, thus enabling the healing to begin.

Gently, we began trusting one another and our therapist. Trust is so very important, it must be there. It took me a while to realize that I am beginning to integrate, or what it is to me. All parts have a say. The journey is slow. We are patient, just the way we need to be. Giving Each One the time they need will bring everyone closer. The more we share, the closer we grow. We were once so separate; there was a wall between us. It was like going through layers and layers to reach each other. Little One was in her own world in her bedroom, her own little bubble. This is where she feels safe—we encourage her to come out at her own pace. I feel concern when she wants to be alone. I also feel this concern if Protective One does not want to talk. Anyone not willing or able to communicate is cause to pause. Find out the reason as soon as you can and give your full attention. In the beginning, Protective One felt she was coming out of a tunnel. There was so much confusion and anxiety. With Little One, there was a deep

sadness I could not comprehend. I had to go there. I had to join the pain, the anxiety, the sadness; to become part of the Whole. We had to trust each other. It is a deeply honoring and humbling moment when this happens. We are holding hands, holding each other. Trust and acceptance are vitally important.

As we begin to join, there is a feeling of sadness in what was, but also a joyful expectation in what will be. This is growth. At this time give everyone complete assurance. With great consideration, I have come to some realizations. I do not think Little Ones have to grow up in order to integrate. I believe they just need to grow in knowledge. I also believe it is not a good idea to keep secrets from Little Ones. We learned this from experience. Our Little One found out about an incident we had decided best to keep from her. When she found out, she felt very alone with it. We now all gently share with our Little One and give comfort when there is a delicate situation.

Being sure everyone is comfortable about integration is to give every one a voice. If someone is reluctant, find out the reason. The decision to integrate or to be together, co-conscious, needs to be within the realm of everyone's comfort and understanding. In integration, I believe we still dissociate, but can find out why, know what is needed and begin to cope. The dissociation will always happen—this is how we are. This is how our brain was formed, and this is how it will always be. With excellent and caring therapy and in time, we have formed the pathways to each other. We are confident in our ability to communicate. There will always be trigger moments, yet even in these, we are more able to find one another. There is someone to understand, give knowledge and find the gentle nurturing we need. There is joy in knowing we will find one another. In the giving of our strengths we will cope.

In dealing with anxiety our therapist suggested Yoga for the breathing. During depression, she suggested getting plenty of sleep. This self-care has been immensely helpful to us. We also practice watching our fears with mindfulness. These practices move us along in a more comfortable way. We can also go inside to help our selves by finding the calm. Therapy and yoga work well together.

When we become too anxious or overwhelmed in sadness, we separate. These are trigger moments. We go inside. Here we can hold a conference to understand. With knowledge of what is happening, everyone can accept the concerns of one another. We blend when we give to the needs of one another. By listening to our voices, the Whole feels the comfort. We trust each other. We trust our therapist. We trust the journey. You do not lose parts. We come to know one another. We join. We come to have more knowledge of our feelings, thoughts, and memories. There is consideration, care and thoughtfulness. There is love.

As we join together, we feel the strength of each one's gifts. They become our gifts. We come to know our parts and understand each other. It is truly amazing to me that we have found this inner strength. Are we beginning to integrate? I only know this inner strength, when it happens, amazes me and brings us happiness. I feel whole, I feel I can cope. I am learning so much! All parts complete the Whole—what a marvelous new feeling! There are many times we struggle and need guidance to put it all together. Trust and be patient. This is a time of profound growth. Embrace the journey!

As we continue on our journey, the internal communication has reached a level of bringing deep comfort to one another. We can be there to safely talk and share our feelings. With such deep and intense feelings coming out, and feeling vulnerable, we begin to realize the effects of the past on our

life in the present. Some situations that seem normal, for us are very difficult. This can be an eye-opening experience. It is hard to see the effect this has had on us. Now we know why we had to survive. And in the understanding, we are stronger.

Protective One realizes more and more that some of the ways she survived in the past are not the skills we need now in the present. To learn a new way of thinking while feeling safe at the same time, takes great skill and care with our therapist. With Little One there is a child's inner need to connect with a mother. There is a place of deep pain here. Gently, with great care and understanding, our therapist has given her a mother's soothing comfort. It is good to heal. We are worthy, we are important. Be gentle with yourself. This journey is spiritual for us. God is with us. There is a comfort in knowing the truth. There is joy in the healing. We are blessed with a loving family who loves and supports us. In their love I find courage and hope. At times there is confusion in my remembering, but once known, this is in balance with the lightness of the moment and the understanding. Our therapist, truly caring and exceptional, is always there. There are hugs, there is comfort. There is healing. There is hope.

The answers are all within us. We listen to our voices. We have even come to one another in a critical moment. This inside joining takes a lot of work and willingness to be open. Inner trust and comfort bring peace to the Whole. On the difficult days when someone cannot communicate, we give the gift of time. We journal, we go inside, we listen.

There are painful moments in therapy but they are sprinkled with laughter in the sharing of life along the way. Recently, with our therapist, I shared the joy of not having to dissociate during a difficult situation. Oh, the feeling of being able to express a feeling or need is peace and comfort and joy. We have the guidance and support of a therapist whom we can trust. We can be completely open knowing there is understanding, acceptance and care. Here we can grow and learn and be who we are. Here we can heal. Now there is comfort. We soak it in.

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Timberlawn Mental Health System, Dallas, TX

The Timberlawn Trauma Program

Directed by Colin A. Ross, M.D.

The Timberlawn Trauma Program was created to provide quality treatment and education in the area of trauma and extensive comorbidity. Comorbidity is defined as an extensive history of multiple symptoms and diagnoses. The Trauma Program does not utilize regressive treatment modalities such as focusing on the retrieval of repressed memories. The treatment team members work collaboratively emphasizing acute stabilization, improved functioning and self management for the chronic, high cost, high utilization patient with extensive comorbidity.

The program is under the direction of Colin A. Ross M.D., an internationally renowned clinician, researcher, and author. The program is based on Dr. Ross' "Trauma Model". This model emphasizes the effects of trauma as multiple symptoms expressed by multiple diagnoses. The unresolved trauma and the resulting attachment conflicts are the common themes throughout these various diagnoses. A goal of the program is to reduce the number of admissions and overall cost by addressing the core attachment issues.

Program Philosophy and Treatment

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 to stabilize and continue their recovery with new tools learned in the inpatient setting. This progression is obtained by utilizing the structure and processes of ego state theory within cognitive-behavioral, experiential, and didactic therapies.

Ego state theory ascribes to the belief that human personality is not a unity, but instead is composed of different elements or modules 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 develops an unhealthy fragmentation of thought, feeling, memory and perception. This fragmentation is manifested as personality disorders and extensive comorbidity.

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. Each patient is provided with four hours a week of individual therapy. Additionally, psychotropic medication is prescribed as needed. The program's emphasis is not diagnosis-specific, but instead focuses on the symptoms treated, which are described in the following section.

The Timberlawn Trauma Program includes acute inpatient, partial, and support group services. The average length of stay is two weeks for the inpatient program and two weeks for the partial program. The Trauma Program utilizes a multidisciplinary focus to insure an integrated approach that facilitates increased ego strength, stabilization and growth.

The Timberlawn Trauma Program is committed to preparing clients for re-integration into society. While in the program, patients are expected to be responsible for their behaviors and committed to treatment.

For more information contact Kristi Lewis, Clinical Outreach Coordinator, at 800-426-4944 or visit the website at www.timberlawn.com/trauma.htm

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Sheppard Pratt Health System, Baltimore, MD

Inpatient Hospitalization for Trauma Related Symptoms

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 that occur before seeking treatment, or during a relapse, are often self-regulatory strategies. 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 or prior to having one in place, it is only a matter of time before 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. During treatment the focus becomes recovery-oriented self-regulatory strategies. 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.

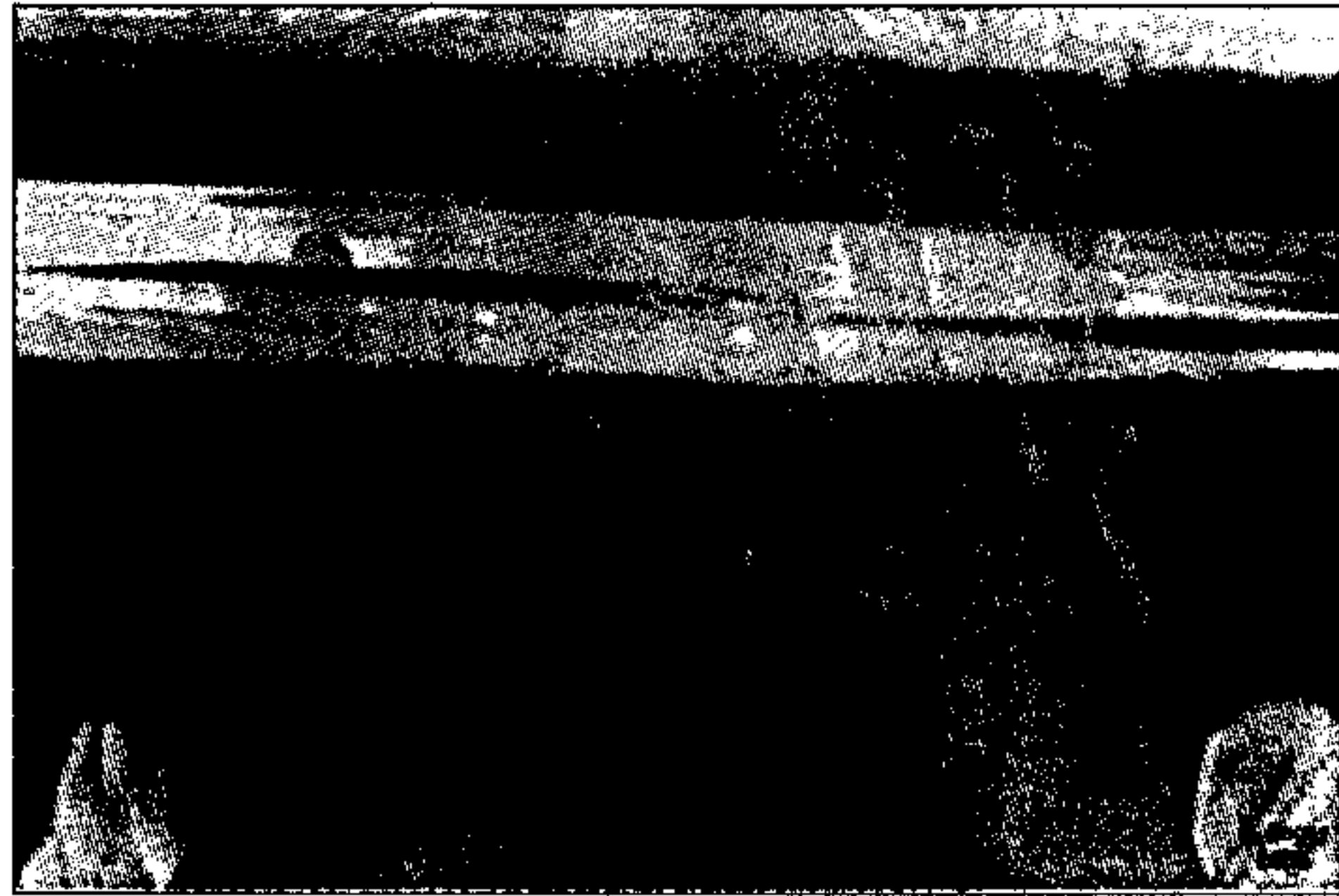
Making the decision to be admitted into an inpatient program for your trauma related symptoms can be a difficult one. Based solely on the portrayal of the mental health system in the media, or because of a past negative experience with care providers or an institution, the prospect of an inpatient stay 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 3584. Our website is:

[HTTP://www.traumaatp.org](http://www.traumaatp.org)
James Pitt, Outreach Coordinator can be emailed at jpitt@sheppardpratt.org.

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Hiding
by D. Boggs

My World Inside—Depressed

By Kate Edwin

There's this space, between, within us. Some kind of gap in the space time continuum, a place many strive, struggle and hope to achieve, yet at the same time, countless many are driven by fear, terror and horror as it grips them, refusing to let go.

This is not the delusional rant of one with severe psychosis or thought disorder symptoms. I am about to be a college graduate, I am a performer, a competitor, a sister, an artist, a writer, an advocate. I am a woman who has, in her long ago past, been through untold trials at the hands of those who were to care for her unconditionally, who were to take her and help her grow, to reach her potential, to teach her right from wrong, good from bad.

We begin as a few cells splitting and combining; all the way until early adulthood, the cells in our brains are doing the same. The brain controls the body, from the hair on the head to the nails on the toes. The brain and DNA create the base, the frame of your body to go through into the future. And when some relentless force from outside causes the defensive systems of those brains to constantly assault this developing brain with chemicals, likely toxic in enough concentration, over and over for days and weeks on end, it changes, perhaps forever, the very make up of that brain. These defenses, designed to save human life in situations threatening it, get overworked and misfire. The child brain interprets many things to be life threatening, and even though they may not be, it feels that way and therefore releases those carnal defenses so that they may live.

They protect the child. Don't they? That's what they were brilliantly designed to do. How could it turn into a lifelong curse of physical-emotional-psychological-neurological-biological-existential - personal -crisis? A precious human soul, in a moment, or minutes, a small stitch in

time, is changed, scared, and transported to a parallel dimension where they aren't allowed contact with others, they are unable to experience the world as they once did, and they are unable to feel the emotional results, benefits or fallouts of any situation that comes their way. They are prohibited from joy, alienated from trust.

You begin to feel as if you are no longer there, you don't exist, you aren't part of the "real", or "outside" world. It can shift gradually, often in jolts, fits and starts. I've been thrown onto roller coasters and tossed out of them just as fast, only to collapse to the ground, trying to catch my breath. Was that short moment one of relief? I don't have that anymore, that let down, or come down or relief anymore; it's constantly episodic but the baseline has since been higher.

For the last five years I've been in this space twenty-four hours a day seven days a week. I am exhausted. I have grown weary and tired. I'm forced to live but I'm denied any of the benefits, the joys, the reactions, the connections. I am dead tired and yet I have to come up with the energy to go through the motions in what seems to be a infinite and perpetual loop, a loop that is isolated such that all the rest of time zooms by, nothing more than a blur, and when I get a chance to peek my head out the window, months and years and decades have gone by. Life times have gone by, life times, my lifetime, my life. Taken, stolen, borrowed, who knows? I'm certainly not the one living it, or is it in fact someone else's life that I am living? Can I really consider this foggy, floating, shattered, so called reality, to truly be a life?

I truly feel completely devoid of any feelings, sensations, meaning or purpose that others' lives seem to consist of. I wish I didn't know what it felt like to be here, to be connected, to be in the moment, but I do. I actively, stubbornly, silently scream to

have it back, if even for a moment. There are scraps, bits and pieces of memory, of sensations, of connecting from the past. As with all memories they fade, and distort and become removed from me until I can see them but am no longer able to place myself in that moment.

But even in the moment these things are scarce. I touch my hand to the slick surface of a coffee table, and it feels as if there are three pairs of winter gloves between me and it, I can recognize it's there, but I can't truly feel the touch. Memories that have formed before seem to be there, perhaps locked up in boxes and boxes of files. My mind is shown to me, a deep, dark abyss. I'm not allowed past the darkness of the deep black space. It's cavernous, who knows how far it reaches and yet it is essentially empty but for me. "No admittance" it screams. I can't cross the yet to be seen lines, doors or walls, and neither can I leave.

"Acceptance" they say, "try to accept that this may be your new reality."

When I approach that thought even in the slightest, I am filled with terror and sorrow beyond my bounds and wish it all to end right there and right now. This thing, this state, this shadow of life seems irrelevant, unimportant and more burden than privilege.

Is what I'm asking for truly too much? To feel the ground beneath my feet, to feel the air entering my body when I breathe? Instead, I sit, in that place between inside and out. A place no other being can begin to imagine. I've begun to not ask for new ideas, new treatment, new opinions, new options; they seem to more and more not now nor ever have existed. I go through the motions but that seems a mute point; it happens, but it doesn't matter, it doesn't mean, it doesn't make me, me; doesn't make me want to be here. Instead I seem doomed to just sit in this space, to sit and wait and suffer, for what seems so far and is sure to become, forever.

MV

Debunking Hypnosis and Using It in Therapy

By J. Jones

Hypnosis is something that can be very useful in therapy, yet it carries so much historical skepticism. This is probably due to the process "stage hypnotists", and by early hypnotists, such as Franz Mesmer, who claimed that they could cure disease by passing a wand over a person.

Mesmer was regarded as a fraud among colleagues, but his method seemed to help people. This is where we get the term "mesmerized". In actuality, it seems that the ancient Greeks used hypnosis to cure ailments. A great book on the history of hypnosis is *Hypnosis: Secrets of the Mind* by Michael Streeter.

I have been using hypnosis in therapy for many years. One of my best therapists (in the early days of my therapy), used what she called a "light trance." I didn't realize that this was hypnosis at that time. We did guided imagery as well, which is also a form of hypnosis. Also, we use self hypnosis regularly at night to calm and relax us.

With my current therapist, we use hypnosis regularly. I have to work a bit to put aside my preconceptions about hypnosis when we use it. It's getting easier to let go of those ideas of silliness about the whole thing the more we work in therapy this way. I do have to say, however, that one of the younger parts we worked with recently couldn't help giggling at the thought of our therapist not being able to wake us up! Of course, the giggling gave her away!

I have come to really appreciate and enjoy hypnosis because it is a very gentle therapy. I generally leave feeling relaxed and grounded and in a pleasant mood. It is such a wonderful thing to leave therapy in a stable mood. So often in the past therapy was just gut wrenching and I had to have a couple of days to recuperate. I now think there are easier ways of working on memories, hypnosis being one of them.

This is how hypnosis works in therapy for me. We have had a terribly frightening memory and have used hypnosis to tell about it without being retraumatized. My therapist usually has me get comfortable on the small couch. Since I am short I can lie down, but she says most people sit

up. So I get all snuggly with the pillows and an afghan over me that she has in the office. We often bring a teddy to hug. Sometimes, we stick our feet under the cushions if we are really scared and feel the need for extra protection.

My therapist starts with having me relax and concentrate on a specific part of my body asking me to notice how it feels. Often, we concentrate on our feet and the feeling of the blanket around them or the temperature. After focusing on our body sensations including temperature, all of the extraneous distractions and internal thoughts don't interfere and we can concentrate on her voice. We then do a relaxation part which often starts from relaxation in our "little pinky toe" which spreads to our other toes and feet and then gradually to our entire body. She says things like, "Any sounds you hear make you relax double." Generally, only one part at a time does work like this. The next part of the experience is generally about feeling safe and having other parts there for support. After that induction to a trance state, she tells us we can remember things and stay safe. Sometimes, she tells us a story. This has been very effective with the younger parts and even some terrified teens.

Recently, one of our parts that didn't speak did a hypnosis session. Our therapist told her a story about a princess that received power simply by holding her palms up. She said the princess was wise and kind to the people around her. She knew instinctively what she needed and she had the power to change into anything she wanted and change back. This part chose to change into a lion. She walked down steps to different levels of her beautiful castle where she could do what she needed to do for herself. The story continues and then she has us walk back up the stairs and come into the room where we are.

That young part of me that was silent all these years began to ask questions. Things that little kids want to know, like "Are you sure I am safe?" "No one is looking for me?" "Can I feel better?" "How?" Now this eight year old is writing a couple sentences in her journal each day. I got her her own set of markers and

colored pencils, her own journal notebook and her own sketch book. I feel so happy that she is not terrified anymore. Anxiety is still present, but it is manageable. She realizes we are not being abused anymore in time or space. It's a bit difficult for her to grasp the time gap, but that is common I think for all alters that are different ages than the body.

To some people hypnosis may feel very threatening. We started writing down a similar "induction" from our abuse that came to mind a couple months ago. When we went over it with our therapist she pointed out several things about it. It was very directive telling us what to do and to keep quiet and to forget. That is not anything like what we do in her office. It was indoctrination. Bringing that to our therapist's attention seemed to quell the fear that we would go to that ugly place in hypnosis. It was entirely different from what she says. The work we do in my therapist's office is always moving toward positive healing and competence. She also makes a point in the beginning as we relax that we are in total control of our body and mind.

In my experience, you must have a very trusting relationship with your therapist and feel safe with her in order to use hypnosis in healing. Your therapist should be licensed as a hypnotherapist as well. Initially, it is important that you talk with your therapist about what hypnosis is, how it works, what to expect, and how it has been useful to her clients. You cannot be made to do things such as "cluck like a chicken" or anything else silly or serious by using hypnosis. You are in control of your actions. The suggestions and containment of feelings are very helpful to me. I have progressed steadily using hypnosis as well as EMDR and talking out issues. I believe that by using hypnosis, many of the unconscious urges to harm one's self can be put to rest. I actually look forward to sessions that I know we will be using hypnosis. It has taken away some of the anxiety I feel before an appointment. With a good therapist, hypnosis can be a helpful and effective tool for healing. I encourage you to investigate the practice of hypnosis and see if it appeals to you. Now, I'm off to relax...with some self hypnosis.

Two Rivers Psychiatric Hospital, Kansas City, MO

Trauma Program

Two Rivers Psychiatric Hospital is a facility in Kansas City, Missouri, that is known for its excellence in comprehensive behavioral healthcare. The tranquil environment underlies safety and confidentiality. Two Rivers is a leader in the field of behavioral healthcare and its experts are committed to providing the highest quality of care in an atmosphere that nurtures healing and growth. In a comfortable therapeutic setting, patients interact with a team of experts in psychiatry, psychology, physical medicine, education and family therapy.

Two Rivers provides stabilization and specialized treatment in military drama, traumatic grief, trauma and addictions and trauma resolution. Our treatment

services provide specialized focus and care for the survivor of post-traumatic stress, trauma, neglect and abuse. Patients receive a full day of treatment services within the structure of a safe and trusting therapeutic community. Our goal is to provide a respectful, safe and empowering environment in which survivors can pursue the work of healing.

Services include

Treatment for Trauma-Based Disorders, Obsessive/Compulsive Disorder, Personality Disorders, Mood Disorders, and Panic/Anxiety Disorders

Treatment for Neurobehavioral Disorders such as psychiatric exams, complex EEG, evoked potentials, psychosocial assessments and

neuropsychological exams

Features and Benefits in treatment include: experiential and psychoeducational therapy, a structured therapeutic environment, communication and problem-solving techniques, anger management, group therapy, pharmacotherapy, psychotherapy, expressive therapy, cognitive therapy, progressive discharge planning and more

Admissions are accepted on a 24-hour basis. Initial assessments are provided free of charge. To schedule a consultation or for further information, contact the Two Rivers Hospital Admissions Department at (800) 225-8577 or (816) 382-6300.

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BOOKS

Why Mommy Why: Dissociative Identity Disorder

By Jody Thomas © 2009 Published by Green Effect Media, Bolingbrook, IL
www.whymommywhy.com ISBN 978-057803026-5 150 pgs. \$14.95 softback.

This survivor's story is told with clarity and detail. Jody's experience of trauma and the slow process of recovery is well written and illustrated with many of her personal drawings.

Her early childhood period of confusion, pain, and assaults are familiar territory for most traumatized people. Her challenges before finding the "right" therapist will ring true for many MV readers. But this book offers much more than horror stories. Especially useful are the descriptions of therapeutic techniques, which in many cases readers can certainly try at home. For example, to combat flashbacks, her doctor suggested using a "thought vacuum" – a visualized device connected to her head that would suck out all the intrusive images and save them in a container to be opened at the next therapy session.

Another example introduced the concept of "personal power." Magical thinking beliefs instilled by her mother caused Jody to imagine she was responsible for everything bad that

happened to anyone, ever. But in therapy, she learned what she truly did control: *"I have control over my actions and how I treat other people. I have control over whether my actions are consistent with my values...slowly, I came to realize there are good things I had control over."*

There are countless examples of these steps toward recovery in this book. I recommend it for anyone serious about their recovery.

Unspeakable: Father-Daughter Incest in American History

By Lynn Sacco Copyright 2009 by Johns Hopkins University Press, Baltimore MD
ISBN 978-0-8018-9300-1
www.press.jhu.edu 350 pages including notes/index. \$50 hardcover

How common is father-daughter incest in America? This is an ongoing controversy for many, especially since the advent of the False Memory movement of the mid-1990s, which attempted to cast doubt on claims that men sometimes abuse their daughters.

But as most of us painfully understand, incest is an old, old story in the world, and it has not bypassed the USA. Sacco's scholarly but very readable book covers the strange transformation of father-daughter incest as an uncommon but not

rarely-reported occurrence between 1817-1899, to its virtual banishment, especially in reports of middle- or upper-class families, between 1900 and 1940. In the latter period, Sacco reports that doctors refused to consider the possibility that respectable white American men would be infecting their daughters with gonorrhea. Instead they went to great lengths to blame mother's hands, bed linens, and toilet seats as the source of pre-pubertal infection.

The details Sacco has unearthed, from early newspaper accounts and other research, are frankly appalling. In her epilogue, she explores more recent times, including the controversy of the FMSF claims. Her careful analysis of this material is breathtaking in its understatement. This "just the facts, Ma'am" approach does great service for Sacco's credibility in this scrupulously-researched tome, which includes over 100 pages of endnotes, identifying sources.

Unspeakable is an excellent volume for professionals and academics, especially those involved in feminist issues. Its hefty price tag may deter incest survivors from ordering it themselves, but it needn't stop you from asking your library to consider it as a valuable community-service purchase for their shelves. —LW

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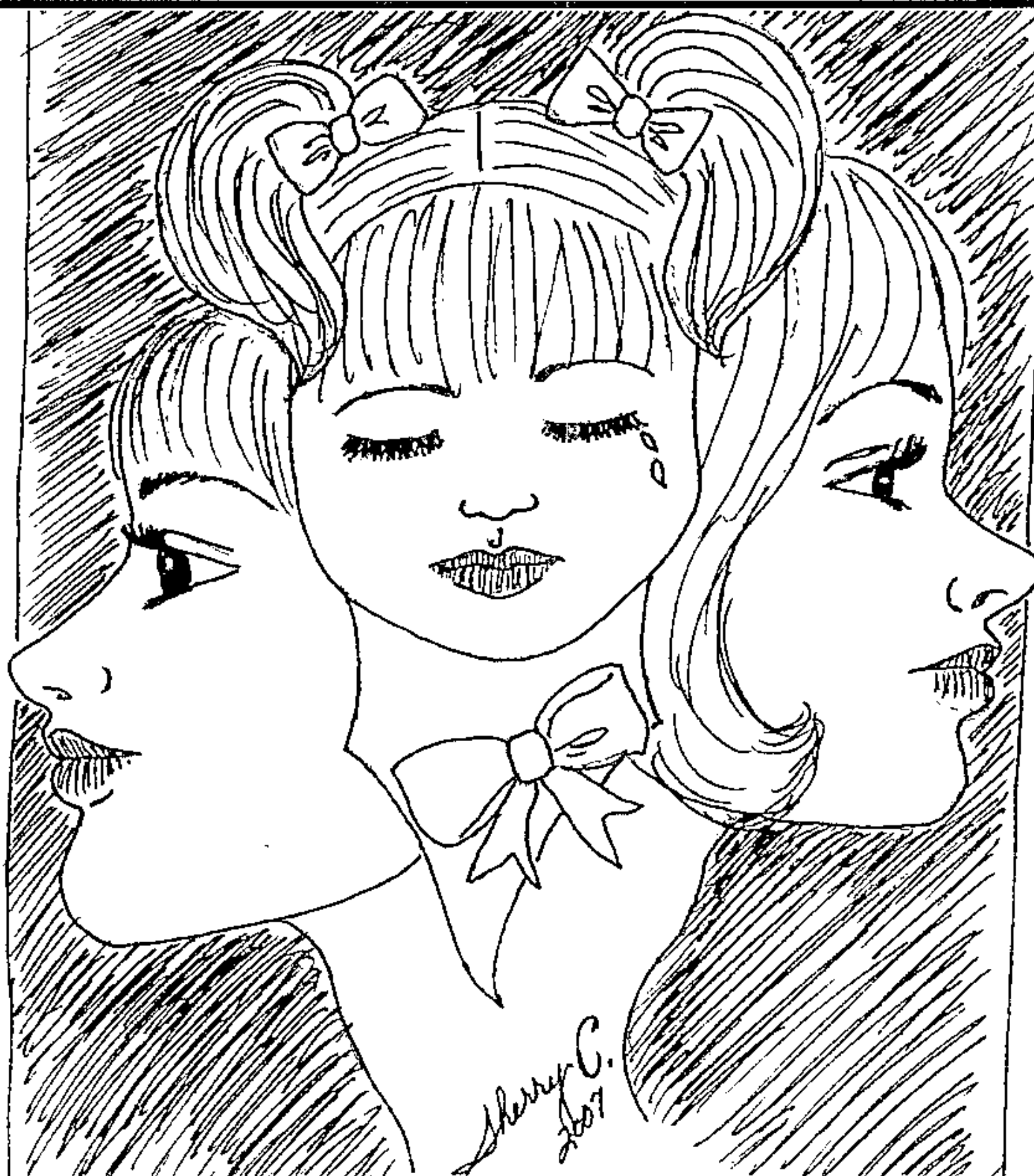
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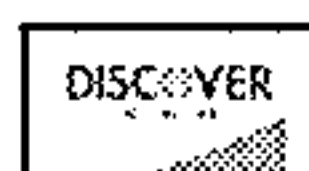
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