

# MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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*In this issue:*

## **Beginning Therapy: What to expect** *Readers share their Healing Experiences*

### *Thoughts*

By Legion for Chris

Time lines overlapping;  
Thoughts crisscrossing and dreams  
merging

Planes of existence caressing each  
other...

This is how he feels.

A mind so scattered by thoughts of  
abuse;

Dreams so haunted and disruptive  
that no rest is obtained;

Tears come and are shed, yet his  
face remains dry and unstreaked;

Anger builds and is released, yet no  
explosion is heard;

A tiny voice cries out in pain, in fear,  
yet no sound is heard...

This is how he feels, yet no feelings  
are felt.

A heart that bleeds pure fire, yet  
veins run cold as ice;

A soul that shines the light of a  
thousand suns, yet is as dark as a  
black hole;

A mind that comprehends much of  
the world, yet no knowledge is  
obtained;

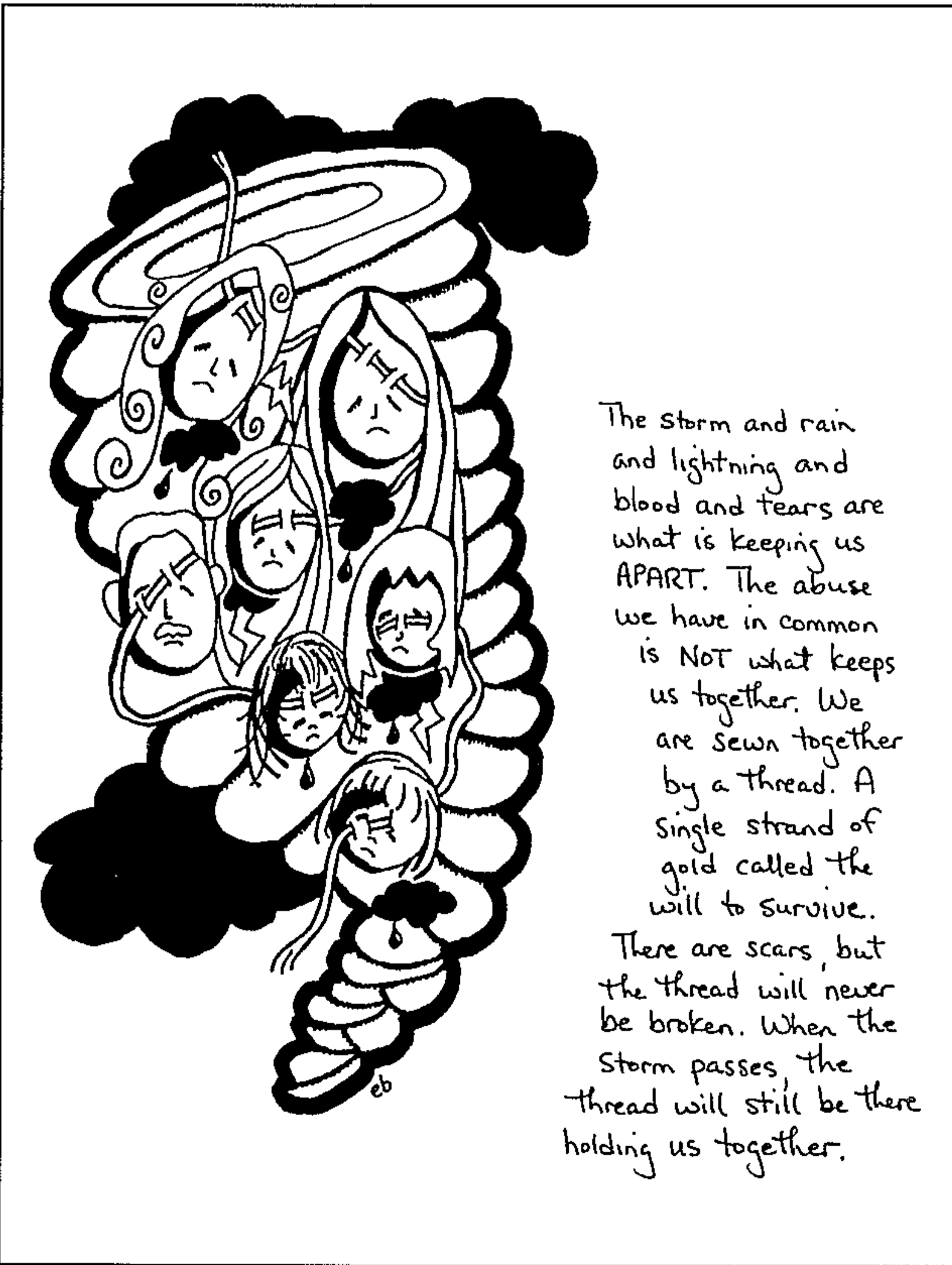
Eyes that can see much in a  
person's heart, yet sees nothing at all;

This is how he feels...

Beauty seen in everything,  
everywhere, yet only ugliness is found;

A desire to love, yet not fulfilled out  
of fear to be loved;

These are the things he feels the  
most...



The storm and rain  
and lightning and  
blood and tears are  
what is keeping us  
APART. The abuse  
we have in common  
is NOT what keeps  
us together. We  
are sewn together  
by a thread. A  
single strand of  
gold called the  
will to survive.  
There are scars, but  
the thread will never  
be broken. When the  
storm passes, the  
thread will still be there  
holding us together.

**MV**

# Glossary

*The following words or acronyms are frequently found in MANY VOICES and other publications discussing treatment of dissociation. Here is our layperson's interpretation...and for more accurate, indepth answers, ask your therapist. (For more details on diagnostic terms, please refer to the DSM-IV in the health or science department of your library.)*

**ABREACTION:** The reliving of a traumatic experience, preferably with a therapist present. The therapist helps a person with DD connect emotional and physical feelings and thoughts during the abreactive process. Carefully controlled abreactions, or even fragments processed individually, allow healing. Uncontrolled abreactions, or "flashbacks" and reliving pain, are not intrinsically healing, and can be very damaging. One of the goals of therapy for DD is to bring flashbacks and uncontrolled abreactions under control.

**ALTER or ALTERNATE PERSONALITY:** A sometimes-useful term for the various fragmented identities of a person who chronically dissociates. Some people identify them by names or ages (Sue, Tom, Baby) or functions (the Writer, the Supermom). Others refer to these different-feeling aspects of self as parts, pieces, team-members, etc. The entire self (all alters) is frequently referred to as The System, while certain categories are commonly lumped together with group names: (the Teens, the Little Kids). The shorthand ISH (Inner Self Helper) is a term often used for the wisest aspect of self, which may show considerable compassion and common sense in helping the whole person heal.

**DISSOCIATION:** An unconscious process that separates an experience into various segments, often with amnesic barriers between. (The right hand doesn't know what the left hand is doing.) Dissociation can be as harmless as "trancing out" while driving (and thus missing the freeway exit) or as serious as injuring oneself without full awareness of what is happening or why. Dissociation is one way to avoid fully experiencing or remembering severe pain, sexual or physical abuse, extensive emotional neglect or other kinds of trauma. It is not a "disorder" to distance oneself by dissociating when the situation or environment is overwhelming and

awful, and you are not able to "escape" any other way. In such stress-filled situations, dissociating can preserve life.

**DISSOCIATIVE DISORDERS:** A group of psychiatric diagnoses described fully in the DSM-IV. They are the (largely unpleasant) result of using the coping mechanism of dissociation habitually, long after the urgent need to dissociate (typically caused by a stress-filled environment) has passed. People who use dissociation regularly to cope with all sorts of stressors probably will want to expand their range of coping mechanisms. Dissociative Disorders are often said to be on a continuum, from mild to severe. **DDNOS (Dissociative Disorder Not Otherwise Specified)** seems to have fewer severe life-affects than, say, DID (described below) but no Dissociative Disorder can be considered "amusing" or "fun." There's not much point in seeking a DD diagnosis for the sake of attention. Since the 1980s, it's been too commonly diagnosed to assure one of a sure-ticket as a talk show guest. Most people loathe the problems brought on by DD (lost time, confused and/or abusive relationships, work problems, self-injury, suicidal thoughts or acts, etc.) It takes most people years of serious work with a good therapist to surmount the problems of a full-blown dissociative disorder, and there are many pitfalls along the way.

**DID** (or, for punctuation purists - which Lynn W. is not — **D.I.D.**): Short for **Dissociative Identity Disorder**. This could be called the Last Outpost on the Dissociation Continuum, with the thickest amnesiac barriers...but within DID itself there are many levels of functioning. One thing to remember...anyone who is *recovering* from a dissociative disorder is going to see the symptom-clusters *change*. So a person who starts out at one point on the continuum will, with good treatment, move back from the far end toward a more "normal" state. Your

therapist can best explain the differences in diagnostic categories. The symptoms under this heading in DSM-IV were previously known as Multiple Personality Disorder, or MPD. Some people still use the terms interchangeably, and we use both terms in *MANY VOICES*, though our preference is to use DID.

**CO-CONSCIOUSNESS:** A desirable step along the way to resolving amnesia, which is possibly the most frustrating aspect of dissociation. It is always a plus to know (throughout The System) exactly what is going on at all times. A person (or a few alters within the System) are co-conscious when knowledge or awareness (of past or present events) is shared. Co-consciousness is enhanced by methods such as journalling by each alter, or creating visualizations such as inside intercoms or public address systems.

**COOPERATION:** Another desirable step, where various parts, alters etc. learn to work together for the common good of the System or the whole person...rather than fighting internally, attacking each other, or generally causing havoc inside or out. Some people are comfortable having reached this state, and choose this as their ultimate goal. Others prefer to work toward full Integration.

**PTSD or Post-Traumatic Stress Disorder:** Best known as the problem suffered by many Vietnam veterans, who uncontrollably "relive" past horrible experiences in the form of "flashbacks." It is listed separately from Dissociative Disorders in DSM-IV, but many people who have suffered severe childhood trauma are diagnosed with chronic PTSD.

**NORMAL:** OK, it's not easily defined, but as the judge said about pornography, "I know it when I see it." One of these days I hope to see "normal" in the mirror! *MANY VOICES* wishes all of you the same experience!

*Continued on Page 3*

*Glossary, Cont'd.*

**INTEGRATION:** At this stage of recovery, the person can be honestly referred to as "formerly-dissociative." Dissociation is no longer used as a habitual coping mechanism, and inner amnesiac barriers are erased, so the person feels whole inside, not as if there are separate parts. Energy is used in a focused, unified fashion. People report being "quiet inside." The integrated person is free to be relaxed, productive, and creative since there is no longer some inner secret to keep or barrier to maintain. Integration is not an instant exercise. It begins with the first steps toward co-consciousness and proceeds at the pace best-suited for the person involved...generally requiring a few years. Sometimes various parts merge in the therapist's office, but often this happens spontaneously, at home or in a comfortable setting, when the time is right. Sometimes there is a dramatic, even unsettling change. Other times, a person just sort of glides into a healthier life without fanfare. Forced integration doesn't seem to work very well. Rushing the process may cause needless problems. Even in the best therapy, parts are likely to join and then come apart several times before the process "takes" for good, and alters are fully merged into a whole person. Post-integration therapy helps one "catch up" with missed developmental skills.

**MV**

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

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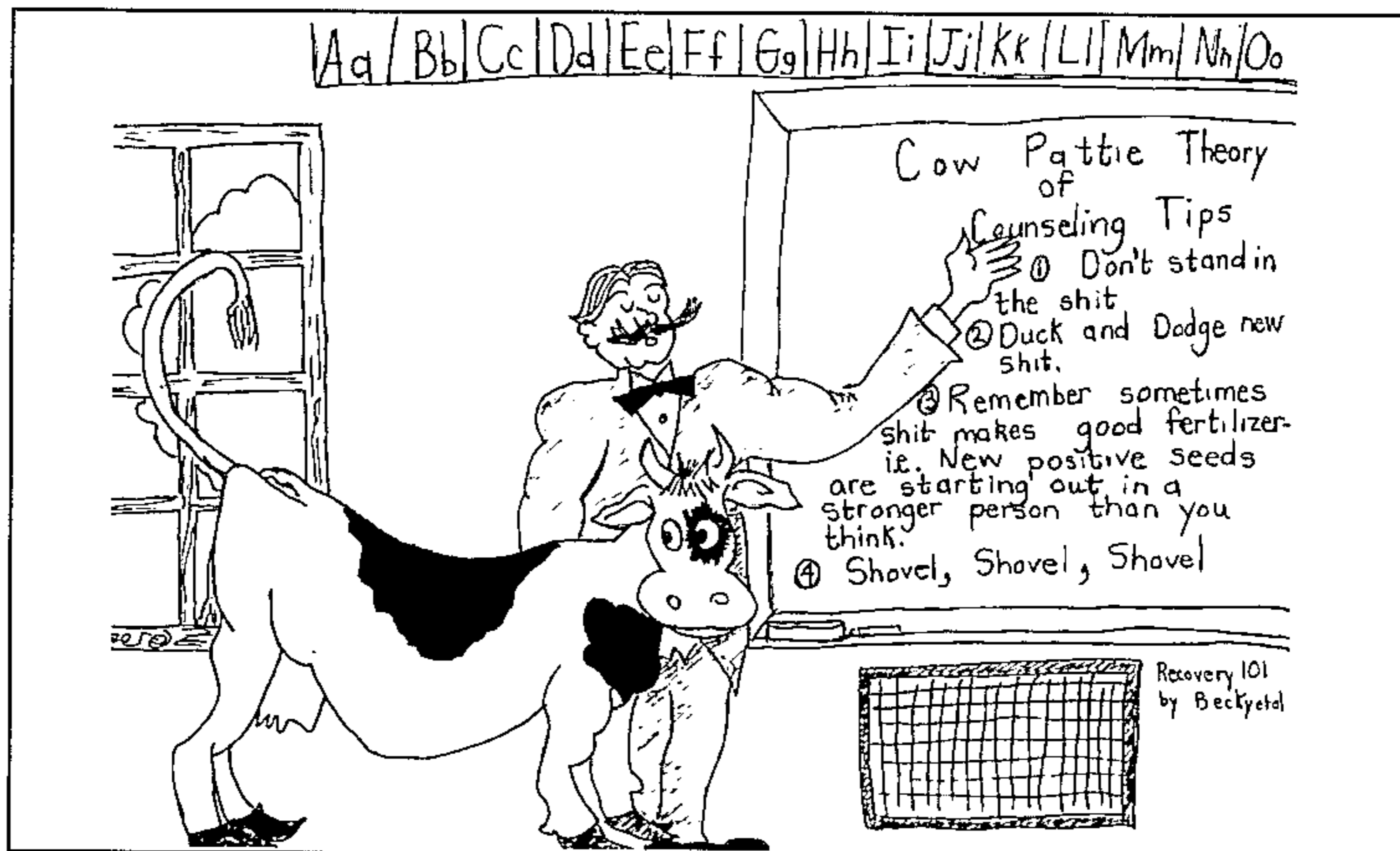


**NATIONAL TREATMENT CENTER for TRAUMATIC & DISSOCIATIVE DISORDERS**  
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Recovery 101  
 by Beckyetal

# Therapy from the Client's Point of View

"I have to get away from these *parts things*! They are foreigners, aliens, out to wreck my life and drive me insane!"

Constant internal warfare was my state of being for the first two years of recovery. Gnashing teeth chewed people up and spit them out in explosive, obsessive rage. My helpless little parts got into deep, serious, "kimchee," and we landed in the hospital more than once. The teenagers and young adults went running underground to escape through mood-altering substances. (I like to think they outgrew that, yet I know they want to please the therapist.) Despondent, I could barely function. *What light at the end of what tunnel?* I didn't want to *be* here. Reaching my current level of acceptance took two-and-a-half years. I've been in therapy for three.

All this to say, "If I can give you hope that the chaos *will* end, my journey will be a blessing. In faith and hope, please be encouraged to make the commitment to heal because (a) you deserve it, and (b) it's worth it!"

By Ame



I have always had the terrible dread that someone would invalidate my memories, and now I realize that much of my fears over "lying" have to do with the fact that my/The Father *did* call me a liar a lot. I didn't know I had *others* (how many of us *did* know?) so I would deny things. The first memory I have over the issue of "You did it" "No, I didn't!" was when I was very little: I had "come to" to find Father accusing me of breaking the lamp that was now lying shattered on the floor. We were standing next to it (and now I know "I" did it, it was Angel!) and he (Father) was saying "How can you stand there and say you didn't do it?" I was feeling, "How can he stand there and say I did it?" *My brain showed me no scenes of me breaking it! How could I have, if I couldn't even remember doing it...and only a minute ago, too?*

I think this memory is so important to me because it is symbolic of the realization I was having then that "This is Your Life"...and I was terrified. To live in a world where I was to be blamed for what I didn't know about, was too, too much. What could I do?

What has helped me lately, on the debate over whether my memories are precisely accurate or not, is the understanding that it doesn't matter so much how accurate they are; what *does* matter — and what I can really learn from — is what the memories meant for me.

Because I am partially deaf, I know that much of my understanding of the world around me is based on my limited ability to hear. If I see something happen, I don't always have an auditory explanation for it like someone would who has full-hearing abilities, who hears the people, and gets the whys of what happened. I must guess for myself, and oh, what a victim of abuse can imagine!

So now I try to understand what my memories mean for me. How did I feel then? What does the memory symbolize? What feelings does it arouse for me/us? How do the Others react, and why.

We get a lot more out of looking at our behaviors and how we react — how the terrors of the past continue to affect us today — than from trying to decide if something was real or not and how accurate it is. I may never know the accuracy, because the two would-be good sources of information are dead, and the rest of the family *lies*...so how can I trust them to help me with memories?

What I can trust is my alters' and my own feelings.

By Kevin, for Tony et al



I am an old veteran of therapy, a rank and file member of that almost generic classification of human beings some might call the "walking wounded" — our common denominator: intense, deep-seated pain, usually silent, often secret.

Before I went into this most-recent therapy, I was having not only the usual bouts of depression, but also new sensations of "fragmentation," the feeling that my mind was literally coming apart inside my head. A chaotic barrage of images and ideas — scenes and thoughts of my past and present — would churn through my brain at an impossible, breakneck, frenzied speed. No apparent rhyme nor reason to any of it — all was disorder — like opening a car window on the expressway and having a lot of loose paper and garbage go flying and ricocheting about.

I couldn't anticipate or control the onset of these experiences. If the mind is a computer, then mine had indeed undergone a major malfunction. It was no longer programmed to process information in a logical and coherent manner. At such times my head felt as if it was rumbling, rattling, threatening to blow apart. I only wanted to block out, obliterate, the thoughts and scenes running through it. I wanted only numbness, total oblivion.

Everything was so painful and I couldn't explain why.

I didn't understand what was happening and I was losing my ability to function at work, with friends, family, etc. Around this time I started to hear voices as well. While such an incident might have floored me in the past, by this time it seemed almost routine, quite natural, like it was only bound to follow.

So I went back into therapy. Since I felt as if my control was completely shot, all sorts of things which I had never discussed with past therapists came spilling out from God knows where. Though intensely painful, it was an incredible relief. It was as if I had gone all these years with all these secrets and now I finally had to tell someone.

Therapy has enabled me to get these episodes under control, for the most part. It has introduced me to the concept of dissociation. As bad as I feel sometimes, I know that there is relief in therapy — at least being able to tell someone — and though I feel sad to hear that other people undergo the same sort of pain that I do, there is some comfort in knowing that there are people who cope in the same way (however strangely) that I do, and who truly understand what it's like. On the same note, I would like for those people to know that I too understand at least a little of what they're going through.

By Francine E.



I stare at the antique butter churn and find the similarities between such an object and my MPD with a familiar theme. The churn, once engaged by the handle, stirs up the ingredients, and the cream rises to the top.

As a new patient diagnosed with MPD, my mind feels as if somewhere in the layers beyond my immediate control an alter may rise to the occasion to have his time and agenda featured for all to see. Some are helpful while others are troublesome. The bottom line for me is to take the advice of my therapist through bulletin boards and other forms of communication with those that are in a foreign way, "my personality."

My bride of twenty years is an essential part of my dealing with this situation. We were married as teens, and her compassion and general understanding of our situation is of paramount importance.

In my case it is important for my wife to be cognizant of my treatment, my alters, and my love for her. She assists me in lessening the constant pressure I feel about MPD. And she has become my guardian angel. I too would like to do the same for

her in terms of being there for her, and I honestly feel that her legitimate concerns about her role in all of this is so valid that I must offer her what she has offered me.

There are times when we laugh, when we cry, when we are perplexed, and when we are grateful. All in all it seems as if the butter churn can produce some pretty nice results.

By m.h.



**New to therapy?** There are some basic stages you will end up going through. You aren't alone. We have all been there. Take comfort in that: *you aren't alone!* In my/our early days, *Many Voices* was my lifeboat on the ocean of abuse; I still find comfort and learn new things after five years.

It took a long time to convince us that we had been abused as a child. I thought that what I lived through was normal. My first step was to let go of the denial. I got angry at my family. Actually, I got angry at the world — so angry that people were afraid of me. There was no reason to be afraid. I never hurt anyone except those inside of us. That is how we began therapy...Angry and "alone". My ex-husband was an abusive man. I repeated my child life as a young adult.

From feeling alone and cold, rejected and scared, you find that you need a support system so no more abusers could take advantage of you. We had a great therapist. The local inpatient psych ward hooked us up with the local counseling center for case management. Our psychiatrist took care of our meds. We had a great team. We needed it — they became our crisis-management team, always ready. In my raw pain, the terror, we

found relief in the knowledge that my team was there.

We had crisis. We worked with our team to manage it. We know not everyone is as fortunate. Some places you may look to find people who will help: your church, priest or pastor; outside-body friends; strong, healthy-functioning friends internally. You can call a crisis hot line. And if you hurt yourself, go to the emergency room to make sure you aren't seriously hurt. Building a support system to help manage crisis may take some time. Don't be shy...please, call a friend or a crisis hot line. You may be unaware that someone has overdosed or will try to the moment you have to rest out of exhaustion. We have an Internal who tells, and calls the hot line or case-management team.

If you think recovering will be a cake-walk, think again. You will commit yourself into a very long (or so it seems) intensive relationship with pain; in 6-1/2 years of "M.P.D." therapy we still feel some of the old symptoms: a hard persistent ache in our chest that Motrin won't help. (That is a warning sign that people inside hurt a lot. You will also be successful in some areas. One step forward, two back at times, but the rewards are such a great feeling! When you and some people inside threw a party because you got *past* the pain, you survived! That is the second big step. First you realized you were a victim; now you see, I'm a survivor! Far out!

Time is healing wounds, each new day bringing hope and the realization *Hey! I'm getting better!* Silly things...huge things. All mixed into a basket. Kids playing Pogs because us adults took four or five nights in a row doing paperwork. And the youngest kept winning! The cooperation, the co-conscious, working together. At times working alone...but together is more fun after you get the hang of it. No more

fight over what to eat; they discuss and take a vote. Jokes will pass by on their way to someplace. You might be really angry, until you hear the jokers inside. It puts things into perspective. God gave humor for some reason. Develop a cheerful heart...

Over time we realized that we can fix and change some things inside to help heal with God's help. The stuff unbroken got left disorganized. Now, we straighten out the rubble of shattered souls and internal systems; pieced together, or scrapped for a newer system: updated and fully-functional people *liking* each other, children *loved*. Hey, this is one more step! Victory!

Victoriously looking into the future. Be more than a victim, or a survivor. Be a victor! Rejoice! Love for love's sake! What a concept!

By Stacy Joy & Co.



**As I come up to my second-year anniversary** of realizing that I was a victim of sexual abuse, it feels good to know I have come a long way. I know the truth about myself, God's perfect timing has helped me cope with this healing of mine. It has been the loneliest time of my life that I have ever known. But I write this to give those hope who have D.I.D. Since I have been properly diagnosed, Life makes more sense now. I am now growing more than I could ever imagine. Learning about my new family has been good. We are all working hard at making healthier choices. It's nice to know *we have a choice!* Life is a celebration. And I wanted to share it with those who know what it is to be a multiple.

By Maria and her family

MV

## Corrections/Additions for MVMC #4

Please make the following corrections in your copy of *Many Voices/Multiple Choices #4 Resource Guide*:

The address for the ad for *A Healing Journal* by Elyn Stevens (page 19) is invalid. I have tried unsuccessfully to locate a current address. If anyone knows where Elyn Stevens can be reached, please write or call us. Several people are interested in this book, and I'll print the address (if I get it) in an upcoming issue.

The correct address for the book *Starshine: One Woman's Valiant Escape From Mind Control* (page 20) is PO Box 2474, Carbondale, IL 62902.

Here's a product ad received too late to include:

**Sock monkeys \$10;** Handpainted painter's cap, \$7; Handpainted tee shirts, \$15; Handpainted sweat shirts \$25. (Describe your safe spot. We'll incorporate it into the design.) Flyer describing other items: \$2. Send money order to: Sarah Card of Frances & Co., 105 W. Bishop #8, Bellefonte, PA 16823. (Sarah also offers to sell her handmade book of short stories and poetry for \$20 or will trade for other survivor's works of art, poetry, short stories. She says "I really want to communicate and share.")

**The Cutting Edge** is a newsletter for women who "live with self-inflicted violence." For pricing information, write to PO Box 20819, Cleveland, OH 44120.

And in south Florida, **New Hope Healing Institute** is publishing newsletters for survivors: one for men and one for women. Write to them for information at PO Box 570431, Miami, FL 33257-0431.

**S.U.R.E. (Survivors United to Realign Everything)** is a group intending to fundamentally change the whole system in which childhood sexual abuse flourishes. For more info, write or call them at 2319 N. 45th St., Box 230, Seattle, WA 98103. (206) 547-2464.

**Video, Reclaiming Inner Territory**, by Lisa Patterson, offers a positive view of how people can heal from child abuse. \$29.95 + \$3 shipping to Lisa Patterson, PO Box 400, Santa Cruz, CA 95061.

MV

# Therapist's Page

by Larry Klein, Ph.D.

Larry Klein, Ph.D. has been treating people with dissociative disorders for the past 14 years. He is a member of ISSD, and has presented numerous papers on dissociation treatment at major conferences. Dr. Klein is Director of Emergency Services at Wood County Mental Health Center in Bowling Green, Ohio and maintains a private therapy practice in Toledo, Ohio. In the essay below, he shares his personal experience of living with a chronic illness: multiple sclerosis.

## My Gorilla

As a psychologist who coaches dissociative trauma survivors to develop an internal sense of ownership and empathy, there has been more than a tinge of irony in regarding my own illness, MS, as an alien tormentor. For the past year it has been as though an 800 pound gorilla had climbed upon my back, and dared me to lug him around. While month by month I grew weaker, and moved with ever-greater difficulty, I not so silently hated him, and sometimes all "normals" who effortlessly do the simple things I strain to accomplish: stand, dress, wash up, get from place to place, even go to the bathroom. His unceasing weight threatened to grind me down and squash my ability to be. Between his crippling presence, and the drugs that failed to tame him, yet left me with barely the strength to crawl, I had little but a gnawing sense of insult to sustain me.

I could not reach him, could not establish contact with this part, or process within me, and it has alternately been humiliating, scary, sad, numbing, and in a, "what else can go wrong" sort of way, funny. Take falling on my back onto a public restroom floor, face flush against the toilet, knees having buckled as I tried to lift off the stool without benefit of handicap accessible "grab bars." What else is there to do but laugh at how ludicrous the position? It is a little like being Gregor Samsa, legs twitching in the air. "How was it that I switched into this body, anyway?"

And if the illness was a gorilla, then even better if the gorilla belonged to somebody else. It had been a long time since I felt quite so unrelated to my body. Like many junior high schoolers, I used to step aside and disown the body and the being who passed by. It was the embarrassment

of inhabiting a body so clumsy and awkward, an association with an entity so painfully clueless, that kept me at arms' length from myself. The greater the distance, the less it would hurt, or so I wished.

And often now it seems, if the guy in the scooter, the one who cannot take a step unassisted, is not me, or at least the steps not taken are not my untaken steps, the same principle applies. If I do not acknowledge how much it grieves me not to be able to lift my leg to climb a step, the mindset goes, then the ascent is not missed. So despite the falls, the inability to do countless things, like cut up meat on a plate in a restaurant, or button a shirt, because even with the assistance of a buttonhook it takes up too much time to do it regularly, I *still* am able to deny that I am handicapped. Seriously, I am not kidding. It is not at all unlike the multiple with a male part, who described to me that he was wearing blue jeans and a work shirt, while my female client sat before me in a red print dress. It seems that we humans have a remarkable capacity to choose not to see reality, particularly when that reality is heartbreaking, and to superimpose something else in its place. But not, I am slowly coming to experience, without losing much that is touched with grace and redeeming.

Just lately, I live very close to tears. It is a little like moving about without a top layer of skin, so much more exposed to the elements. The gangly junior high school kid eventually grew into his body. I am moving in the opposite direction. I do not want to see this. Even more so, I do not want to feel it. There are times now, as I peek behind the screen I use to cloak all that I wish not to see, when I do begin to get it; when it grudgingly comes to me that I do have a choice: that I can press on, pushing my way ahead,

expending precious quantities of decidedly limited energy, exhaust myself and/or get angry, refuse help, and plunge deeper into denial — or I can pause and experience how truly powerless, and in pain, I am.

Sometimes then, I cry at all that I am losing; how hard it all is, how I may never get published in *Dissociation*, or *The New Yorker*, nor play tennis with my daughter, Julia, and need Caitlin, my oldest daughter, to grocery shop for me. I do not by any means reliably recognize this choice, or feel the feelings, yet; even in saner moments. I go through fits of frustration an amazing number of times a day for a boy with a Ph.D. — I guess it's a little like statistics, for which I was similarly learning-disabled. But when I can manage to feel, I become a little transformed.

Then and only then, I can become one with my illness; regain a sense of inter-connection with myself, with others and the world. It is not a process of internal communication so much as a sense of wholeness that includes all that I can and can no longer do, as well as a poignant recognition of what I am, and am no longer.

Much of this was driven home to me when I finally made a dreaded and long put-off phone call to Jan, the husband of my dear friend, Marijke. For over two years, Marijke had been fighting a losing battle with a cancer that started in her colon. I knew she would no longer be there to take my call. Good friends who met at the second ISSMP&D conference in Chicago, Marijke and I had grown closer, becoming partners on the path of serious illness. We cheered, encouraged, and consoled, checked up on one another's progress, or lack thereof, compared notes on exotic, non-traditional remedies, complained

about doctors and their tortuous treatments, discussed whether our work with self-identified ritual abuse survivors had in some way contributed to our illnesses. Most often we reached no conclusions, simply waited and watched, as each of us declined. Nobody knows what awaits just around the corner; people with serious illness are just a little more expectant of something.

In better times, Marijke and Jan welcomed me to their home in Allison Park. It was barely a year ago. They were so warm and tender with each other, off-handedly pausing to touch or to kiss, their affection a celebration of unconquerable spirit to be cheered, like one might for a young couple at their wedding. I felt included like family. They seemed to rally to the challenge of Marijke's illness by finding their way to a new level of intimacy with each other, and their world; facing whatever came eyes open, no truths held back. Their candor, however, both refreshed and chilled me. Marijke was doing well then, after various treatments and surgeries, but they fully acknowledged the tenuousness of this state. They spoke of how Marijke had always been the one to keep track of the grandchildren's birthdates, of how Jan could enter them on the new Macintosh he was mastering, prepared when the time came that Marijke would no longer be there to prompt. Marijke even told me that she would not wish to change places with me, someone without an immediate threat to life. My chest went thud at that, as my breathing ceased, unprepared for such endstage honesty. My recollection of the conversation is very spotty after that. I think we spoke some of suicide, and I changed the subject.

As we packed the car for my return home, I told them that they were my

romantic heroes. They both got a big chuckle out of that, but it is true, and always will be. Later that winter they went out to Montana and had a glorious time skiing. It was after they had learned that the cancer had spread to Marijke's lungs.

When last we spoke, neither Marijke nor I were doing very well. It was around the time of the Akron Trauma and Recovery conference, and she could not attend. In fact, she had referred on the last of her private clients. We were both weakened by the chemotherapy we were undergoing. I would start to rally, and slip back. Marijke was on a constant slide. The liver tumor was growing rapidly, despite heavy doses of chemo. Jan cried on the phone, saying he did not expect that Marijke would make it through the summer.

Shortly thereafter, I developed a viral infection; one of the risks of suppressing the immune system (the goal of current MS treatments). In three weeks I dropped 25 pounds. It was all I could do to survive. Each day, I thought, *I will call Marijke tomorrow when I feel stronger, and have more energy.* But I did not, even after my strength began to return. After many days, then weeks like this, I grew certain that I had waited too long, and still I put off calling. I felt guilty about this, and projected it off on to Jan; that he would be angry with me for having abandoned Marijke in her final days. I even justified my inaction by thinking, "Why had not Marijke called me?" I obsessed about it daily. Finally, a friend gently confronted me about it. "You need some kind of ritual," she said. I sobbed, then, finally, about missing Marijke, my partner, no longer able to push back the reality that she was gone.

And I realized not only that I had to speak with Jan, but that I had been

terribly, terribly afraid. When Marijke told me that she would not want to change places with me, she had tapped directly into my deepest fear: that my illness would progress to the point where I will not be able to work, will become totally dependent, and will no longer find meaning in life. That several individuals with my type of MS have become customers of Dr. Kervorkian, speaks to the reality of that possibility. I do not want to face this, nor feel this.

But in avoiding the fear, I forfeited walking the final steps beside my friend. I robbed myself of the opportunity of being present with her, and Jan, and their family, and the many others who loved Marijke, on the occasion of her funeral. This is my loss, and it is irretrievable.

So at last I spoke with Jan, who was as warm and open as ever. It had barely been six weeks after I spoke with Marijke, that she died — June 6th. For days after talking with Jan, I went through that business of wanting to call and tell Marijke this or that, as one does when the loss of someone they care for is fresh and new. And it hurt when I remembered. But it was a clean hurt. The wound at last cauterized.

The doctors say that mostly everything that could be tried to treat my MS, has been. I just do not tolerate immunosuppressant drugs well. There is cladribine, but it has been known to kill some people, and is undergoing further study. We have decided I would pass on that one for now. For the first time in a long while, I have some energy, and think more clearly. Many say I look better, though incrementally I move less well. Even so, I remain cautiously optimistic. My gorilla is a teacher, and I have much yet to learn.

MV



# Panic Attack Versus Memory

By j.p. grant

**W**ith regard to remembrance of life experiences, I have found it helpful to be prepared with preventive measures, rather than reacting to the inevitable results. My experience with panic attacks, I learned, was brought on by unresolved traumatic issues in my past. I was allowing past issues to infringe on my present life. The past does not equal the future. My therapist continually reminds me of the fact that I have choices and don't need to feel caught up in the vortex of traumatic abuse.

I do a lot of writing in conjunction with my therapy sessions, which has proven to be not only a healing process of enlightenment, but a history of growth. As I look back over these pages, I am comforted and reminded of my commitment to heal. As with my difficult journey, a map is required. Through trial and error I have come up with a map for finding my way through panic attacks and/or memory recall. To me there is a difference, subtle though it may be, between a panic attack and remembering a traumatic event.

My husband and I are both military veterans. A few years ago I spent some time, as a patient, on the psych ward in a VA hospital. I was having trouble with panic attacks. Little did I know that panic and memory might be so closely linked. While in the hospital, I was instructed in how best to stop a panic attack. Basically, I was told to distract myself and control my breathing. Being in a controlled environment with little or no stress, the panic subsided and I was sent home with no suggestions on how I might eliminate the attacks.

The following map has become helpful while in the shopping mall, at my children's elementary school, and at the pet store. I had to be ready wherever I went...

Breath control is vital. I found it important to breathe evenly and fully. Breathing was the initial way I could grasp control. It was difficult for me to

think about anything while hyperventilating. I began to ask myself connecting questions in an attempt to grasp reality. 1. What's going on? (Am I willing to feel?) 2. What may have caused this reaction? (Identify the last thing that happened.) 3. What feelings were/are threatening? (Note automatic reactions.) It was essential that I learn to handle panic attacks on my own, as they rarely occurred in my therapist's office.

While my objective was to halt the panic attack, it also became evident that it was in my best interest to just let memory flow. Cutting off memory recall fueled the panic attack cycle. In my opinion, it is important to allow my memory to function fully when it presents itself. In order for this to happen, it is necessary that I allow myself to be vulnerable with myself. Privacy is helpful in assisting with the vulnerability of thoughts. Sometimes I talk out loud and slam doors, and after a bit, the anxiety passes.

I think recall is much like an allergy, in that some people have a hypersensitivity to certain toxins, items or subjects. An allergic person may be symptom-free, despite exposure to the allergen during periods of emotional tranquillity. Conversely, emotional upsets may bring on the allergic attack. Sometimes the allergen is unknown, so contact can't be avoided.

Yet another course of action is to go through a period of desensitization, in minute doses, and gradually build up a tolerance. I had to keep in mind that, in some way, I tolerated the abuse and would be able to handle these memories as they became conscious thoughts. In doing so, I was able to let them pass, just as I believe allergies pass, in their own good time. The following steps have saved me from accelerating the turmoil in my head. I feel confident that this process will protect me from further exposure to uncontrollable panic. It has not been easy but, sometimes, now I see these times as an opportunity for growth and self-discovery.

## How I Handle Panic Attacks or Memories:

### Panic Attacks:

Distract.

Stop and become aware.

Calm myself (breathe).

Affirm present reality.

Physical; change physical state.

Physically out of control. Exercise, tense and relax muscles.

What is dominant? The process of leaving conscious awareness.

### Memories:

Don't disturb my thoughts.

Stop and become aware.

Calm myself (breathe).

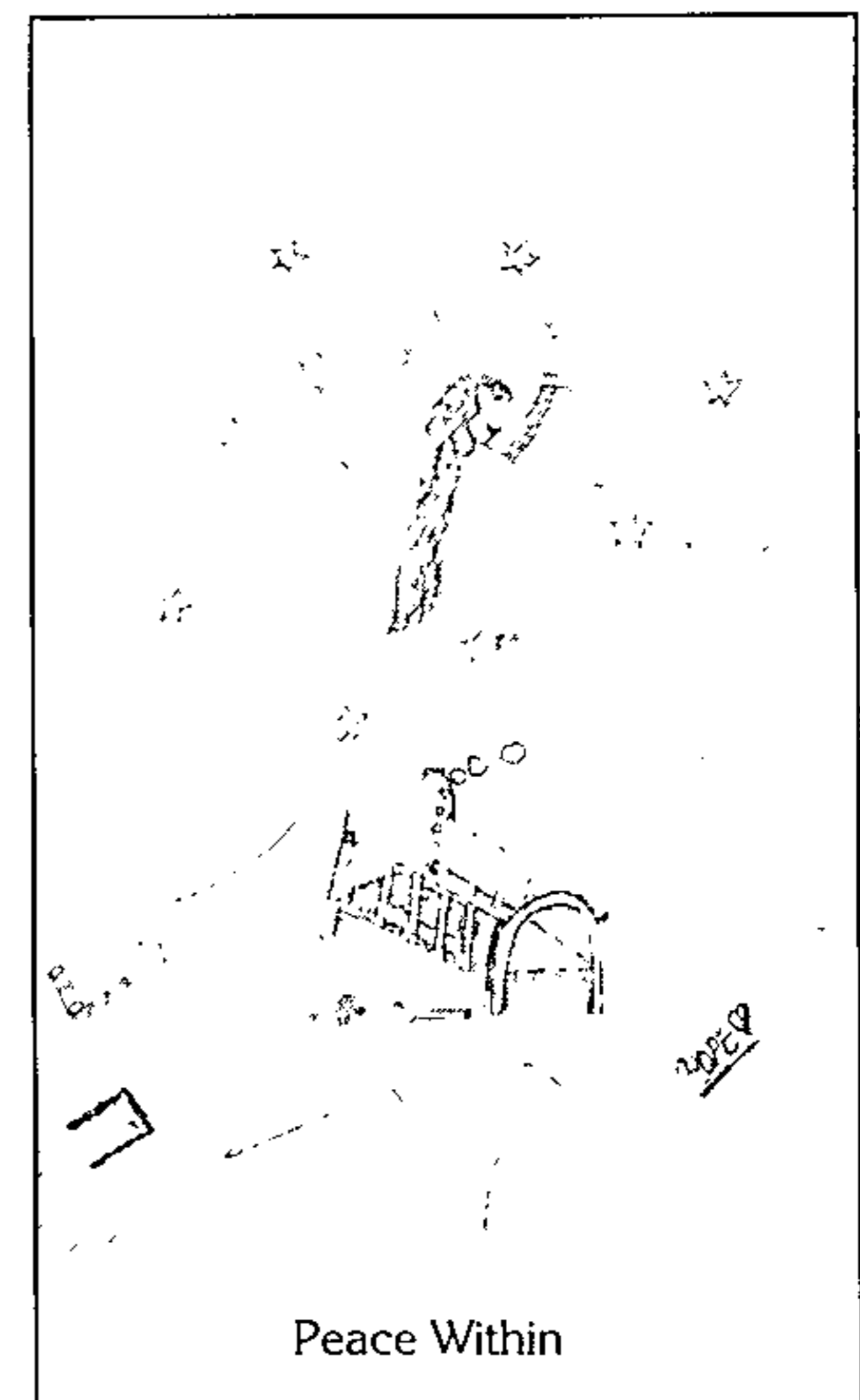
No reality check required. Find a place by myself. Lie down and let it happen.

Dysfunction in the storage and retrieval of information.

Feel out of control as memories return; no need to panic.

What is dominant? Regaining conscious awareness.

MV





# Therapists' Page

By Gary W. Whittaker, M.S.

Gary W. Whittaker, M.S., is the Program Director at the National Treatment Center for Traumatic and Dissociative Disorders at Del Amo Hospital in Torrance, California. This is Part One of a series of ideas for survivors that will appear by Gary Whittaker in MV.

## Goal Setting

Setting long-term goals is frightening to those whose attempts at organizing their lives have been frustrated by different internal agendas. In childhood, attempts to gain some sense of stability and dependability or direction may have been painfully thwarted, and the fear may be that setting goals will lead to failure, despite your efforts. Yet *not* setting some goals for yourself leads to a lack of direction socially, educationally, financially, physically, and spiritually. Now that you have a greater sense of personal power through the therapy process, perhaps it is time to put your new courage to work in making some decisions for yourself, making plans of where you would like to be in the next year or two or five. Aristotle said, "Like archers, we run a far greater chance of hitting the target if we can see it!" Setting goals is simply delineating the lines of your own target, and working with the feelings that come up when you change the

goals because they were unreachable for some reason, or you have tried one path and then find another more to your liking. This time, *you choose*. What a gift to be able to make decisions for yourself, and lead yourself in paths you wish to go!

As you read this you may see your own progress in treatment and where you may be stuck. What do you need to tackle next? As you find any internal unwillingness to move forward and risk in a certain area, take the time to dialogue about how you are feeling about that risk. Allow those inside who have strong feelings about it to write, collage, or in some other way explain their feelings for all others to see and understand. Work toward a consensus or compromise, and don't forget rewards. When a child risks a new behavior that is developmentally important (like walking,) we try to reward them with a hug and a smile and perhaps some other tangible reward (*Can you say "cookie?"*). What

would your alters appreciate as a reward? The reward inherent in the task itself may be long in coming; it may take months to sense that life is better because you took a certain risk. Many of us work better with some short-term rewards also.

Finally, take risks slowly and carefully. Consider not only what risk you are willing to take, but at what pace. Treatment for dissociation is long-term. Some alters have a drive to go full-speed at everything they do (in order to avoid feelings?). Slowing the process down will allow you to be more in touch with yourself as you go, and may help minimize any backlashes from inside. Listen carefully to what you are hearing inside, and try to respond with patience and understanding. You will always gain more cooperation inside by listening than by going ahead with a plan without concern for how others are feeling.

MV

## ABC's of the Therapeutic Relationship

### WHAT YOU SHOULD LOOK FOR IN A THERAPIST.

**A - Available.** Someone who will be there when you need them.

**B - Believing.** Someone who believes what you have to say is important.

**C - Considerate.** Someone who is considerate of where you are.

**D - Dedicated.** Someone who is dedicated to their work.

**E - Encouraging.** Someone to encourage you to be your best.

**F - Fair.** Someone who is fair in all they say and do.

**G - Genuine.** Someone who is for real with you.

**H - Hope.** Someone who can give you hope for a better future.

**I - Intelligent.** Someone who is curious and interested in many subjects.

**J - Just.** Someone who shows justice where you're concerned.

**K - Kind.** Someone who is kind to you.

**L - Loyal.** Someone who can be loyal to you and for you.

**M - Mentor.** Someone to be a model of what you can be.

**N - Nurturing.** Someone to show you how to nurture yourself.

**O - Open Minded.** Someone who is willing to learn more.

**P - Positive.** Someone to offer positive advice to you.

**Q - Quiet.** Someone who knows how to listen.

**R - Respectful.** Someone to respect your space and work.

**S - Sincere.** Someone who can be sincere in what they say.

**T - Trustworthy.** Someone you can learn to trust.

**U - Understanding.** Someone to understand your pain.

**V - Virtuous.** Someone who is virtuous in their own life.

**W - Willing.** Someone willing to go the whole way with you.

**X - 'Xciting.** Someone to put excitement into the process.

**Y - Youthful.** Someone who can show you how to have fun.

**Z - Zealous.** Someone who can give what you need.

*Dedicated to our therapist, who possesses these and other qualities. Keep looking for someone who can meet your needs. They are out there, I know, for we are healing with the help and encouragement from Sharon.*

**THANKS** from all of us who live with Sandy

MV

# Teens Report on Dissociation

By The Troops

**H**i. We are a couple of teens who are in the middle, so we can remember being younger than the body but older than the munchkins, not quite able to fit in either world, as an adult or child. We were social out-casts, also...forced into therapy, refused to participate. One of us called for a dream; we sat silent for the whole hour. Age 15 was a bust.

Other words to describe dissociation are disconnection, isolation, separateness, detachment, division, subdivision, break, fracture, or rupture. No one can really function with all that going on. First you crack up...shards of glass. Then you have to find a way to fix yourself.

Therapy is the strongest, most reliable action to take. The need to be understood by someone is a driving force, a nightly prayer. But don't hop into a therapeutic relationship with just anyone. You may end up worse than when you started. Shop. Ask opinions. Ask your family doctor. There is usually some word on the street. Make a few trial visits. Ask inside if they can work with this person.

Don't expect a joy ride, nope, NOT! This is a long and hard journey that you are about to embark on. Soul crushing. You'll feel that high noon is as hard as the darkest night. You'll be sure if you hear one more taunt from inside you'll rupture and spray pain everywhere. Our inner taunt was *"I'm not real. I'm just here to confuse you!"* It did, too.

Don't try to do it all at once if you plan on staying out of the hospital. Take crawler's steps, an infant's first steps. Don't be ashamed to need to sit, rock, hold the best bear and suck your thumb. I used to get embarrassed, then I realized it was my own home and no one else is there to see you — ehh, oops, me. (You may find references to self will change from I to you or him to her. Try to talk to your therapist about it once you are sure he or she believes in and accepts your having MPD. If he doesn't, he

might take you on to cure you from your delusions.)

Be very careful that the therapist accepts all of you, like a diamond or emerald's facets glowing in the beautiful summer morning light, each facet blending into the whole as a gem. Everyone counts inside, even the worst of the worst. They were abused too. They behave as they do because they know pain too. Sometimes the need to dissociate is still there. Try to get someone inside to monitor it. No new splits! You can make dissociation work for you...it's great for waiting in long lines. Take a trip. If you somehow get too far away, next time try using a pair of you, one to stay in touch with the world.

Working together is so important. It keeps you safer, because there is more awareness of the world around you. Have adults help the kids, and vice versa. We know this is true. We wanted to quit smoking, and tried for years, but were always sabotaged by internals (before we knew about them). This last time, a lot of us teens wrote and signed a contract with each other, and asked the little guys to help. On January 6th it will be about a year...this time we had clout! We banded together to get a tough job done!

We still dissociate because we know what torment is. To go cold turkey would really mess us up. So we try to stay a little more connected each time we go on a trip to La La Land.

We were taught by our therapist to use our ability to visualize to use the old skills in a new good way. One was to sort things into cubby holes in a rolltop desk to end the total confusion and work on priority issues. We like to use post office boxes with keys so no one can get the wrong "mail." An inner mailman will come to take the confusion and chaotic messages, delivers them. The ones with the hardest problems get journal time and time in therapy if needed. Sometimes, just having stuff "locked away" inside helps. You can take the stuff with the

person (and his key) to therapy and work on it. A computer password would work too. I think this is simply an organized method of dissociation. It makes it easier to think about it without going into a traumatic panic attack. We have a file box full of people and who they are connected to, with needs, warnings, etc. When my world was found, so much of my system was destroyed that we had to act like detectives and artistic creators. We got together and decided to repair a lot of the most damaged areas of our internal world. We added things, deleted things, cleaned up pain and memories. We also use the grace of God, because He is the only one who makes these things work for us. We found some people inside who have special skills to help everyone. We have Nod, who knows almost everyone in here, and can tell us things when we guess or ask if someone is a real person or is someone hiding from the rest by using another name, etc. We have a person who gave the idea of MPD a long hard think; she realized that an outsider would call most of the inner world "day dreams and fantasy." In a way, it is...except we make it very real, so if the evil things exist inside we can work and think about ways to fight the pain. We help the people fight their memories of abuse. We found inner experts who can do things to fight the pain of the past, people who can comfort children and make the bad stuff go away...giving each other the help and support that each of us need.

One little guy asked for Elmer Fudd and Yosemite Sam to chase the bad things away. We have a four-year-old boy who can visualize most anything (often called the Picture Maker). He helps the person in trouble to visualize a solution; then we go back to reasoning that the inside world is real but can change for the best, put the new picture in place and give the gross putrid bad memories to the garbage collector! But never think that therapy has to be a rigid format. You are never

too old to play, and you are never alone. You have inner people and many from *MANY VOICES* to count on. Find little things that intrigue you. Talk it over with your therapist and others within. Ask if it is useful. Sometimes we play backgammon or a game we call symbols. Each player picks a symbol. When your topic is decided upon, you discuss it without fear of others' reactions. We play to relax and to open discussions for therapy. We love the fun ones such as "What would you do if someone handed you a million dollars tax free and said *spend away?*"

You will probably find that your inner world somehow becomes more real than the outer world can ever be. Stay as much in the outside world as possible! But share the inside world among yourselves. Some days it will be agony, others will be OK. The fantastic days will be there, more and more, as you work in therapy. Right now you have a job...to get well!

MV

### My Experience in the Psychiatric System

When I told them I was abused  
They called me borderline.  
When I told them my moods swing  
They called me bipolar.  
When I cried nonstop  
They called me histrionic.  
When I told them  
I couldn't stop thinking about it  
They called me  
obsessive-compulsive.  
When I told them I didn't  
want to be alone  
They called me  
dependent-disordered.  
Why couldn't they see that  
I'm a survivor  
Surviving the best way I can?

By Susan B.

## Working with Self-Inflicted Violence

By Lisa Cartwright

**W**hat a journey we have had! I have been plagued with SIV behavior since being a child. We have many reasons for it: an alter proving he has control; one child "teaching" another what they were taught; or one of us trying to hurt another, etc. I believe the more reasons there are to injure oneself, the more difficult to overcome. But it is possible. I am well on the way to self-healing. With the help of my therapists, we have taken each one of us with the SIV behavior and found the rationale behind it. Then we decide (and this may be a personal choice) what is the best intervention to diminish or block the action.

I have been self-injuring for 30 years. Understanding the reasons has been the first step in my healing. I feel that the act of self-injuring is an unwholesome way of self-healing in itself. SIV at a certain level is the reason why I survived. But I wanted to do more than just survive.

First, I think it is helpful to have a doctor who doesn't commit you with each scratch or threatens to cease the doctor-patient relationship if you, or one of you, slips. I know doctors like that, and their poor patients wander from doctor to doctor in search of someone who will treat *them*, not their behavior. Second, I had to be willing to explore why I cut or hurt myself, what we get out of it, and what could be substituted in its place. It takes a long time to get to this point, but it is rewarding to see each of us, one by one, stopping this behavior.

The process of recovery from hurting myself has been an evolution. For example, one small child repeated a ritual with a knife. The knife was central to her. At first, we tried a mock knife "burial." In this way, she could mourn the loss and hopefully evolve from there. It wasn't totally successful, but I believe it to be an option for someone else. My doctor tried separating the pleasure that went along with the pain, at times. This too, is a sound theory. This particular child panicked, and we abandoned the effort.

Success arrived quickly when the child felt she had not lost all control. We stopped telling her what she *had* to do, what she *couldn't* do. Meanwhile, a therapeutic relationship was being formed to permanently cease the negative behavior. I know this sounds simplistic, but sometimes the simplest things work. *They did for us!*

I used to wonder if we might *accidentally* kill ourself. We had hemorrhaged from our cutting, so this was a real concern. Now, after working hard in treatment, there is much more calm in our system. I am encouraged now that both my physical and emotional scars are healing, and can feel that satisfaction, instead of the negative self-injury.

MV



## Letters

*(Excerpts from a letter-reply we sent on to Kathy L. Kathy's letter appeared in the October 1995 issue, and described her intense frustration.)*

Dear Kathy...

It sounds like you need a way to find money. Here is what I have done. See if any of this would work for you.

I believe that each of the states gets some federal funds to help disabled people get vocational training so that they can return to the job market. In my state (Pennsylvania) the agency is called the Office of Vocational Rehabilitation. The social workers there are mainly very nice, but also overworked and short of funds. The first person I spoke to said that they could not help me because I am over 50 with rheumatoid arthritis and people disabled with rheumatoid arthritis are always too tired to work. I planned a reasonable answer, called back, spoke to someone else and got an appointment. The lady I spoke to was interested in my story (I stressed the interesting parts of being dissociative and left out the gory details). The social worker offered some reasons why she didn't think I was a good candidate to be helped. I answered all of her concerns and she said, okay, she could help me. Two weeks later I called her and discovered that she wasn't doing anything to help me because she had remembered all of her concerns but had forgotten all of my answers. So I wrote her a letter, politely thanking her for her time and reminding her of all the details of our conversation. This turned everything around for me. I had helped her with her job. Now she could go to her supervisor using my letter as justification for helping me. They paid for therapy once a week for a year and a half. They bought me a personal computer with special accessories for disabled typists and they are paying for training. Because of my disability, people come to my home. They also put me in touch with a local charitable organization that is helping me look for work. Someone came to my house last week and helped me to compose and type a beautiful resume. My initial goal is to find a part-time job working 10 hours a week. That is good enough for

all the people that have been helping me. It is also okay with them, if I try to work and find that I can't do it. It is enough that I want to try.

It sounds like you are like me, in that it would be a lot easier for you to work, if you could work out of your home and make your own hours. Computers are great for that. Just to give you one idea out of many: a lot of doctors carry mini tape recorders that they speak into after they see each patient. There is a demand for people to type up their notes for them and this can easily be done at home.

I think the key to getting help is perseverance. I can think of two places to look for names of organizations that might help you to find job training so you can work at home or to find therapy. One place is the blue pages of the phone book. It lists governmental and private charitable organizations. Another place is the reference desk of the public library. You can talk to the librarian over the phone. Librarians are also overworked. So call and ask the best time to call for assistance. At my library, it is weekdays just after they open. If you call a place once and the person isn't helpful, wait a few days and call again. If you feel awkward and the person on the phone is unfriendly, don't worry about it. This isn't about being liked. It is about getting what you need. Keep on asking. Keep on trying. ...Hang in. Do not quit! Few days go by that I don't spend time sitting on the sofa or lying on my bed, immobilized by my fear. But eventually something happens and I mobilize and start taking care of myself again. I really feel that you can do it too. Good luck.

Eileen K

*And those of you who read Kathy's previous letter might like to know how she's doing now. Here is part of a note she sent not long ago:*

Dear MV,

I am honestly speechless (wordless). I honestly, absolutely did not think you would print my letter, but you did. And not only that, people are responding to what I had to say. I am dumbfounded, and shocked. Every time I get a new letter my feelings of hope rekindle just

a little so that the flame does not go completely out. What you and all these wonderful people have done is help ME, the one who carries the hope and dreams and belief in goodness. She has not been with us for nearly two years, because she could find nothing to believe in, or hope for, any more. Specifically, people who thought she was worthwhile. Thank You so much. I do not feel all alone any more. I can communicate with others like ME. And you did this for me...Thank you so much for hearing me!

Sincerely, all of US in Kathy L.

*One more letter...*

Dear MV,

I was diagnosed a "multiple" last year and have been struggling to truly realize (and remember) what this means. I have only shreds of pre-verbal hints of memories about sexual abuse. Severe headaches continue to cause great pain and seem to be "parts of me" that want me to listen to them. Recently I've been through surgery to relieve carpal tunnel syndrome in my R. hand. It has been a nightmare, bringing up early hopeless feelings and fears. My L. hand has it also and will (soon) need surgery. The surgery was traumatic (emotionally) but also a mystery as to where it came from. I'm a special ed teacher, don't use a computer, heavy machinery, or play a musical instrument. I've been told menopause could have something to do with it. I wonder if any other "multiples" have any insights, common experiences, or reactions. Any response is welcome. Thanks and love,  
My L. Hand.

*Special thanks to all who submit letters to MV, either in response to a letter, or as separate questions of their own. I'm sorry there isn't enough room to print all of them, since they are all (truly) valuable. But for everyone who sends material of any kind to MV - it is always read, always seriously considered...and if there is a way we can respond, we try to do so (though often we are painfully slow about it). Please know that someone is paying attention to your concerns. You are heard, when you write to MV.*  
— Lynn W.

# Recovering

By Peggy E., LMSW

(Peggy E. is a probation officer and licensed social worker, who is also recovering from a dissociative disorder. We thank her for her insight into the legal problems some people must deal with.)

**M**any people with a dissociative disorder and/or DID have been caught up in the criminal justice system, as the result of an alter's behavior. I would like to address this issue as a probation officer. I would like to share with anyone who is on probation/parole ways to complete the process with the least amount of difficulties.

First, you must accept responsibility for your or any alter's behavior! The criminal justice system holds the person responsible who has the birth name. Any other names presented at the time of the arrest will be listed as aliases (aka). An alter who can respond to the birth name is the alter that will be expected to report, pay, and complete all terms of the probation. It will be important that someone be an avenue for the inner system, to get needs met, since probation/parole officers will be expecting much from you, and you may not know how or where to get things done. Probation/Parole officers can only help if you let them know what you need.

I know this is very difficult to do at different stages of recovery. Let me be specific about the things you can do to help:

**A. Get a calendar** and write appointments and questions on it.

**B. Ask for the next appointment** before leaving the probation/parole officer.

**C. Ask for a routine appointment** time and day (i.e., always at 8 AM the first day of the month.)

**D. Ask questions over and over** if you don't remember. It is ok or should be ok.

**E. Be cautious** about who you discuss your diagnosis with; if there is a specialized mental health caseload officer, you might ask to talk with that person.

**F. Educate your officer**, if he/she is willing, in whatever manner you are comfortable. I find that even mental

health officers are afraid of doing something wrong, or have limited skills to handle the switching or dissociating. Share your "MANY VOICES" with them.

**G. You may be expected** to get evaluations done and to look at some behaviors that one alter exhibits (but not all). This is a good time to discuss finding a therapist who can work with a dissociative disorder. You are responsible for the behavior of all and must look at changing the behaviors of some for the protection of all. If you choose not to help the whole system, you will suffer the consequences as the court sees fit. This may be in a mental setting not of your choosing, or you may be sending an alter to jail or prison who may then become revictimized both by externals and internals. This is not necessary!

**H. Create for yourself** a safe and helpful external support system. Find at least one person you can be honest with about the probation/parole and ask for their help in keeping appointments and helping you to recognize your needs and wants.

**I. Once you recognize** what you need, be it a job, psychological help, a place to sleep, clarifying terms, etc., ask for it from whomever can help you get it. Many times the probation/parole officer has resources available to them or knows of resources that you could use...but you have to tell them what you need. It is OK to ask for what you need with the understanding that, if they can, they will help. They surely can't if you won't ask them.

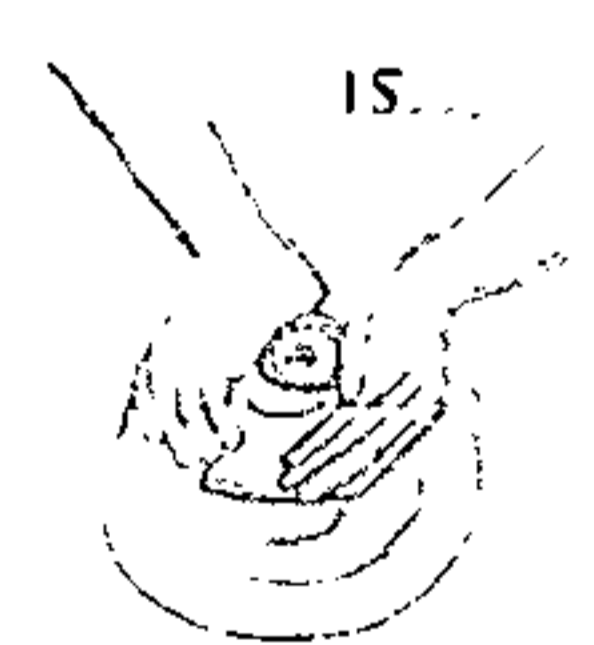
I have done my share of forgetting names and appointments and finding that I said things that I don't remember, but my luck is that I have surrounded myself with people who will laugh with me, correct me, and let me go on. They do not know of my diagnosis; I have felt no need to tell them. I am held responsible for errors, things said or done or not done, as you would be. I know that with hard work and education you can remain in

the community, you can be responsible, and you can recover from mistakes, alters' behaviors and the world of dissociating.

In closing let me remind you of things that might help you complete probation/parole: Keep a calendar of appointments, asking for routine dates and times. Ask for a therapist who understands dissociative disorders or find one for yourself before you see the probation/parole officer. (They could help you tell the officer why you chose them.) Create an external as well as internal support system that will help you to meet responsibilities, look at behaviors to change. I truly believe sometimes people get into trouble with the law because they want help to change what makes their life so difficult. Take this as an opportunity to discuss with the alter who committed the crime what they really wanted for themselves or the system as a whole.

MV

FINDING PEACE WITHIN...  
IS...  
BECOMING ONE WITH  
THE CLAY.



We are taking our first art class, pottery & ceramics, and we are finding out that we have a talent in it! It is something we can do that feels good, and we can get "lost" in it. A book telling how to do the pottery wheel said "Become One with the clay," and all of a sudden, it all made sense. It was easy to do & now we are getting feedback from students that we are "awesome" & our pieces are "excellent!" This is peaceful and very very exciting! Having one thing that we love is keeping us afloat. It makes Mickey & T.B. laugh a lot, and I feel good too.

By Tony

## In The Beginning...

One of the most difficult decisions you will make is to start therapy. You will be taking shots into the dark, you will lose time and be aware of it. You will hear taunts and complaints about going to therapy. Yet in the end, others will cheer your decision.

Time will end up on your side — when it used to be your enemy. You can harness the expended energy that goes into dissociation, use it for fighting the pain and memories, to renew. Recreate your internal world, observe, think and act. If it looks good, think about trying to incorporate into your system. Ask your therapist for feedback and advice. Then act. The other side of the coin — if it is bad, get rid of it! In a hurry.

Some days you will hurt so bad, so bad. Enough to hurt or suicide. Don't do that — talk to someone! Your best friend, therapist, doc, pastor. People really care about you. You have worth as a shattered mirror, or a clean, bright looking glass. Your life has value. It is a sacred gift from heaven.

You lived through the holocaust of your childhood. Don't quit. Don't give up, even if you want to. We use a tag-team method (that is natural for dissociation) but we use it in a healthy way. When one gets tired and needs to rest but wants to stay in the consciousness, another will come out until he/she needs to rest. Tag-team is a great name for this example. It is like taking the pain and fear of dissociation and making it work for you. It's cheating the "bad people" from the past. It is turning their crap back to them, while you walk free.

Healing will seem like forever—at a snail's pace. One step forward, one or two back. One day you will see sunlight through the dark fog you find yourself in. You get impatient. You get stronger as more of you band together to get to the light. You struggle against the shackles that bind you to inner fear and pain. You come to a rebirth into the survivor realm — not being a victim. You have control over who you are friends with. You control if you visit with family. You move from a dark cave inside to an enlightened joyful group of inner people, ready to go

back with your therapist to find others who need the light, to be empowered, to be healed, to be held and loved by an outside person without fear.

What you once watched wistfully you now join in. You are strong now to have survived as a child. The strength was so much more, so great, because we with DID had/have some of the worst abuse issues. With an insistent strength, you (all included; me and mine) lived through a holocaust. Reward yourself and other people within. Let this success push you into the next time, the next stage. Pull, prod each other. It will be easier because what was once hidden in the dark is now revealed to you. The light will push away the darkness, and you will not be so afraid to go to work again. Don't quit!

*By Casten*



Imagine you've been out shopping. You come home and place the bag on your bedroom floor. For the second time in a few months, you test yourself as to what is in the bag. The store name is on it; that's a hint. You look at your checkbook...\$85.00. Maybe it's a few shirts, some pants, or a set of sheets. You have no idea...again.

Imagine you are talking to a friend. This friend is telling you what a great time she had last night. She asks you if you enjoyed it. You have been sober for years. It? What is "it" You answer, "Of course!" You help her to avoid asking you details. You have learned ways to make it seem as if you remember all of your activities. You learn to disconnect from the fear of not knowing. You believe your own cover-ups.

Imagine that you are in the Emergency Room of a hospital. You are very upset (crying and very suicidal). The doctor comes in to look at you. You smile (wondering what the heck you are doing there). He tells you that you look very different from when you came in. Seeming confused, he says, "You feel fine, right?" You say, "Absolutely!"

Imagine another night going to sleep with an ice-pack on your temples. This has become a weekly routine. You are grateful for this sleep-saver. You have had these headaches since your younger years.

These experiences were and are mine. I am a 35-year-old woman who is multiple.

One of the recovering tools I use is drawing. The adults of me like charcoal. Most of my more graphic work is in this medium. The children are more symbolic in their use of this artform. I have found drawing to be a great tool when the words do not come first. Sometimes, this work simply allows for the burst of emotions that hide behind the experience.

*By LM*

I have a little girl deep inside who is very scared and hides all the time. She is afraid of all the ones who have really hurt her — and that makes me the greatest fear of all. For you see, I have tried so hard to shut her up and make her go away. Her pain and fear, even as an adult, are much too hard to bear. I punished her in every way. I wanted her dead.

Through the love of others and the miracles of God, I am learning that this little girl is not so evil. She has not yet had a chance to live. I know now that she was never the problem (as she was always told). She is instead, in a large part, the solution. She has the ability to give and receive love. If I'll only give her a reason to trust me, she will let me know which way I need to go to heal. I need to listen to her and honor her voice and feelings.

I will not betray her trust anymore by hurting her or threatening her very life. If I do so, she may never trust me again. Her trust is very fragile! She can feel angry, sad, happy or anything else she needs to feel and know that I will keep her safe. I will protect her. I am now learning to be on her side. She is finally learning to "rest in peace." That's all she ever really wanted.

— Rest well, Precious Child.

*By Hope*

## Resources

**One Voice, the National Alliance for Abuse Awareness**, is soliciting funds for its national effort to counter the "false memory" backlash in the media, credibility attacks on survivors, and the negative targeting of professionals who treat survivors. The goal of One Voice is to educate the media about the reality of child sexual abuse, and to improve reporting on issues of trauma and memory. Backlash advocates have substantial financial resources to carry out their program of proposed legislation and media messages. It is time for those who support therapy for abuse survivors to contribute whatever they can to publicize information about the reality of childhood trauma. Send what you can afford to One Voice, PO Box 27958, Washington DC 20038-7958. Phone: (202) 371-6056. Donations are tax-deductible.

**People affected by Chronic Fatigue Syndrome** may inquire about participation in ongoing research of the connection between CFIDS and Post-Traumatic Stress Disorder. Contact Susan Rosenthal, M.D., 5343 N. Winthrop Ave., #2, Chicago, IL 60640. (312) 878-0992.

**Info for Men:** Contact the National Men's Resource Center about the availability for their new resource director, *Menstuff*, scheduled for publication in February. Write to PO Box 800-F, San Anselmo, CA 94979.

**Survivors of Incest Anonymous, Inc.** has four new literature pieces available.

*Backlash: Obstacles to Being Believed; Incest Survivors in Destructive Relationships; First Step Inventory Workbook; Reparenting: Building a Relationship of Trust with our Inner Child(ren)*. Write for complete listing of prices and info available: SIA World Service Office, PO Box 21817, Baltimore, MD 21222-6817. (410) 282-3400.

**Female Incest Survivors** (18 & over) are needed for doctoral study on the effects of childhood incest experiences. Must be in individual and/or group therapy. Two questionnaires take about an hour to complete. Confidential. \$15 remuneration. For more info call Elaine Bieber, CSW, at (800) 484-1304. (After tone enter code #3849.)

**Retreats and workshops** are regularly scheduled at Pigeon Hill Bruideen and Joy Hill Retreat Center in Quebec, Canada. For information (or to arrange for retreat-space for your program) write or call Pigeon Hill Bruideen, St. Armand, Quebec J0J 1T0 Canada. Phone (514) 248-2524.

**Siren's Workshop Center** holds numerous workshops of interest, in Provincetown, Cape Cod, MA. Write for catalog: 104 Bradford St., Provincetown MA 02657-1441. Or call (800) 9MY-ANGEL.

**Conference Announcements:**  
**Violence, Our Kids, and Healing PTSD.** A one-day seminar, May 17, 1996,

featuring Bruce Perry MD PHD, in Dayton, OH. For conference brochure contact Youth Services Network of SW Ohio Inc., 4124 Linden Ave. Suite 112, Dayton, OH 45432. (513) 256-9113.

**First National Conference on Children Exposed to Family Violence** will be held June 6-8, 1996 at the Radisson Hotel in Austin, TX. For info, contact the Family Violence & Sexual Assault Institute, 1310 Clinic Drive, Tyler, TX 75701. (903) 595-6600.

**APSAC Fourth National Colloquium** will be held June 26-29, 1996, at the Chicago Hilton. For info, call (312) 554-0166.

Other conferences (listed in MVMC & previous editions)

**In March: SE Regional Conf. on DD - Ridgeview Institute.** Atlanta, GA. Call (800) 329-9775 for info.

**In April: 11th Akron Regional Conference on Trauma & Dissociation.** Akron, OH. Call (216) 384-6525.

**9th Annual Western Clinical Conference on Trauma & Dissociation.** Costa Mesa, CA. Call (714) 978-0895.

**First Annual Northwest Regional Conference on Trauma & Dissociation.** Lake Chelan, WA. Call (206) 270-8544.

**MAY: 8th Annual Eastern Regional Conference on Abuse, Trauma, & Dissociation.** Alexandria, VA. Call (202) 965-8454 or (800) 934-3724.

MV

## Books

### Beyond Integration: One Multiple's Journey

By Doris Bryant and Judy Kessler © 1996. W.W. Norton, Publishers, New York. 176 pages. \$23 hardback. (Order direct at (800) 233-4830 and you may be able to get the special price of \$20.70 advertised in MVMC#4.)

This is one of the very few books I've seen re: therapy beyond integration. The therapist and patient alternately share their perspectives and experiences. Judy Kessler has reclaimed all of herself, and reading this book helped me touch the possibility of living beyond MPD or today's DID. Bryant (the therapist) speaks of lost developmental stages. I don't think I've read anything from this perspective of a family therapist. It so clearly helped me understand childhood time lost, and why at almost age 50, parts of me still feel so vulnerable. Judy Kessler's quote in the

epilogue, "I can never erase my history...but I have come to terms with my future," was like a clarion call ringing *Life Is Possible*. A much-needed book for those long in therapy and longing to believe in their future.

I was so struck by this book I looked up their first publication...

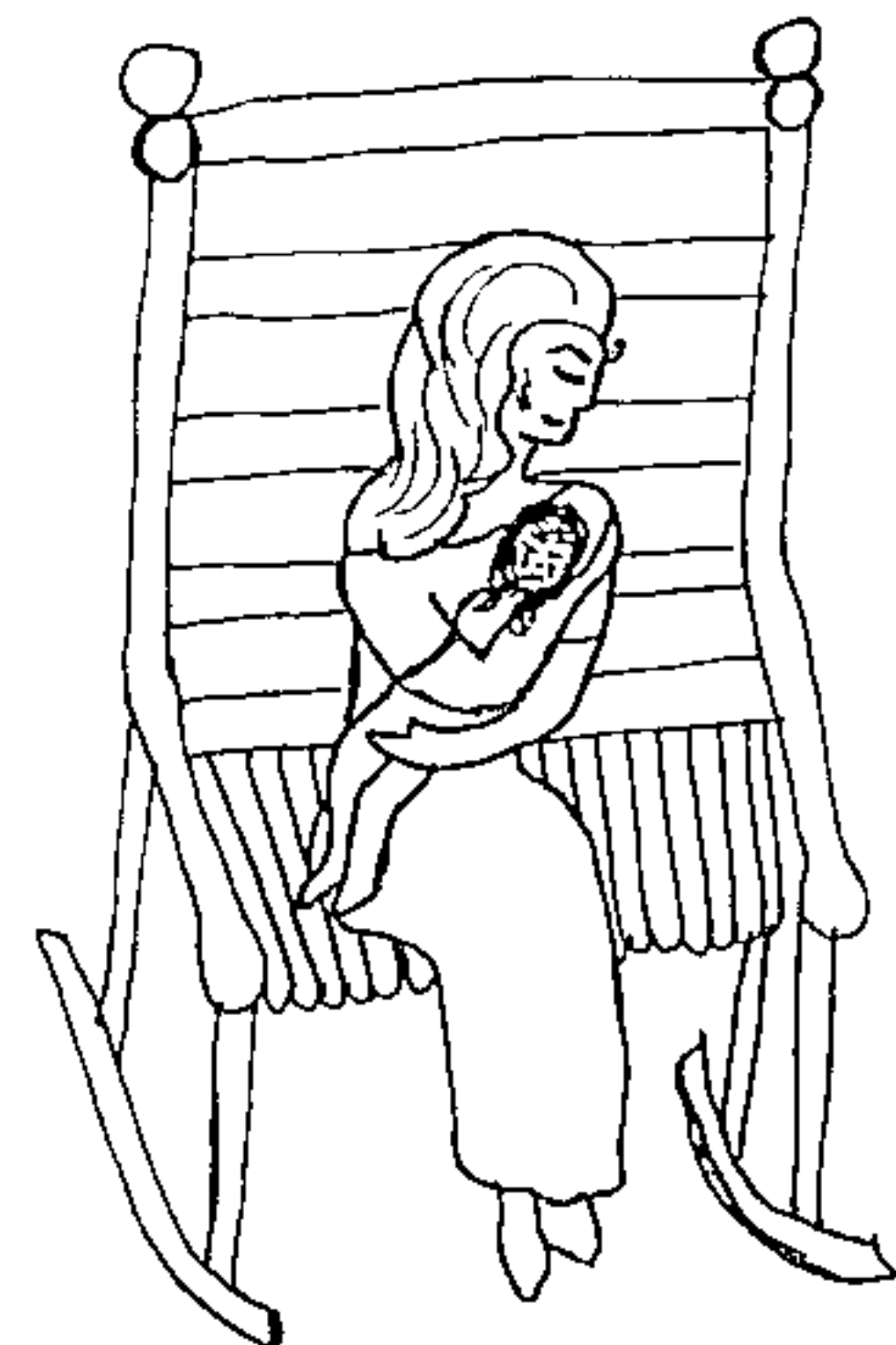
### The Family Inside: Working With the Multiple

By Doris Bryant, Judy Kessler and Lynda Shirar. © 1992. W.W. Norton, Publishers, New York. \$32.95 hardback.

This book does not elaborate abuse details, but the authors again alternate voices in telling of the work from the very beginning of therapy. This is not just a clinical treatise as some textbooks have been. The tactile voice of art fills many pages — paintings, drawings, sculptures that Judy did during treatment are interspersed with therapeutic description, presenting the

realness of more than language in uncovering pain. There seem to be art therapy books and clinical books with little overlap. I was glad to see the intertwining of modalities.

Both reviews by Carol T.



Patience comforts the Little Lost One.

**THANK YOU** for sharing your ideas, art, and poetry with all your friends who read **MANY VOICES!**

**April 1996**

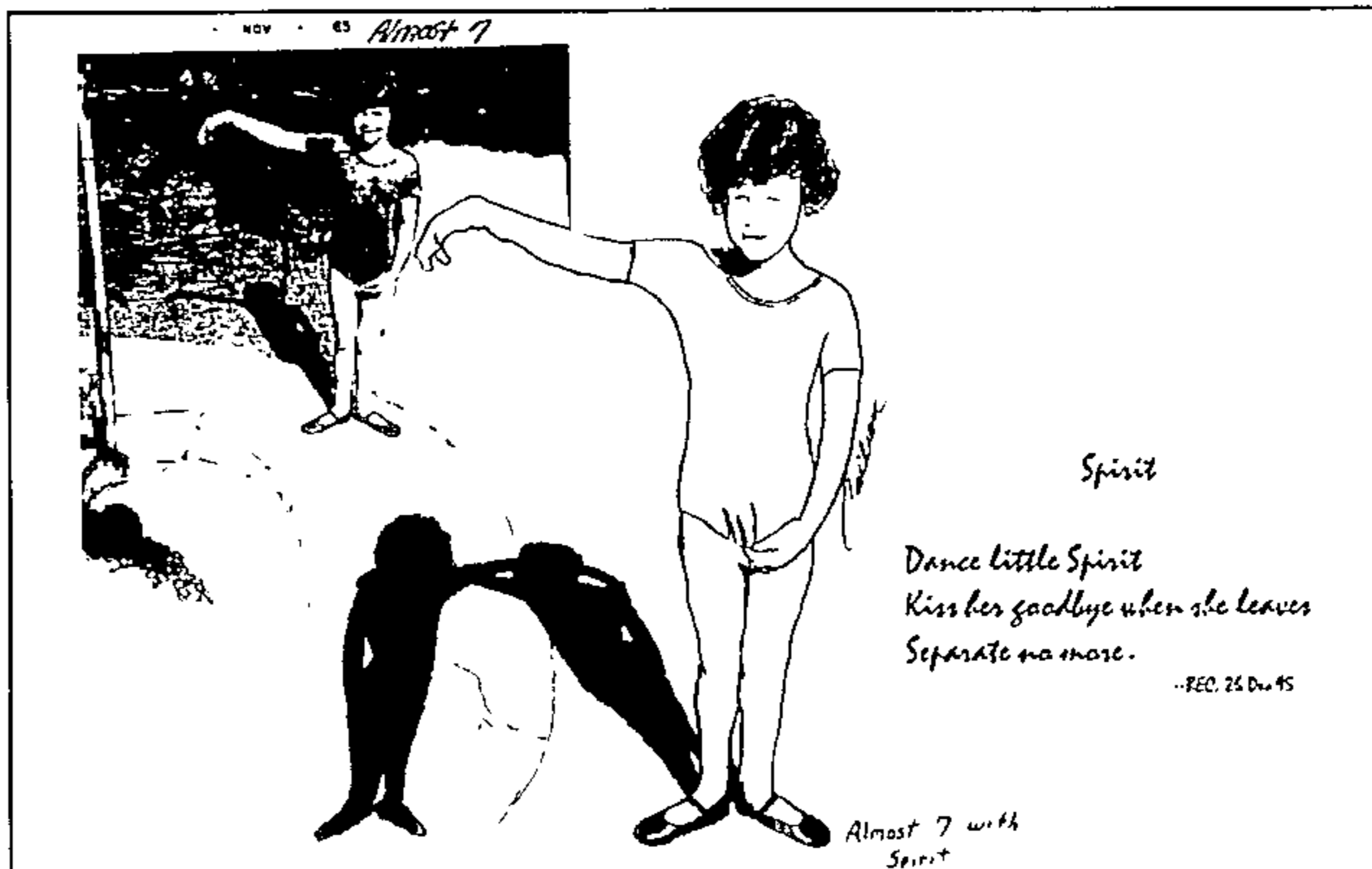
Relationship Q and A, for men and women with DD and their partners. Your toughest problem and how you handle it. How do people in therapy find and maintain a (new) loving relationship? Ways to establish healthy social contact. ART: Sociable activities. DEADLINE: Feb. 1, 1996.

**June 1996**

Finding a new therapist. Dealing with loss and change in the therapy setting. How to pay for therapy. Coping when you're "in between" therapists. ART: Your ideal place for treatment. DEADLINE: April 1, 1996.

**August 1996**

Loving yourself into wholeness. How you learn to transform self-injury or self-defeating behavior into self-nurture and self-respect. Improving co-consciousness. ART: Healing wounds. DEADLINE: June 1, 1996.



**October 1996**

Choices, choices. Making room for multiple interests, varying skill levels among alters. How to select appropriate work for your stage in therapy. Also, ways to fight the stigma of "chronic mental illness." ART: Draw yoursel(ves) and a favorite activity. DEADLINE: Aug. 1, 1996.

**December 1996**

Dream work. Sleep disturbances. How to get a good night's sleep. ART: The place where you sleep best. DEADLINE: Oct. 1, 1996.

**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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