

# MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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## Dissociation: The Male Perspective

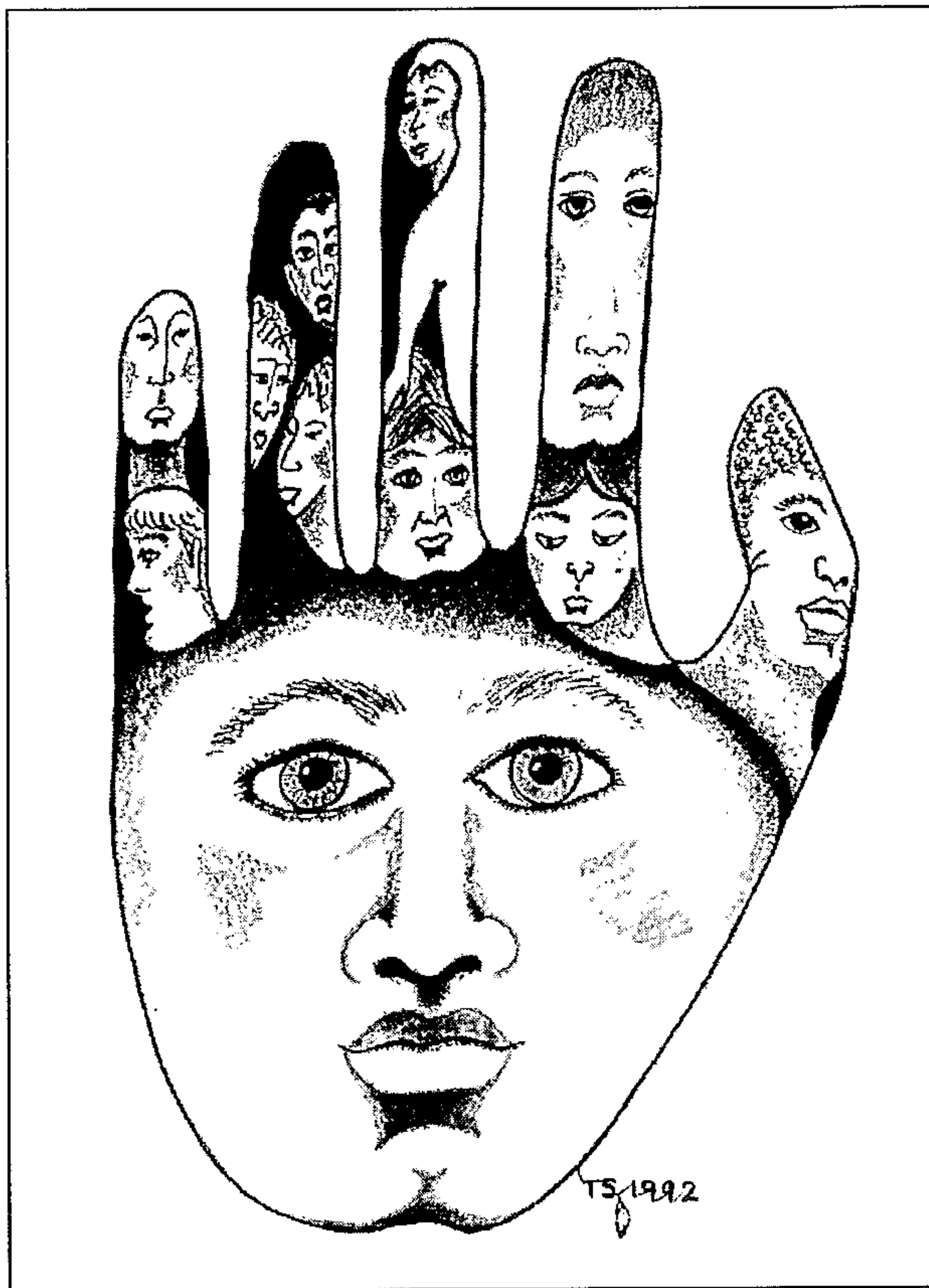
### Inside this Issue

I'd like to offer an open invitation to men survivors to keep sending material about your healing process. I think both genders will find ideas in this issue that will promote mutual understanding. Some additional resources:

The Virginia Child Protection Newsletter has two excellent back issues: *Sexually Victimized Boys (Fall 1989)* and *Male Survivors of Childhood Sexual Abuse (Summer 1990)*. These are written from a professional's viewpoint, but are full of useful information and validation of experience. The editor has given us permission to photocopy these issues and provide them at our cost to you (\$2 ea.) Write to us at MV.

I also received information about a non-profit organization called *The Children's Connection, Inc.* which is sponsoring a camp for sexually victimized boys. I don't know this group, but it is worth checking out at PO Box 65, Chester, NH 03036. (603) 887-5212. Contact name is Andrew W. Young, MSW, ACSW.

We didn't receive much input on the subject of *Graduating from Therapy*, so we'll cover that more thoroughly in the future. Thanks to all of you who sent material for helping us help others! —LW



## MALE SURVIVORS - AN OVERVIEW

The following information about male survivors was generously provided by Jim Struve, LCSW, a therapist in private practice who also conducts training and workshops on the subject. You can reach him at Metropolitan Psychotherapy Associates, 2801 Buford Highway, Suite 400, Atlanta GA 30329. (404) 321-4954.

### Myths About Male Survivors of Sexual Abuse

1. Males are sexually abused less frequently than females.
2. Males are able to protect themselves from sexual abuse.
3. Males are less traumatized by the experience than females.
4. Males are willing participants in any sexual encounter; Males are always the initiators of sexual activity.
5. Males who are sexually abused will become sexual offenders.
6. Males who are sexually abused will become homosexual.
7. Most sexual abuse of males is perpetrated by homosexuals.
8. Arousal of male genitalia implies consenting sexual contact.

### Demographics Concerning Male Survivors of Sexual Abuse

1. Males are sexually abused as frequently as females; Current discrepancies in frequency rates reflect reporting norms vs actual rate of incidence.
2. There is no significant difference in the actual trauma experience in sexual abuse for males as compared to females.
3. Existing data suggests that males are sexually abused more frequently by other males; however, more recently emerging data indicates that sexual abuse of males by females is more prevalent than has previously been reported.
4. Males are frequently abused by someone outside the immediate biological family constellation, but who is known to them (e.g., sibling friend, neighbor, agency leader, babysitter, teacher, minister).
5. Abusers of males are frequently younger than abusers of females (e.g., another adolescent).
6. Males frequently report their first incident of sexual abuse occurred at a very young age (i.e., before age 6).
7. Males experience a greater frequency of force, violence, or intimidation accompanying their abuse experience.
8. There is a high frequency of males who were sexually abused by multiple offenders.
9. Males are less likely than females to report incidents of sexual abuse.
10. Males are more likely to minimize the effects of the abuse trauma.

### Disguised Symptomology for Male Survivors of Sexual Abuse

1. A victim worldview, frequently involving difficulty in establishing/implementing limits & avoiding conflict.
2. Gender shame, which may include hyper-masculine attitudes/behaviors &/or intense homophobic attitudes/behaviors.
3. History of physical abuse.
4. Self-destructive or self-mutilating behaviors.
5. Sexual dysfunction.
6. Compulsive behaviors.
7. A history of chaotic intimate relationships or difficulty maintaining intimacy in relationships.
8. Frequent nightmares & related night disturbances.
9. Dissociative behaviors, which may include difficulty remembering childhood.
10. Flashbacks or recurring & often frightening mental images.
11. Extreme sensitivity to touch &/or anxiety about being touched without warning.
12. History of victimizing behavior &/or obsessive fantasies about such behavior even if never acted on (e.g., battering, sexual offending, firesetting, molesting, or mutilating animals).
13. Chronic depression & anxiety.
14. Hypervigilance or extreme negligence, especially in situations that appear to threaten autonomy or control.
15. Eating disorders.
16. Body image distortion.
17. Regressive behaviors (e.g. encopresis).
18. Numbing of feelings.

(Continued on page 3)

OVERVIEW, Cont'd.

**Clinical Dynamics of Male Survivors of Sexual Abuse**

1. *Reluctance to Seek Treatment:* Frequently referred by somebody else or for disguised symptomatology; susceptibility to intellectualization &/or compartmentalization to avoid treatment.

2. *Minimization of the Experience of Victimization:* Dissonance regarding masculinity & victimization; studies have shown that males are more vulnerable to physiological & psychological dysfunction than females in stressful situations.

3. *Shame-based Personality Dynamics:* Protective armoring encases core damaged-goods feelings; increased propensity to hold self responsible for the abuse.

4. *Exaggerated Efforts to Reassert Masculine Identity:* Vulnerable to hypermasculine attitudes/behaviors, including use of intimidation; difficulty addressing issues related to emotional safety.

5. *Difficulties with Male Intimacy:* Potential for extreme isolation from other males &/or intense homophobic attitudes/behaviors.

6. *Confusion about Affectional/Sexual Preference:* Difficulty separating learned sexual response patterns from core affectional/sexual preference feelings.

7. *Behavior Patterns with Power/Control Dynamics:* Striving to be authoritative &/or inclination toward pseudo-helplessness; vulnerability to assuming a stance of passivity.

8. *Externalization of Feelings:* Susceptibility to male myth that it is OK to act on feelings but not to feel feelings; vulnerability to feelings of wanting to hurt others; proneness to report more general psychological, physical, & behavioral symptoms than females, who tend to be more depressed.

9. *Vulnerable to Compulsive Behaviors:* Vulnerability that such behaviors are socially-sanctioned within the framework of masculine socialization.

MANY VOICES wishes to thank the following generous contributors for their help in supporting our work:

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1-800-441-6921

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**Walter C. Young, M.D., Medical Director**

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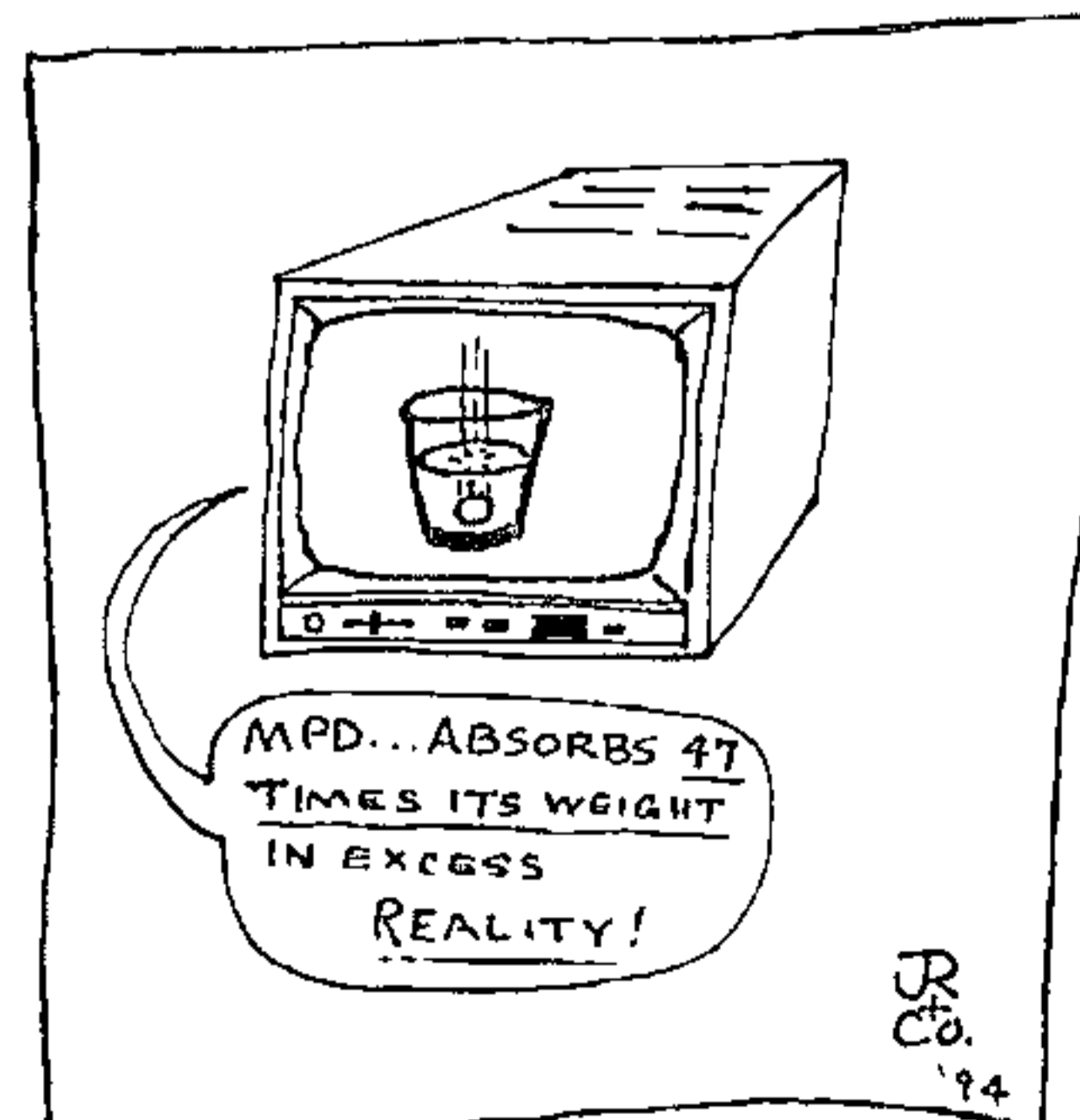
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# The Male Perspective

Being a male with MP, my experiences in therapy are most probably very similar to *all* multiples, but at the same time different, in that none of us have exactly the same level or duration of trauma. And the ability to dissociate is also all over the chart. Just like snowflakes, each one of us is unique, one of a kind (and *terrific!*). I am not sure what difference gender makes, since I have not experienced both of them, but I will attempt to relate perceptions.

First of all, I am sometimes very lonely, being a male multiple. If you are a female reading this, try to imagine being in a treatment setting or in a support group where you are the only *female* in a unit or group composed of *men*...both as clients and as staff. Hopefully that illustration will show you one aspect of what a male MP encounters.

Another factor I am learning to deal with is fear of me in female dissociatives. I guess maybe I look like some creep from their past or something. Maybe it's just because I am male. I haven't met many survivors who have been that stereotypical, though. I am 6'2"...maybe size has something to do with it. I would be very interested in feedback from the ladies on this. [*Anonymous replies will be forwarded — Ed.*] I sometimes sense gender-shame (maybe it's all in my head) which is misplaced, because I am *not* an aggressor...and I try to hold all in equal esteem, unless they give me a reason not to trust them. Virtually all my survivor-friends are women, except for two men. I had some wonderful friendships in treatment. Everyone accepted me sooner or later...usually sooner! But in a unit of twenty-plus clients, I had one other guy around most of the time (had three different roommates in a three-week stay)...not a lot of peer support.

At work, it is a "hard row to hoe". Currently my depression and dissociative problems have made it difficult to get through a day at work. Child alters acting out and getting triggered (in front of my supervisor and co-workers!) are only part of it: my

energy and concentration levels are so low that I am just trying to hang on to the job with my fingernails. As a male from a traditional upbringing, I really want to be successful in "bringing home the bacon", so losing 60 percent of my income due to my recovery issues in the last four or five years is awfully hard to take!

Another therapy issue is embarrassment. Picture a full-grown man blubbering like a little kid (actually it *is* the little kids, but we are co-conscious most of the time) in somebody's office. Or (rarely) in group. The others will tell me it's good to cry, and how some of them are in the process of learning how to cry...but it is still very embarrassing. Comes with the territory, I guess. (Well, they can have "the territory" back!)

A pet peeve of mine is the relative scarcity of books and literature regarding men's issues in therapy, especially having to do with MP (I don't use the "disorder" part of the term. It seems like a stigma to me.)

Thank you for the opportunity to add my two-cents' worth on this topic.

By JR & Co.



I am an alter living my life in the body and house of a male multiple. My host has quite a few alters — we once counted 27 of them — but only about a dozen are actively involved in daily life. Of those, three or four are females, trapped in a male body and a male lifestyle. At times we weep for the problems of living life as a multiple, in tiny fragments, never knowing how long it will be until we will get to be "out" again. And at times we weep for a strange life in which we cannot publicly express our inner sexual identity, without disrupting our host's lifestyle or disrupting our own friendships.

I have my own small circle of close women friends, but only once did I reveal to anyone the fact that I am

female. My other friends know me as a multiple without having been specifically introduced to any of my alters. Our friendships are close and comfortable. Little do they dream that their friend has more in common with them than appears outwardly.

I am careful with my host's lover. I don't know if she could handle the concept that she actually has several lovers, all sharing the same body, and not all of us male. At least we all have the same sexual preference (for female partners) which keeps things safer and simpler.

My host is a single parent often needing my help with the parenting, cooking, and housework.

The best day of my life was being accepted by several of "the guys" as a legitimate part of this crazy troupe, with the freedom to dress and live as I chose. I chose to stay low-profile, to participate in the world in the guise of a male, and to hide publicly behind my host's identity. Still, I enjoy ballet lessons, singing lessons (hi tenor), and figure skating on ice. I read a lot, and have my own circle of special friends. Partly I have the freedom to do this since my host is disabled and not currently working. I used to exist only as a background alter who participated as a kibitzer in his work-related dealings, and not at all in his personal or family life. (It was a shock to enter his house for the first time after I came out, only to discover that I'd never been there before except briefly, once, in the kitchen. It was also a shock to find myself responsible for his kids, only to find that I'd never been with children before and that I could not tolerate being touched by them, or jumped on.)

We all seek integration, though I don't know what this will mean for my tenuous existence. Perhaps after integration my lovers and female friends will still sometimes find a mysterious quality in my eyes that makes them feel comfortable, safe, and relaxed and friendly.

To the other male multiples out there — you are not alone, and even though

these are unacceptable topics for public disclosure (MPD, childhood sexual abuse, alter identities, cross dressing...) you can draw comfort from knowing that others also share your life on the fringe. And healing will come to us all, in time.

From Susan with love, for the Troupe



I have been diagnosed with MPD.

I am an only child. I grew up in a house where my father was insane. He was placed in a mental institution when I was 4 years old, diagnosed as a paranoid schizophrenic. They let him out of the institution a few months later. He was supposed to return to the institution for "follow-up visits". Instead, he returned to our family—to resume his child abuse and wife-beating—just where he had left off when they took him away.

My mother had been raised to believe that abuse was something that you cover up. So, when he beat her she would stay in the house, or cover her face with a scarf when she went outside, so no one could see the bruises.

My father believed that the whole world was composed of Mafia and FBI, and that they were all "out to get him". He was convinced that the FBI was monitoring him and that my toys

contained "bugging devices" (electronic surveillance). So when I was 4 years old, he informed me that all of my toys needed to be taken away from me, and he and my mother gathered up all of my toys, and placed them in a sack and took them away.

So I became a child with no toys.

My father often threatened to harm the neighbors and everyone was afraid of him. They referred to me as "Crazy George's son". None of the children were allowed to play with me. So I was a child with no toys and no playmates.

As I was growing up, I always seemed to lose things — books, watches, etc. My mother called me "absentminded". My father called me "Stupid".

As a teenager, one day, in front of my mother, I was suddenly transformed into a hissing, growling demon, who bit the knuckles of his fingers until they bled. After that, The Demon began to appear regularly and the knuckles developed huge callouses on them from all of the biting.

At 16, I developed stomach ulcers from the stress in that insane, abusive environment.

Finally, at 17, I got a scholarship from an oil company, and left that household for good. I became a petroleum engineer.

But the biting demon continued to appear.

And in my early twenties, just when I had obtained my first job, and financial stability, I began to have new problems. Someone inside me began to take over my life at night. He put hundreds of miles on MY car each night. He spent every penny in my wallet and used my credit cards and signed HIS signature to MY credit bills! He parked MY car in No Parking zones and let it be towed away.

And he has continued to do these things for nearly 20 more years.

I have just started therapy, and already, many questions have arisen in my mind. I no longer accept as true, the things that my mother told me.

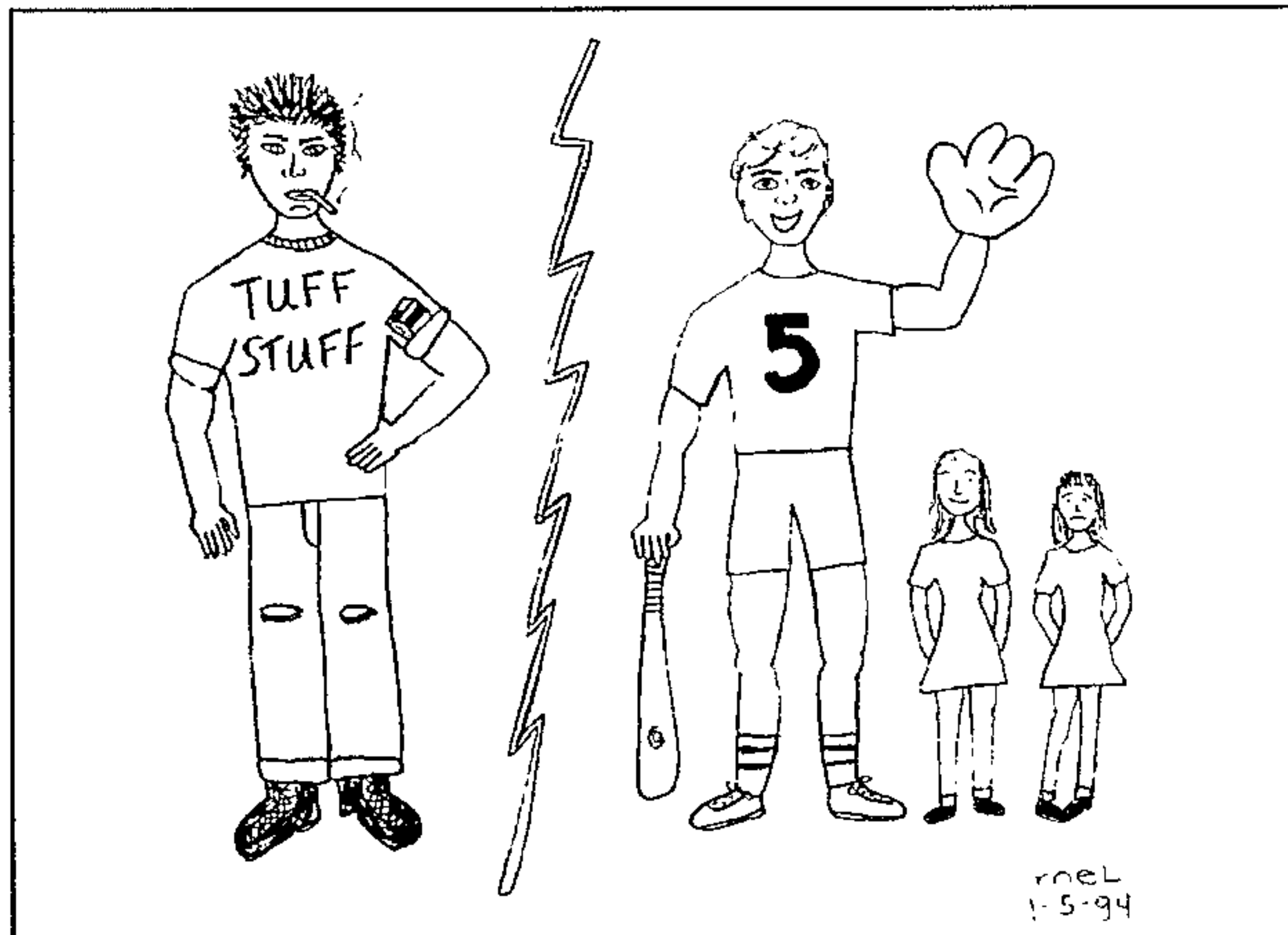
Did I really fall down those cellar steps, like she said, and fracture my skull—or did he strike me from behind causing me to fall? Is my jaw so crooked because it "grew crooked naturally" or did he break it and did she just cover that fact up — like she covered up the fact that he broke her ribs years later? Was I sexually abused as a baby?

I don't know the answers to these questions—but I intend to find the truth—because it is *the truth* that is important to me.

You see, if my mother had faced the truth, and *exposed* him, rather than covered up for him, year after year, then I would have been spared.

By George

MV



# Therapists' Page

By Timothy L. Sanders, MS LPC

Timothy L. Sanders, M.S., L.P.C., is a therapist in private practice in Scottsdale, Alabama. He is a survivor of child sexual abuse, and author of *Male Survivors: A 12-step Recovery Program for Adult Male Survivors of Childhood Sexual Abuse*, published by The Crossing Press, 1-800-777-1048.

I have now been in Recovery for seven years. In the beginning I assumed I would be able to work out my abuse issues within a year or so. I had not yet recognized the depth of that abuse, nor the true nature of healing. Someone once said that which is most personal is most universal. Hopefully, what I say here will be helpful to other male survivors. Our difficulties and struggles are not nearly so unique as we fear. We are not so alone as we imagine. Long ago one of my spiritual advisors reminded me of a truth which has gotten me through some dark spaces. "In time all things change. Nothing, no matter how horrible, lasts forever. This too shall pass." I still repeat this to myself, often.

Healing is not nearly as linear as I once thought. If I could make any one single rewrite in my book, *Male Survivors*, I would make this point much stronger. Growth and renewal follow a more circular path. While dramatic quantum leaps from one level to another do happen, they are rather rare and not absolutely required. Most often, significant change is slow and accomplished on a day-to-day basis. It takes great courage and heroic commitment as we accomplish the often boring, tedious job of slowly decreasing the frequency and intensity of our negative reactions and troubling difficulties. Generally, it takes approximately one full year to integrate any one significant life change or major level of memory awareness. During the first years of my Recovery the focus was on coping with ever-deepening memory layers of abuse, which lasted from before age two up to around age 12. The diagnosis I was given at the time was Post-traumatic Stress Disorder (PTSD). In my third year of work, my regular and trusted psychiatrist told me, "I know you don't believe me now,

but there really is a bottom to this bucket of memories." She was right. I did not believe her. I do now. What she said was, for me, true. There was a bottom to the bucket.

For the past several years the focus of my work has been on issues related to a newer and more underlying diagnosis of Dissociative Disorder Not Otherwise Specified (DD-NOS) as well as developing some long-term Recovery strategies. It was during the fourth year when my therapist at the time and I decided to discontinue any formal therapy work. Going on this way without his weekly support was scary at first, but I rode out the fear and it faded. "This too shall pass." It was also during this time I quit smoking and started working out. I began to make the connection between my chronic compulsive behaviors and my disconnection from my feelings. If I was upset, I smoked rather than acknowledging what it was that bothered me. It became easy to see how I also ended up with chronic weight problems, too. After finding an instructor who had worked with male survivors of abuse in the past, I started a low-impact aerobic exercise program which lasted six months until the gym was sold to new owners. I have not restarted, but at least I now know how to cope with the paranoia of being around other half-dressed men in close quarters. Maybe in the next years I can work my way up to getting into the public showers.

This past year, under my psychiatrist's supervision, I discontinued the antidepressants and tranquilizers I had been on since near the beginning. For several months I had found myself becoming more hyperactive, irritable. My attention span was getting shorter, too. For years, my officemates had joked that if I ever developed Alzheimer's Disease,

no one would notice. The short-term memory lapses were really beginning to bother me. We developed the hypothesis that between my eliminating a major stimulant (nicotine) and my success in decreasing the dissociative episodes, the antidepressants were now too much of a good thing. With no hard psychopharmacological evidence to back us up, both of us decided to go with our common, intuitive sense. Psychologically and emotionally, there were some pretty rough days for a couple of months, but so far, so good! "Nothing lasts forever." Shortly thereafter, I also discontinued all caffeine use. Talk about not having any kind of a brain for about two or three months! "In time all things change."

Strangely, there are times now when I find myself *not* doing five different things at once. The affirmation I write daily is "The mind is clear, the body is relaxed, and the spirit is centered as I focus fully on one thing at a time." It used to be I would notice when I was having a good day, staying focused. Presently, the exception is to have fuzzy days. My wife Kati says I am much better to live with now. I like me more, too.

The question I have been playing with recently is, "Why do some survivors tend to do better than others when it comes to long-term Recovery?" The answer I have determined includes the same factors which characterize successful individuals who were never abused: positive and effective Life Management Skills. (1)

Everybody deserves the opportunity to live a meaningful, productive and fulfilling life. However, those of us who came from less-than-ideal families were not taught even the most basic life management skills: assessing our

values, establishing long-range goals, determining effective short-term strategies, and finally, following up with daily activities in harmony with our values and goals. For many of us, dysfunction was our family tradition. I am convinced the key to any successful long-term Recovery effort involves the development of these basic skills. However, keep in mind that such positive change may take many years: the stress of change increases odds of relapse, and a healthy life here-and-now can be very boring compared to the dramatic uproar of the past.

All parts of our lives have been affected. In *Male Survivors* I discuss the six Life Areas (Psychological, Spiritual, Sexual, Physical, Social, and Economic) and the use of a Recovery Team Network. We cannot heal ourselves alone. The effects of abuse are too complex and pervasive to be addressed by any one therapist, support group, treatment approach, or theoretical perspective. One of our primary tasks is to move through and beyond our paranoia of others and to challenge the shame of needing help.

The men's abuse Recovery movement appears to be about five to ten years behind the women's recovery movement. It seems the majority of female survivors were abused by male offenders. Therefore, when they come together to work, they can do so within a safe circle without the fear of being confronted directly by someone who reminds them of the offender. Likewise, the majority of males were also offended by males. However, in this case, there is no safe circle in which to take refuge. The odds are just

too high we will confront someone who reminds us of our abuser(s). For some, the context of group work is too much akin to the context of the original abuse. As the male survivor's Recovery Movement continues, there eventually will be mentors available who can help create such safe sanctuaries.

Very few of us ever notice that we not only speak, but think, in English each and every day. If we are not aware of even this most basic behavior, then it is no surprise that the vast majority of us give no thought to our values and goals.(2)

Without realizing it we may continue to hold onto a perspective of ourselves as "victim" within various Life Areas: still living our lives from this impoverished position. To transform our selves into survivors in the fullest sense of the word in all the areas of our life, we must take the time to look at these issues. However, we cannot begin to listen to this part of ourselves, due to the daily distractions of our lives. Only by learning to become still can we in a wise fashion begin to challenge the past course of our lives. If chaos was at the root of our troubles in the past, then it surely cannot be a cure for the present. One proven tactic to accomplish this transformation is to make a point of being alone for a short while, of going on a retreat.

Retreats are best achieved when we keep them simple. For those of us who have difficulties with boundaries and co-dependency issues, this is an excellent way to explore such matters as we set limits and take care of ourselves. When you contemplate your time alone, plan realistically. If you

have not been alone for any extended period of time, try to avoid planning a trip to the mountains for a month. It is simply too much, too soon. Think in terms of a day or so. Also, try to set limits with what it is you want to do with this time. If you take anything with you at all, think about taking one book versus four; or one journal pad instead of three. The other option to consider for your time alone is to do nothing at all. As Thomas Merton noted, "Travel light! Travel fast! Travel far!"

With some creativity, you can begin to claim some of that same silence and solitude for yourself on a daily basis. Ultimately, the achievement of inner stillness is not found where you go, but in who you are becoming. As I said, this process can be pretty boring. Now my bedtime is usually around 8 PM. Living in the country without cable television makes this much easier. I usually get up around 4:30 AM. Often then, I do my readings, afterwards sitting for the morning meditations. Typically, it is then off to feed the birds and deer, or I go for a walk down to the creek. Kati and I eat breakfast and try to share an easy, relaxed meal. If I am really smart I do a bit of planning for the day. As goes the morning, so goes the rest of the day.

A helpful guide recently pointed out to me, "Those lessons in life which are most important cannot be taught, they can only be learned." Hopefully I am learning. *In time all things change. Nothing, no matter how horrible, lasts forever. This too shall pass.* If you are stubborn long enough, and do not give into despair, there is a peculiar faith to be found in the fact that healing is inevitable. MV

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(1) Sanders, Timothy L. *After the War is Over: Long-term Recovery Strategies for Adult Male Survivors of Childhood Abuse*. Chapter contribution to *Sexual Abuse Treatment: Special Populations*, edited by Hunter, Mic. Sage Publications, Newbury Park CA 1994.

(2) Winwood, Richard I. *Time Management: An Introduction to the Franklin System*. Franklin International Institute, Inc. Salt Lake City, UT 1990. (1-800-645-1776).

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## Consider the Children

I hear the screaming in my head,  
Is it really real?  
Or just a childhood memory,  
A legacy of "loving" parents  
Being alone can be by choice,  
Feeling that way another story.  
Does a child who has been beaten  
Or abused know what  
"LOVE" means?  
Sodomy by a father,  
Then again by a brother,  
Seduced by your older sister,  
Who can blame us for splitting?  
Integrated, I now have all the  
memories.  
But nobody listens to the  
unbelievable.  
Even siblings still keep the secrets  
That drove me to multiple  
personalities.  
Always it came back to a rage  
Stored away for so long.  
Released in bits and spurts,  
Finally taking another's life.  
But now, it is I who bears the guilt;  
Rather, me alone. I'm left with it.  
To live my days never forgetting  
How base a man can become.  
Perhaps "become" is wrong,  
Made and molded by the devil,  
Set loose in me by others  
And held in check too long.  
Think again, who would ever  
believe?  
Pillars of the community, joining  
all the clubs.  
Avid church-goers, it looked to all.  
What child would stand a chance?  
Integration is to me,  
The living of truth for a change.  
I thank GOD for His help,  
As HE is the only one who can.  
Away with the family secrets,  
Bring it out into the light.  
Don't worry what the world  
will think;  
Consider the poor children.

By William Reilly - 1993

## Legal Questions

Dear MV,

We have spent the last six months looking for legal representation. I have learned that people with "mental health issues" fall between the cracks in the U.S. legal system.

This situation came up because I needed to take a two-week disability leave from my job. After 18 months of doing the work of two people I was sent to a doctor who said I was suffering from severe nervous exhaustion due to long-term stress, and recommended no less than two weeks rest. (The doctor knows about our MPD and stated that this problem was due to work, not an MPD issue.)

Well, I took the disability leave and was fired seven days later. Before I was fired, I filed a Workers' Compensation claim. I was seen by the insurance company's doctor, and three months later was turned down for the Workers' Comp claim, because we have a pre-existing "mental health problem."

So I am stuck with Dr. bills I can't pay. Our disability claim is about to lapse and we can't afford the \$150 the doctor wants to see us and fill out the extension paperwork, because I'm still unable to work. I've tried to go on job interviews, but cannot fill out an application and tend to be violently ill for one or two days after an interview. I suspect that many of us now view work as dangerous. But I have to either get a lawyer and sue for our rights; get in to see our doctor, whom we can't afford; or find a job and try not to "lose it" out of fear. None of these options seem likely to manifest anytime soon.

I would appreciate any suggestions, or if you know anyone lobbying for the rights of "mental health patients", please put me in touch with them.

J.Michael

MV

## MVMC Corrections and ADS

The correct phone number for THE SIDRAN FOUNDATION is (410) 825-8888.

Our policy of offering free ads to survivors continues. These will be printed in issues of MV on a space-available basis, and will run in the next edition of *MANY VOICES/MULTIPLE CHOICES*. However, I'd like to caution those responding to these ads to contact the person providing them *before* sending money. We learned that the Survivor Bracelets offered by Christine Guyler in *MANY VOICES/MULTIPLE CHOICES* #2 have not been received by one who ordered them, but the check was cashed. We can't control this, so urge you to use caution in sending money to strangers.

A prisoner writes, "Are you tired of buying cards which have no personal touch? You can have an all hand-made card made for that special person in your life. Are you forgetful of others'

birthdays & special occasions? Let me be your memory. I also do home typing." Write Al Cunningham, PO Box E-22600 NSS-11, San Quentin, CA 94974. Or leave a message, evenings, (510) 881-1657.

**Sewing for Healing:** For therapists and clients, custom made 24" Inner Child dolls, also several other props used as aids for therapy work, designed with a therapist's consultation for specific uses in therapy. Will design props with your needs in mind. Also 6", 12" and 18" angels with gold halos and angel wings for spiritual healing. For more information or to place orders contact Suzanne, (708) 834-4403.

**Artist with MP** seeks to sell work. Most oils on canvas; some pastels and charcoals. Impressionist style reminiscent of Van Gogh. Write: L. Keenan, 4 Dunmoor Ct N., Hamilton Sq. NJ 08690. For slides or photographs, enclose SASE.

MV



# Recovering

By Rita M.

*Q: I would like to know the connection between getting migraine headaches and MPD. I seem to get them constantly, and I don't know whether they mean I should switch (am I blocking a switch?) or if I have switched. I seem to get them no matter what. I am on medication for the headaches, but nothing's working. Do you have any suggestions? — Judy*

A: Dear Judy,

I'm sure an MD could tell you all kinds of technical stuff about what is causing your headaches from a medical standpoint. Since I'm not a doctor, I'll by-pass that avenue. It is commonly known that people suffering from a Dissociative Disorder (of which MPD is one category) tend to have migraine-like headaches. Often, no physical cause is found for these headaches, but they can be, and often are, quite severe and debilitating. Medications sometimes help, often inconsistently even in the same person at the same dosage.

I believe that the migraine-like pain is a physical manifestation of the psychological conflict inherent in the person's abuse experiences. It may be the result of any number of factors. Here is a list of some processes that might be operating:

1) The pain may be the result of psychological attempts to block memory recovery, or attempts to block feelings about memory already known.

2) Attempts to block out cognitive information that blasts apart the person's lifelong "explanation" or interpretation of abusive events as normal. Example: A person hearing information (from any source) that the "spankings" he/she received regularly as a child were actually beatings/child abuse.

3) Attempt to suppress PTSD-like symptoms unknowingly triggered by a current experience. I'm thinking about someone who has little or no recall, who is not in therapy and actively working on abuse issues, etc. IE, it's easier to get a headache and avoid/have a plausible excuse for being incapacitated than to put things together that would be overwhelming. A headache is also more

acceptable than a panic attack, or some other behavior that might look off-the-wall to others (remember — DDNOS/MPD is about *hiding* and trying to look normal on the outside!)

4) Headaches may be about specific types of abuse, or specific incidents of abuse, or a particular perpetrator. A headache might mean (for a particular client) that he/she has an issue about mother that is coming into focus.

5) Similar to above — a headache may be a signal that "I'm being abused right now in the present". In other words, it may be a signal that I'm not in a safe situation, or that someone I trust isn't trustworthy.

6) A headache may announce that a flashback or memory recall is imminent.

7) A headache may announce that a switch from one alter personality to another is imminent, or that a switch is being blocked or prevented.

8) A headache may occur in therapy during what appears to be a general and innocuous discussion of issues — which is then a good clue that the discussion is resonating inside of the client and stirring up issues that are directly related to the client, but that the client (and maybe the therapist) had not previously suspected.

9) Headaches are not the only chronic symptom that DDNOS/MPD's experience. Gastrointestinal problems are also common, as well as back pain, leg pain, numbness and/or tingling in the hand and feet, trouble breathing, pelvic pain and pelvic/gynecological problems.

Generally, when a client brings a physical problem into the session, or experiences physical sensations as described about in the session, I focus on that. I don't say, "Gee, you have a flashback coming up." Instead, I ask the client to pay attention to the pain, to the part of the body that is experiencing it — describe it to me — what does it feel like, what kind of pain, etc. I often ask, "What is your body trying to tell you?" This has been very helpful, because it allows the person to explore the pain, get a sense of the size of it, the color, texture, intensity, shape, scope, dimension etc. Even someone who has headaches can

notice that they often differ from each other, and that these differences are clues, too. Exploring a physical manifestation of the psychic pain does not have to yield repressed material! I find that it helps the person understand their own internal process better. There is more to the therapeutic process than digging up memory about abuse. It's about learning to understand who you are, how you dealt with life back then, how you deal with it now, how you manage (or don't manage) relationships now, your trust level with others (or lack thereof). It may even be about the therapeutic relationship! Each physical symptom needs to be addressed and explored individually — and this is part of the therapeutic process.

I often think of the therapeutic process as the client and therapist as partners trying to solve a mystery, or put together a thousand-piece puzzle. You have to sort through what you know, what you don't know, what you have, but don't understand — start with what makes sense and try to put together the pieces that truly fit. I've actually worked on large puzzles while on vacation (with other people) — and we all approach the task differently. We all sort the pieces differently. The edge pieces are all flat on one side, so they are relatively easy. One can sort pieces by color, by line markings, by looking at the picture on the box, etc. We had one puzzle last summer that turned out to be incredibly difficult — it had a lot of the same colors and textures throughout the puzzle. A lot of the color was *black*. In order to finish it, my friend of many years finally got methodical about it. She took one piece at a time and tried it in every position. If it didn't fit anywhere, she set it aside. Little by little, she was able to fit the remaining pieces together until they were all in.

The lesson is: *patience*. Make sure the pieces actually go together. Anyone who has done real puzzles knows sometimes pieces *seem* to fit together, but they don't. And, don't tear off part of the piece in order to *make* it fit! Be respectful of your own pieces. They make up the picture. Value yourself as a whole being, and therapy will have a successful conclusion.

MV

Rita M. is a Licensed Independent Social Worker and Certified Alcoholism Counselor (LISW,CAC), and is also a recovering MPD client. She functions at a very high level (after much therapy) and is "integrated". MANY VOICES is pleased to have her help us provide the special viewpoint of a recovering, knowledgeable, MPD client/therapist. Readers may send questions to Rita c/o MANY VOICES. We'll use as many as possible. — LW

## Resources

A healing video, *Pilgrim Dancer*, for survivors of abuse, adult children of alcoholics, and counselors, is available from Sister Ave Clark, OP, author of *Lights in the Darkness*. \$29.95 plus \$3 postage from Resurrection Press, 186 Wardwell Rd. Mineola, NY 11501, 1-800-89-BOOKS.

*Women & Recovery*, a quarterly magazine for women confronting physical, emotional, or spiritual challenges is available at your local women's bookstore, or from PO Box 161775, Cupertino CA 95016.

If you enjoyed February's Therapist Page on parenting, a professional paper on the subject, *Perspectives on Parenting*, is available from Robert Benjamin MD, Northwestern Institute of Psychiatry, 450 Bethlehem Pike, Fort Washington PA 19034.

The 1994 MARCH FOR THE CHILDREN will be held at Grant Park, (Lincoln Memorial Area) in Chicago, July 23, 1994. Kitty Kruse, national chair, asks all survivors, concerned citizens and protective parents to take a public stand and speak out loudly against child sexual abuse. Information and MARCH FOR THE CHILDREN buttons (\$1) and bumper stickers (\$2) can be ordered by sending a long self-addressed stamped envelope to Kitty Kruse, 313 Bon Aire, Iowa City IA 52240.

The T.H.J. Company is a non-profit organization formed to raise money to fight child abuse. For a free brochure on their products send a stamped self-addressed envelope to 6044 Grandview, Merriam, KS 66202.

A new German newsletter for MPD/DD is being produced, titled *Matrioshka*. Subscription rates are DM 20 inside Germany, DM 28 in Europe, and DM 28 (shipment) or DM 48 (airmail) outside Europe. Payment only in Deutsch Marks. Write to Matrioshka, Postfach 10 26 05, D-34026 Kassel, Germany.

Innermotion is an incest survivor dance theatre company, founded by Sharon Daugherty, MS, incest survivor, dancer and therapist. The volunteer dancers provide public awareness, education and express their recovery experience. For more information write to PO Box 030232, Fort Lauderdale, FL 33303 or call (305) 537-0636.

Support groups of various kinds are offered by Marcie Mittler, M.Ed., of One Arnold Circle, Cambridge MA 02139. Call (617) 497-5283 for information.

A therapist-led support group is meeting in New York City. Contact Deborah Feller, ACSW (212) 979-2979.

## A Male Alter Speaks Out

I may not be male in body, but in my mind I am fully male. Bless God, I have a male therapist and case manager. They are my male support system. Over half of us are men in this female's body. Mother wanted a son and preached rape, rape, rape from before birth. When we were very young we had confused sexuality.

I know men with MPD. They have the same problems a female does. We have always wanted men for friends, in school, at home, at work, etc. We'd rather spend our hours with men. We are often mistaken for gay because we look male in action and walk most of the time. Why? Male internals are often out to function.

Many females hate us. They don't understand how we can relate to their men so well.

Our ex-husband also had MPD. He wanted women around. He couldn't relate to men in his confusion. So we understand how a body is a trap, or a place to be. But gender of that body isn't the important part. It's the human inside.

We still prefer men for friends, but can now like and tolerate women for friends. That is more than we could do a year ago.

By Mr. C.

MV



## Getting Better: Graduating from Therapy

By Stacy Joy

**G**raduating from therapy is an interesting topic. We began therapy in 1985 for abusing our kids. When we began, we told our self, "Look, we won't be in therapy forever, so be ready for the day you don't have a therapist to count on."

Well, nearly 9 years later we are now in very intense therapy for our multiple personalities. We still see a day when we will graduate, and it scares us to death. How will we know it's time, etc?

We still have crises and flashbacks a lot. We also have become more aware of our blackouts. That might seem to be going backwards to many of you, but we see it as progress. By becoming more aware of blackouts I learn what triggers them, and use that as a topic in therapy. I journal for my therapist every day so I won't forget or block the painful things behind.

We know this brings us closer to our

most fear-full day, the day we have to break off with our current therapist. We all respect him. The kids and many adults adore him, but mostly we trust him. Even the guys inside, who don't really like him.

We want to get well and graduate. We've been seeing this therapist for four years now...a long-term trust relationship that will hurt to lose. We have a bond of love and trust, but the goal is to get us well. We want to get well. Thus, in all the years we have been in therapy, we have never missed an appointment except to hospitalizations. We are *dedicated* to getting well.

We don't honestly know when we will be ready to "graduate". We have an internal clock that tells us when it's time to take the next step—another topic in therapy, a harder topic, a risk topic. When we take those steps we

know we are growing and coming closer to graduation day. We hate to think of no more therapist; We know this transition will be eased by God's love, because we counsel with a pastor and we bring God into every therapy session. It hurts to think of not seeing this big, strong, tall, pastor. Yet life flows and time passes. We have many more sessions to go, but one day we will have to fly from the nest and try to make it on our own. We know if we crash or have a too difficult time adjusting to not having my therapist, he will be there for us to fall back on, all in God's love and guidance. When we began to see him in 1989 we needed to find a grounding point. We chose the Bible. In the end it will be our take-off-point on Graduation Day.

MV

## My Daily Affirmation

By Dave B.

**I** am still very frightened and anxious to think that I have others inside of me. I try to deny it but I know it is much more beneficial to accept it and get on with my life.

*This sickness is just a coping mechanism, Dave — It worked very well, like sneezing when you have a cold.*

*When you blow it hurts but the relief and knowledge that you are getting better each time is worth it. That is how pain works.*

The walls and amnesia are not working any longer. All of the memories are crashing in on me all the time. The figures of people and animals. The dark hideous and cunning beings are harassing me to no end.

They are trying to rip my being apart. They do not want the change. They want everything to remain the same.

Change nothing or you will die is the command.

If I have no control or vision of my true destiny they will surely win. And we will all die.

I plan to use all of my will and soul to overcome these impetuous creatures of habits. I will help you all emerge and exist in a different way.

Show me what you like to do and we will find a way to have fun and be happy. We can be destructive and angry. We can hate and hide. We can do whatever we need to.

I am the parent though and I will set your limits. I need you all to cry and laugh and talk and feel so we can be together. I need to learn new coping skills. And I need all your help to do this.

I thank you so much for allowing me to sleep, to relax and breathe the fine air, to show me healthier ways to live.

I thank you for teaching me to exercise and expand my mind. To love nature and animals and people.

I thank God for all of you who helped me have my rage, anger, hatred—for here I have learned my deepest darkest thoughts of survival.

You have kept me sane and together because you took the pain instead of me. For that I thank you forever. I love you all.

I want all of you to have fun and relax, to enjoy our work, to love each day and cherish each moment, to touch God and the universe. I need your help to do this.

We all want to touch our beginning. We want all the memories to return. And together we can embrace and kiss and play and hold hands and return each day to enjoy the days and to plan the new day.

The horror was horrible. But remember, we survived. We made good out of bad. Let's become a part of the universe now and get closer to God.

MV

# Progress, Growth and Change

By CL & C

**W**hile reading the holiday cards and letters I received this past Christmas, I found myself obsessively focusing on the realization that progress, growth, and change (PG&C) in the lives of others seemed to be measured or defined in ways I couldn't even relate to. They spoke of new jobs, babies, family gatherings, vacations, new homes. This left us feeling so extremely isolated and "different", caught up in a whirlwind of emotions. I wondered if other survivors could relate to and appreciate these feelings consuming me.

My definition of PG&C has drastically changed in the past few years since my recovery began. Where previously, news of homes, dreams of children, and new friendships once measured my life, now my daily, even moment-to-moment struggle to recover and simply stay alive seemed to alter my measurement to a matter of numbers. For example, two years ago brought *sixty-five* hospital days, *nine* suicide attempts, *four* 5150's (two that were extended to 5250's), *one* lost job, *twenty to thirty* cutting self-mutilating episodes (too many to count accurately, but many requiring numerous stitches), *five* canceled therapy sessions, *ten to fifteen* programmed contacts to the father and cult members (actual numbers unknown as co-consciousness to host and "light" side was null at that point in therapy), *two* High feast rituals attended (again unknown at the time to conscious system), and finally *one* therapist change (which almost became two when she had the audacity to suggest that I had MPD.)

The following year brought improvement: *Forty-five* hospital days, *six* suicide attempts, *ten to twenty-five* cutting, self-mutilating episodes (still too many to accurately count, but fewer requiring stitches), *two* 5150's (and no extensions to 5250's), *zero* lost jobs (now I was on disability). *Three* canceled therapy

sessions. *Five to ten* contacts to the father and cult (fewer due to communication within the system to report, and help with programmed contact dates), *One* High feast ritual attended (and *final* one, I may now add), *one* cult attack and rape/beatings as a warning of betrayal and final attempt to reprogram, (which happened when we were not ready and caught off guard), and *one* final therapist change (following an unsuccessful attempt by programmed alters to return us to our home state.)

In the last few years, while living and survival became our whole life, PG&C meant simply numbers. The less the chaos, hospital stays, suicide attempts, cult contacts and harassments, the more of a life we had to speak of.

It wasn't until our work with Rose, our present therapist, that our vision became clearer. Since working with her, we have learned that *real* PG&C means much more than fewer chaotic and life-threatening events. Now as we grow stronger and more determined, we have begun to reassess our mode of life-measurement to consider both the quality and quantity of life. Last year, "the proof is in the pudding": we had only *eight* hospital days, *one* suicide attempt, *zero* canceled sessions, *two* mild cutting episodes, *zero* contacts to the father or cult, and *zero* rituals attended (although the stalking and harassment increased, but even then, we fought back and will continue to until they finally get the message that we are not theirs and never will be again!)

Often, it was the children who were brave enough to journey out first. Before we met Rose, trust was not even an option. Gradually, ever-so-cautiously, we began to trust Rose and eventually began to trust those within our own system. Rose offered all of us unconditional love, even those who were hateful, vulgar, and downright mean to her. She saw and heard the pain and fear, not personal hate, and she helped us

discover we could trust her with the intensity of our emotions and she wouldn't run from us.

Her willingness to believe in us helped us to have faith that all hope was not lost, just enveloped in fear.

We have countless memories of being hung and beaten while they chanted over and over, "no believers, no believers, no believers" and we repeated and believed, no believers! We know now that they lied. *The perpetrators lied! Rose believes us, really believes us, and she helped Christ (the host) to believe us too. Now we have cautiously taken chances in safe relationships and found others who believe us too.*

Rose continues to help us change our concept of love. When she first used that word in any context, we hated her, feared her and told her we would never come back if she ever spoke of it again, especially to say she loved us. We knew how very terrifying and horrible love was and she wasn't going to love us, not in this life time! In time—and I mean lots of time—she helped us to see that love wasn't always pain, humiliation, manipulation, betrayal, pretending for the sake of show, or lies, as we understood it. Gradually she showed us love in ways that first seemed very frightening and confusing. But deep down somewhere, perhaps in our hearts, we felt comforted and safe. She showed us that love was being held with no bad touch, being read to, listened to, believed in, not having to take your clothes off, having your hair stroked gently, being able to say "No" and "stop" without punishment or death.

Then one day she took out a white Kleenex and said that it was black. And when we said that it was white, she said, "NO, it is black, say it is black." It really scared us for a moment but she quickly said she knew it was white and wanted us to remember how that made us feel. She helped us to see at that moment how bad people could

(Continued on page 13)

PG&C, cont'd.

tell us lies and scare us into believing anything they said with their threats of torture and death, even if they said black was white.

Every day we learn more about safety as we gradually go out and associate with other people. We learn there are people who may tell lies. And we will also meet people we can learn to trust and care about.

Rose is teaching us to help ourselves, which is her greatest lesson. She taught us to communicate with each other, to find and aid one another, to not fear one another, and to work as a team, not as enemies. She has helped the strong get stronger and search out and help protect the weak. Now we build safe places and keep the most fragile among us safe on frightening days and holidays. We listen all the time and have set up systems to warn of suicidal or hurting or destructive ones among us. We work together, and we can't learn anything more valuable, because she taught us to do it for ourselves and not just wait for her to save us. We have a long way to go, and many haven't learned and joined us yet, but we don't give up on them and hate them and fear them anymore...we just know their fear because we were scared, too.

Lastly, she is teaching us that we can get all the hurt, anger and pain out of the body not with blood and death, but with tears, screams, kicks, moans, yelling, and even hugs.

So we hope that you can see from the voices of the many, we gained much in 1993. Rose reminded us in a card she gave us, "We will win — No, we have won. Because we are resilient soldiers, persevering, trusting when trust should be gone and loving against all odds."

That is Progress, Growth and Change.

*Ed note: This song is by Neil B., who says he writes lots of songs, and plays bass in a rock group. For those of you who play guitar, the chords are as follows:*

VERSE: |D7|Am|F|D7| x 4                      END: |G7|Am|D|  
 CHORUS: |G7|Am|D| x 2                      |G7|Am|F|D|  
           |G|A|F|D|                                |G7|Am|D|  
           |G|A|D| x 2

### I'm Gonna Win

© 1993 by Neil B.

Verse:

Doesn't really matter what I do.  
 Doesn't really matter what I say.  
 Doesn't really matter where I go  
 'Cause I'm going all the way.

Ain't no way you're going to  
 stop me now  
 Cause I'm gonna go there.  
 Takin' it up to the top  
 Even if nobody cares.

Chorus:

I know where I'm going  
 I know where I've been  
 You can walk away from me  
 It won't stop me now  
 'Cause I'm gonna win  
 Yes I'm gonna win!

End: Yes I'm gonna win!



# 100 Strengths I Have

By Kathy's Group of People with MPD

**H**i! We're a group with MPD. Our therapist, Kathy, runs groups focusing on the expressive, interacting, and strong qualities in her clients. We do exercises that are fun, require teamwork, or remind us of non-verbal, perhaps overlooked, aspects in ourselves.

Recently Kathy brought in an exercise from the book *Journal To the Self* by Kathleen Adams, M.A. Kathy challenged us to brainstorm 100 positive qualities we could see in ourselves and those with MPD. We began uncertain there would be ten; but 100 came, and we had more. We know having MPD is not positive. But we, as people, have a lot of strength and goodness, plus 98 other things.

To play the game, Kathy followed these rules: Each person holds a paper numbered 1-10. The group calls out 10 positive qualities in those with MPD. One member at a time fills his/her ten slots. There is no editing of ideas. They are written the way they are called out. Repetitions are Okay. Everyone gets a chance to both call out and record ideas.

There is so much that's hard about having MPD. The therapy is often both painful and difficult. We forget we aren't so unlike "normal" people. This exercise was fun, uplifting, surprising, and taught me, primarily, the strengths I have aren't "MPD". They are *human*. I get to keep them, all of my life.

Submitted by Kimberly B.

1. An affinity for animals
2. A protectiveness of others
3. Broad life experiences
4. High tolerance for pain
5. More coping skills
6. Incredibly polite!
7. Willing to oblige other people
8. Investigative skills
9. Good bullshit indicators
10. Connecting skills
11. Able to handle pressure
12. Block out distracting or hard stuff
13. Many talents
14. Many interests
15. Lots of different clothes.
16. Different hair dos!
17. Different hair colors!
18. Different attitudes towards things, perspectives
19. Being able to figure out people easily
20. Self-adjusting & monitoring — no batteries required
21. Stamina
22. Learn not to care so much what other people think
23. Protective of others
24. Sympathetic
25. Empathic
26. Lovable
27. Spiritual; sense of hope and faith
28. Realize life isn't black and white
29. Ability to deeply feel
30. Ability to perceive more around us
31. Outsmarted our abusers
32. Don't take things for granted
33. Get to feel & know different moods
34. Lots of patience
35. Our own inner family
36. Knowing when to be scared
37. Being street-wise
38. Look younger for our age
39. Great and deep caring for others
40. Have others with MPD as friends
41. Made it alive!
42. Alive inside
43. Learning new things
44. Wise
45. Dentist visits dissociated!
46. Have alters inside to call for help
47. Ability to find safe places
48. Knowing ourselves really well
49. Get to play like a child
50. Get group rates
51. Never alone
52. Know a lot about staying alert
53. Safe from enemies
54. Aren't blind to the underworld
55. Get to be many ages!
56. Fighters
57. Are "all the rage" on TV these days
58. Have multi-faceted personalities
59. Survival Skills
60. Always someone to talk to
61. Dissociation can be used for good
62. Sane!
63. Self-healing abilities
64. Lots of outside people work to help us
65. Complex people
66. Understand other multiples
67. Pleasured by simple things
68. Inner friends
69. Variety
70. Hold on to the kid in us
71. Able to handle a wide range of situations
72. Have our own world
73. Creative
74. Look young for our body age
75. Savvy
76. Courageous
77. Hard Workers
78. Deep sense of things Reflective
79. Sense of humor
80. Strong defenses
81. Alter can relieve each other from hard things, fatigue
82. Being spontaneous
83. Unpredictable — Full of surprises
84. Feeling the difference in genders inside
85. Enjoy many things
86. Changing psychiatry and the social view of abuse and the mind
87. Sensitive
88. Willing to risk
89. Accepting of others
90. An innocence and naivete
91. Strong desire for love. Life. Wellness
92. Smart
93. Intuitive
94. Have energy & power from our anger
95. Learn to think for ourselves
96. Get to buy and hold stuffed animals!
97. Sense of justice
98. Chutzpah!
99. Capable of multiple orgasms
100. Change agents
101. Fierce hold on life.

## Conferences

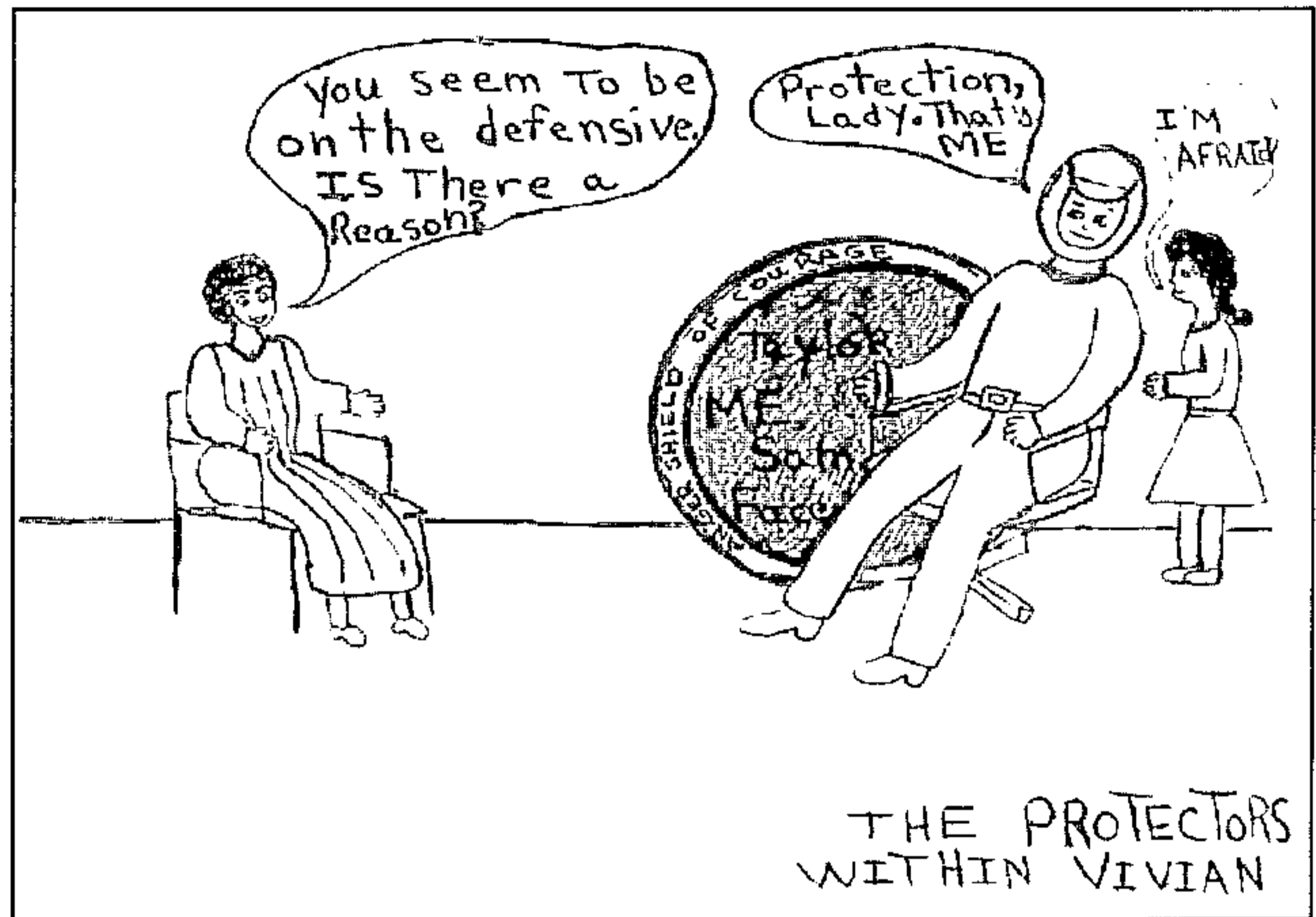
April 14-17, *Sex, Power & Relationships. 7th Annual Western Clinical Conf. on MPD.* Red Lion Hotel. Costa Mesa CA. (718) 978-0895.

April 30 & May 1. *2nd Annual Meeting of the Coalition for Accuracy about Abuse.* Hotel Sofitel Chicago (near O'Hare Airport). Contact The Coalition, 1310 Clinic Drive, Tyler, TX 75701.

May 5-7, *Accentuate the Practical. 4th Annual Spring Conference of the ISSMP&D.* Hyatt Regency Hotel, Vancouver, BC, Canada. Info, call (708) 966-4322.

June 9-14, *Sixth Annual Eastern Regional Conference on Abuse & Multiple Personality.* For professionals. Alexandria VA. Call 1-800-934-3724 for information.

June 10-12, *Ritual Child Abuse: Disclosures in the '80s, Backlash in the '90s.* Sponsored by Believe the Children. Arlington Park Hilton, Arlington Heights, IL. Info, call (708) 515-5432.



## Research Q's

As input for a future conference presentation, I'd like to ask MV readers to tell me what kinds of "homework" initiated by your therapist have proved interesting or productive. Please include your permission to publish the suggestions (anonymously, of course.)

Also, our "Recovering" writer, Rita M., would like to know if you have retrieved *pleasant* memories in the course of therapy. What triggers them? Are they different from abuse flashbacks? Have you validated them? You can answer these questions for Rita, c/o MANY VOICES, and we'll forward replies to her.

Thanks very much for your help in explaining your experience to others, and assisting their healing process. - LW

## Books

### The Way of the Journal

By Kathleen Adams, M.A. © 1993 by The Sidran Press. 2328 West Joppa Rd. Suite 15, Lutherville MD 21093. \$15.95 + \$4 shipping. 79 pages. 8-1/2" x 11" softback.

Kathleen Adams, a journal therapist who has worked extensively with trauma survivors, has published a journal workbook which presents ten journal writing techniques. The skills are developed on a continuum from structured and contained methods to free writing.

The writing exercises are designed to assist people with PTSD, dissociative disorders, and others in pain who wish to use journal therapy for healing. Adams also includes ten reasons to keep a journal, books/resources, and journal therapy interventions for common clinical situations.

We found several suggestions in the sections on "Getting Ready to Write",

and "Structure, Containment, Pacing: Three Vital Journal Tools" helpful. Several of our younger alters were able to express themselves by writing sentence stems. We found a creative way to express ourselves by writing AlphaPoems using the first letters of our names.

The "Feelings Worksheet" gave several options for expressing, defining, exploring, and representing feelings in a contained, structured manner. Sometimes the more unstructured methods of poetry and dialogue were too open, and we needed the boundaries provided by clustering and lists.

Adams designed this workbook so all the exercises can be completed in 30 minutes a day over a two-week period. We found the time was well spent, and we discovered more ways to use our journal.

By AV

### How the Princess Returned Color to Her Kingdom

Story © 1993 by Harriet Trenholm. Illustrations © 1993 by Natalie Hale. Published by Inner Children at Play, PO Box 396, Kingston NJ 08528. \$13.95 + 1.05 shipping. 60 pgs. softback.

A recovery Fairy Tale, written especially for survivors of childhood abuse.

It is designed to be a coloring book, with open, flowing illustrations that mingle with the story of a brave little girl, menaced by wizards, who finally overcomes their spell and saves the kingdom.

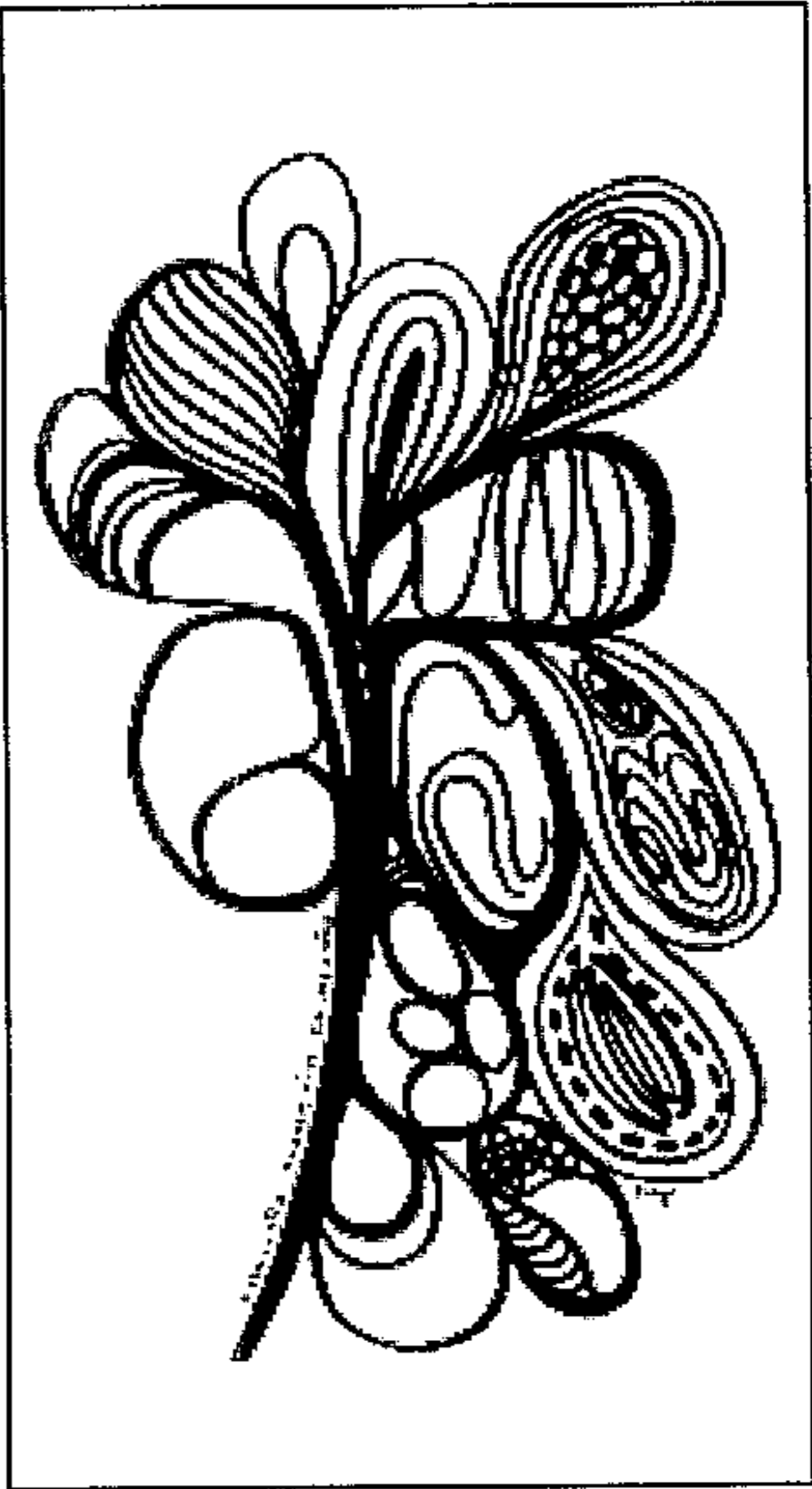
"Princess" teaches a lesson of healing, using simple symbolism ("Sphere of Joy" "Sphere of Malice") while allowing readers to express their creative energies and emotions on its pages.

By Priscilla

MV

### Please Don't Stop!

Keep sending us your wonderful prose, poetry, and artwork!  
 We are *always* interested in your ideas on themes and non-themes, for now and the future.  
*YOU are the reason Many Voices helps so many people.*  
*Thank you! - LW*



#### June 1994

Healing from Multiple Problems: DD and alcohol, eating disorder, other addictions; legal/criminal justice system; What do you do first? How is therapy different? ART: How you picture your healthier future life. DEADLINE: April 1, 1994.

#### October 1994

Creating your own healthy circle. Developing social skills. Groups for therapy &/or support. Meeting peers (How To, risks, rules for safety etc.) Penpal pros & cons. ART: Socializing with outsiders. DEADLINE: August 1, 1994.

#### August 1994

Funniest (or strangest) things that have happened in therapy for dissociation. Light-reading suggestions & kids' books. ART: cartoons and drawings of unusual occurrences in therapy. DEADLINE: June 1, 1994.

#### December 1994

Double-topic issue: Dealing with the health-care system (insurance, medical doctors/dentists, social service agencies.) ALSO: Reducing dissociation in stressful situations. ART: A gift you'd like to give yourself, a friend, or the world. DEADLINE: October 1, 1994.

### 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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