

# MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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*In This Issue:*

## Healing Through Work



## *Freedom*

A word in a rainbow-flag—  
grand, flamboyant—loud  
The past:  
whispering emotions—a still life.  
Trembling,  
(there is fear in loud freedom)  
I say to the ruffians of the world:  
“Be shaken, as I have been!  
BE your energy  
to live—to say who you are!  
Do not cower! Do not  
BE shame!”  
God, how I tremble.  
Voluminous statements sent to  
corners saying “Hush,  
be NOT the warrior—but a  
whimpering unfed bone-riddled  
dog”  
“Be NOT freedom—  
be only chained.”  
(In old wisdom,  
chained was safe)  
Today: I am Two-Feathers—  
bold fighter on the plains—  
guardian of my home  
(my body)  
breaker of fences called Rage,  
Fear, Oppression, Shame.  
Freedom is knowing, believing  
crushed fences, unlocked chains.  
  
Freedom in a rainbow flag—  
Grand, Flamboyant—Loud

**MV**

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# Recovery and Work

By Deborah P.

**D**r. Colin Ross' column (Feb. '97) on the problem of attachment to the perpetrator and the ambivalence which accompanies this attachment struck a deep chord within me. As I near integration, I find ambivalence my greatest conflict in every area of my life. Some of me love my husband and want to stay here in the city where I live; others want out and want to live alone in a trendy little apartment near Harvard Square. Nowhere is this ambivalence more apparent, however, than in my work.

I'm an executive for a large corporation, work which part of me dearly loves. Another part of me, though, would love to be a musician. I have a graduate degree in music. Still another part of me wants to be a poet and hang out in cafes and drink latte and chai all day. Not taking time for poetry and music when I'm caught up in my job can be absolutely deadening. But I have also learned from experience that having too much time on one's hand to do only poetry and music can be deadening, at least to me/us.

A few years ago, my husband received a scholarship to study in Europe for a year. Bliss! It would mean I could leave my secretarial job and head to Berlin, one of the artistic centers of the world. I could write and

compose to my heart's content! Well, all I could do, with my unlimited free time, was sleep. I did manage, over the course of the year, to get out a few poems and take weekly music lessons, but no more than I do now with my full-time job.

The problem, I now believe, was that the parts of me who liked to be around other people and work as part of a team were overwhelmed by the prospect of so much unstructured time alone. The ambivalence—I love to work with others on projects *and* I love to write poetry alone and perform music—is what holds me together.

I realize what a marvelous opportunity those months in Germany were, and my squandering them through emotional gridlock reminds me now how I must allow for all my parts to express themselves, both the day-job types and the artistic types. When I'm at the office and I find myself fatigued, obsessing and gridlocking up again, I know it's time to attend to other parts, especially children. Other tip-offs to this situation are outbursts, both angry and happy. Healing is a *long* journey.

What I want to say to others with dissociative disorders is—hang in there. Three years ago I was at a point in therapy where I didn't think I would survive. I cried and slept almost all the time. Thankfully, I had a job with

flexible hours and a very understanding husband. By working, writing, reading, resting and not giving in to the siren song of permanent despair, things improved a little at a time, year after painful year. Now I see new opportunities every day and I am really looking forward to the future.

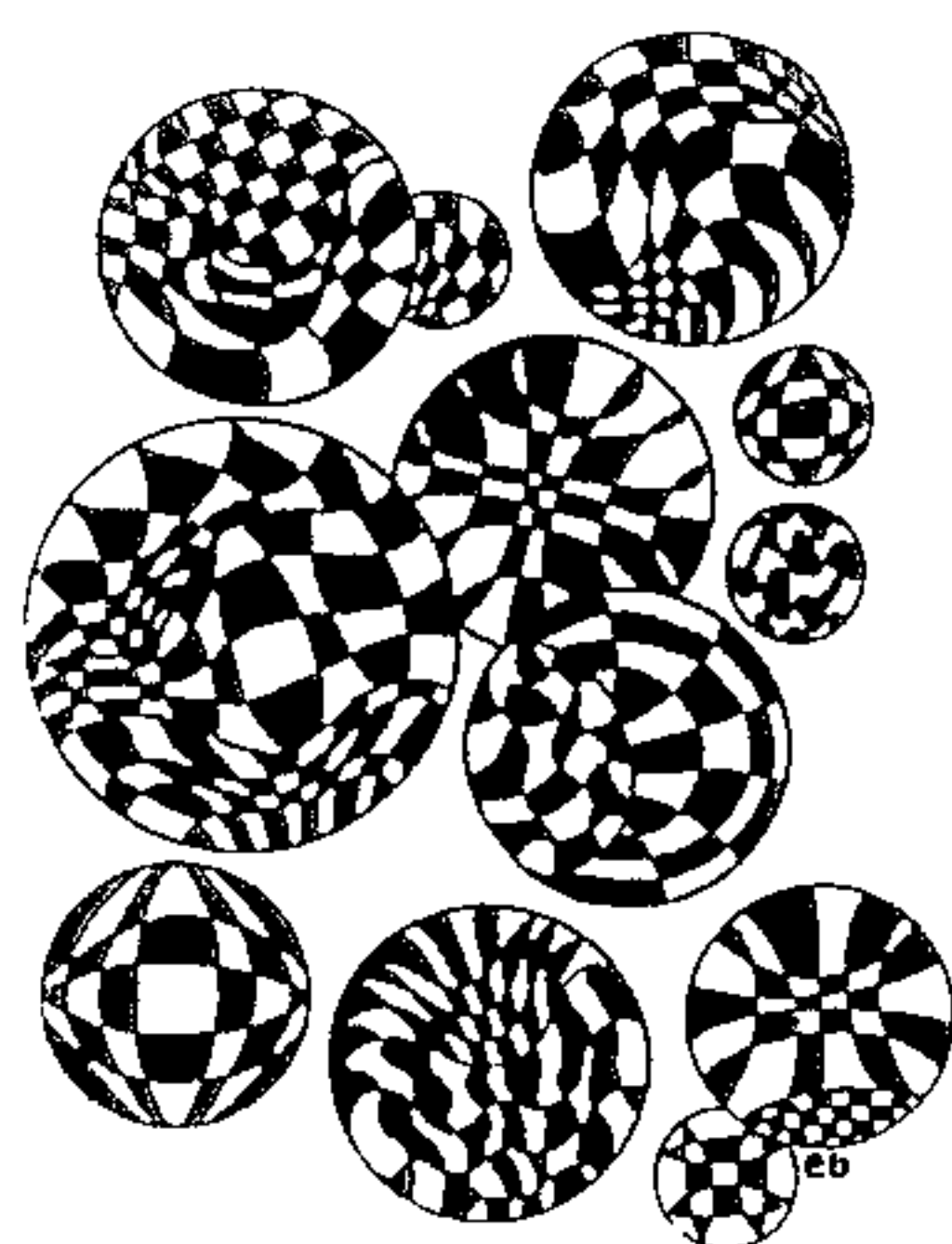
There is hope if you can open your heart to your ambivalence. When I was a bodily kid, I would bring all my stuffed toys and dolls to bed with me—acting out the collecting of my parts, I now see. Yet, it is that accepting of all the parts and feelings, no matter how different (even opposite) that allows one's heart to be healed all the way to the outer edges.

Finally, some might say, *well, that's fine for you, but you've got a good job and education.* Yes, but to get here I was a waitress, a barmaid, a clerk at 7-11, a dishwasher, a receptionist, a mailroom clerk, a nanny, a maid, a secretary, and several other things as well, sometimes several of them at once. You do what you have to do to get where you want to go.

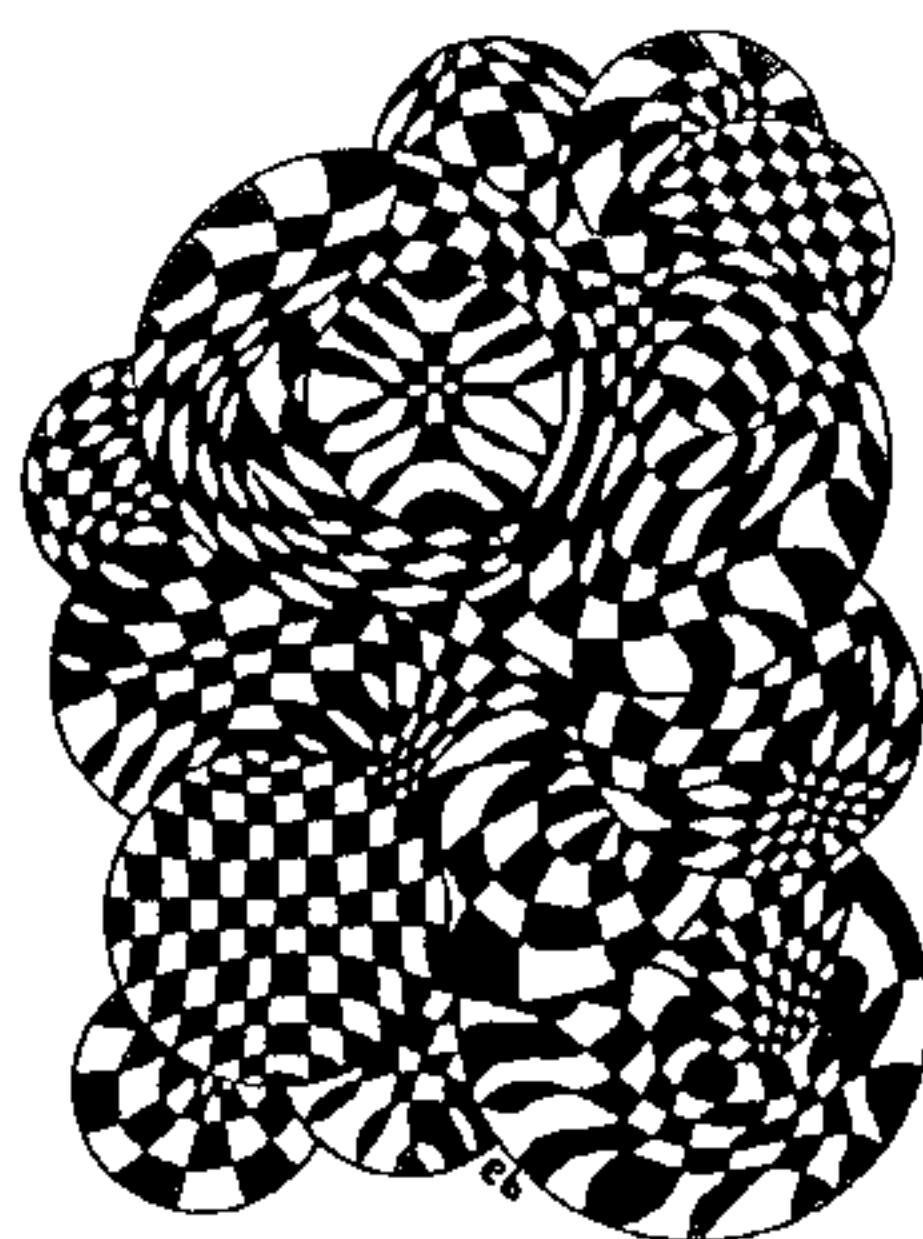
You can do it, friends, because you have many voices and many gifts, many hopes and many dreams, many roads to many goals, and they *all* go through the swamp of ambivalence.

Hold on.

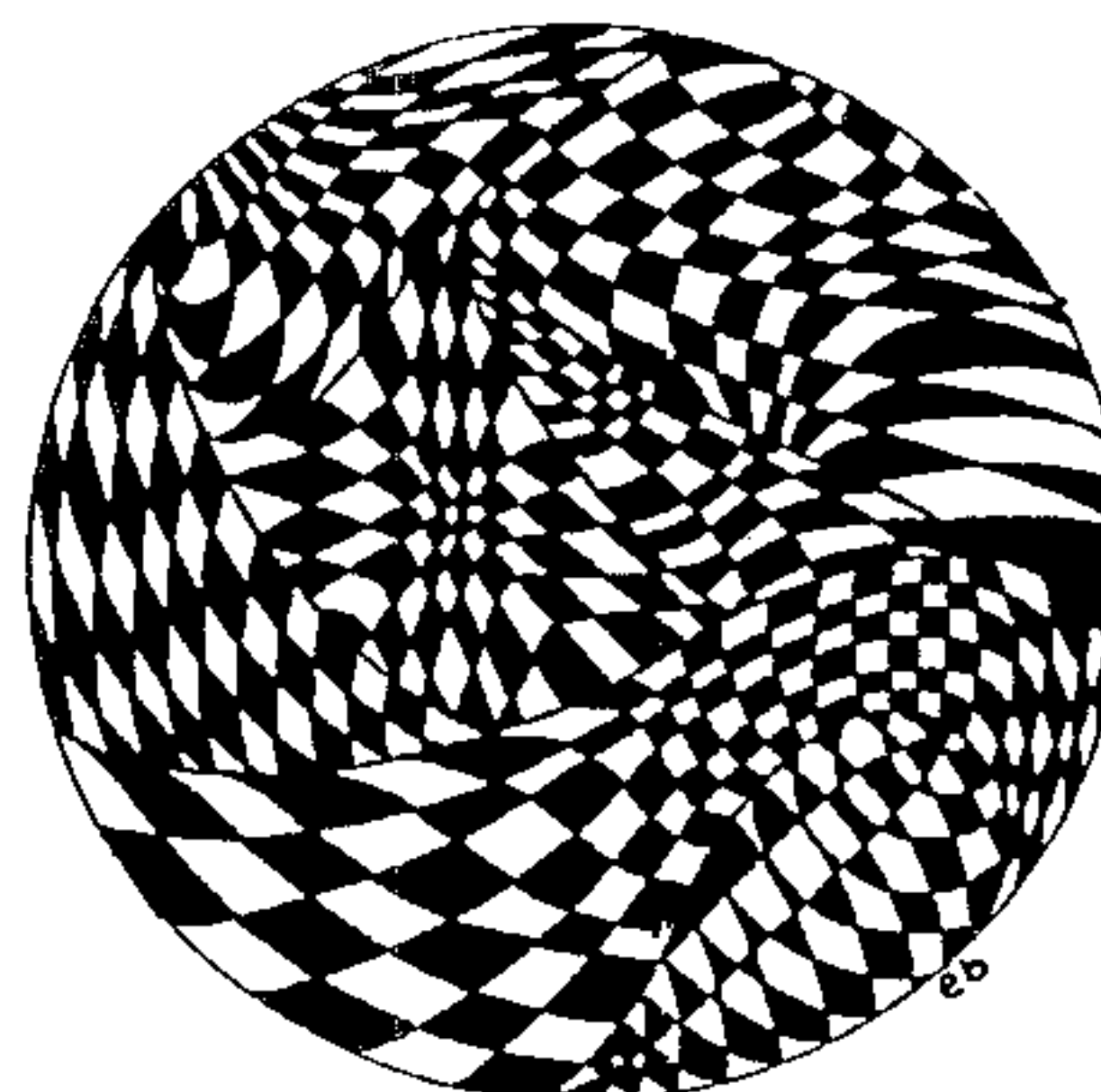
MV



Isolated Confusion



Chaotic Unity



Wholeness

**Editor's Note:**

I hope you'll like our special issue on work. We're featuring TWO Therapist's Pages this time: Dr. Peter Maves writes about work and dissociation, and Dr. William Edwards describes meditation techniques which may help readers to focus and relax enough to work and heal. Thanks much to both of these generous writers and therapists!

Thanks also to our many contributors who made this issue so helpful. And a special appeal to artists...we are running low on all sorts of artwork: cover art, cartoons, you name it. If you have questions about what art mediums we can use, call me at (513) 531-5415. Finally, if you know of conferences, bookstores, or clinics that could use some MV flyers, please let us know. We want to reach everyone who needs us! Thanks!—LW

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

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## Self-Actualization

I have read your book, *Mending Ourselves*, and found that the best way for me to process its valued information was to form a diagram of its explanation for recovery from MPD/DD.

I wrestled endless nights with this need to help my mind comprehend and digest the information given to me, the lessons learned in therapy, that ultimately lead to my acceptance of this disorder.

Most of the words in the book triggered images in my mind the moment I read them. Those images, when all out together, reminded me of Maslow's hierarchy of needs: the famous pyramid that psychiatrists use to explain human physical and emotional needs, and what happens to us when these needs are not met.

The lowest level of the pyramid is the physical needs, and the higher levels are the emotional and spiritual needs. When our lower levels are met, first, like the needs for food and water, shelter and clothing, then we can move to the next level of social interactions. When that is met, we can move on up, and so on, through the five levels, to reach the highest level of human development, that being Self-Actualization (whatever that is).

So with this model in mind I was introduced to the vocabulary of recovery, the levels of management of the mind in distress. I had to make my own pyramid, using Maslow's model, to "see" what was happening, where I was, where I could be, and what I could become. The picture here is what I came up with. I deeply hope it helps you, as often as you have to look at it, as it has helped me.

**Explanation of Levels:**

**Chaos:** no idea of "others" existing, no recognition of others, no way to separate the voices or sensations that

possess the body; no control over who's who, who is in charge; total inner turmoil, complete emotional distress.

**Recognition:** able to admit and acknowledge that others exist, that you have others living inside (either in part, or in whole personalities). Might be able to give them names, colors, or assign a number to each part/personality, in effort to gain organization within.

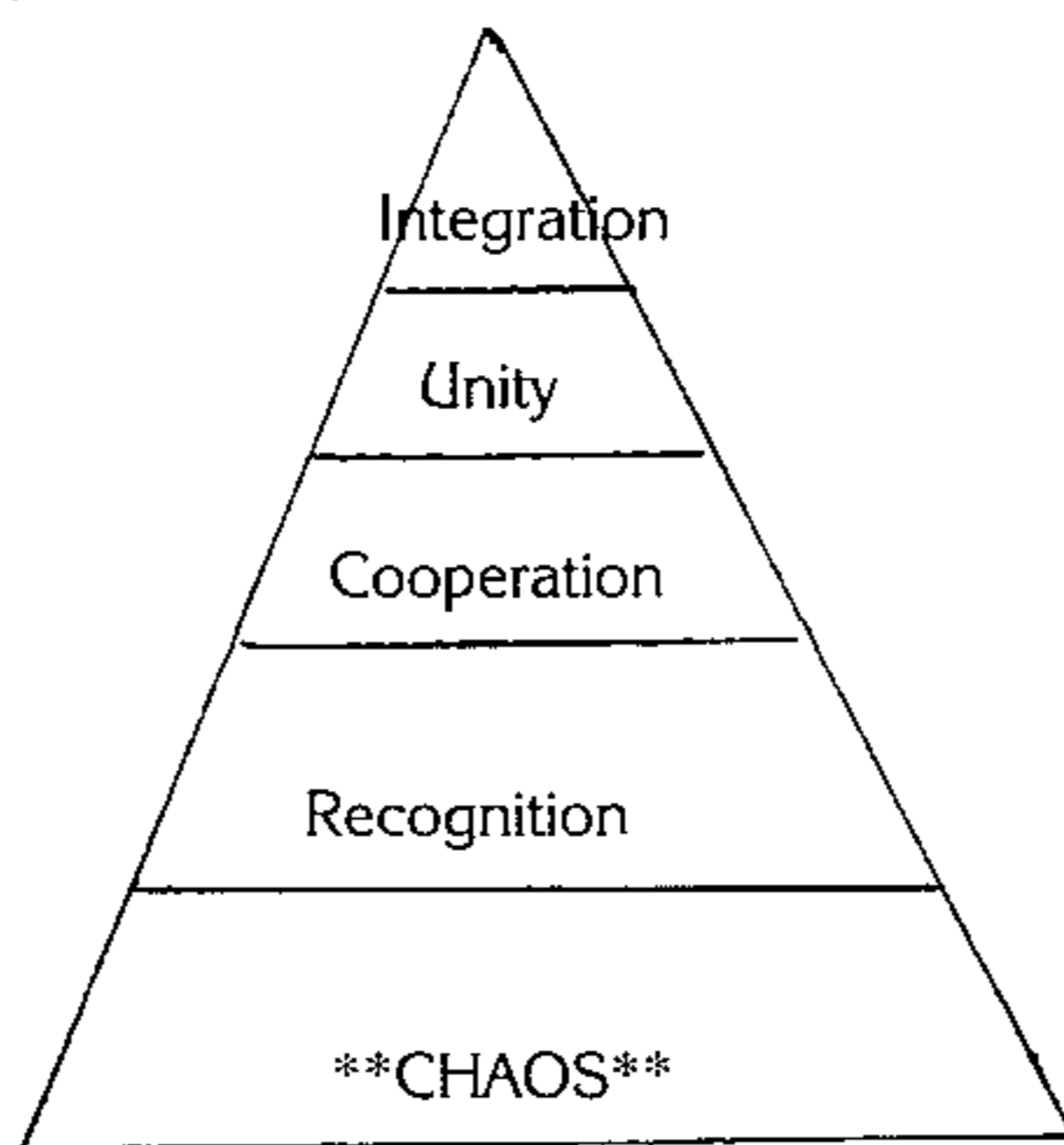
**Cooperation:** the parts/people are able to work together to achieve one end, but when a major effort is over, they go back to their own self-seeking selves. The parts are usually independent, overall, not aware or caring about the others, until comes the need for cooperating, much like real brothers or sisters in a regular family. It reminds me of the United States: all states working independently until a time comes that all need to come to the aid of the group as a whole.

**Unity:** all parts/people work consistently to achieve all goals, all the time. Unity lets the Host still be in charge, and others within work hard, all the time, to serve the

Host, thus serving themselves...and they know it! Unity is a bit like a really good marriage, or friendship, where the parts involved are both working for the success and happiness of all those in the relationship. This reminds me of the Olympic team, all working for The Gold, all the time. Even when it's over, they still work together for the next contest.

**Integration:** the ultimate (so they tell me), total oneness within; completed growth and union with the self, its parts, the soul, the body, the mind. At the top of the pyramid. It takes the longest to achieve, and yields the greatest joy.

*Note: It is reasonable to find oneself slipping back to another level after reaching a higher level. For example, I believe I am at Unity, but during very scary times, I can only work minimally, to try to keep a grip on (hopefully) Recognition or Cooperation. But when the moment is over, I find myself able to breathe, and happily, safely, back at Unity. Aaaaaah!* By KR



## Work Issues



I have worked as a teacher of special education students for the last nine years. It has almost always been a very gratifying and healing experience for me to feel that I am giving something back to other hurt children in the world. At times the job and its responsibilities have been my only reason for staying alive. Thanks to my job and the supportive people in my school district, work has been a life saver for me.

However, there were downfalls too. When I was going through college I knew nothing of the multiplicity or even that any abuse had occurred. I was very anxious and fearful, but never knew why. With one year left in college and ten months of marriage behind me, I had my first flashback. The road from there went downhill. I graduated under shaky ground and worked for two and a half years before I had to go into disability. The next few years were spent in and out of crisis and in and out of hospitals. At that time the focus of therapy was to stabilize my system so that I could return to work. So my system worked for years to create a subsection of myself that could work. It has been very successful and I am now working full time in a job that I love which brings me some small measure of joy to my life.

But beware of making work the ideal goal of therapy. For what happened to me was both helpful and harmful. I am now working and this part of my system wants nothing to do with the hurting parts of the system. They are emerging and it is creating great struggle in my life. I am unwilling to face and accept my past, and they are unwilling to stay in hiding. I am unwilling to give up the career I have worked so hard to gain, but I am unable to contain the nightmares and flashbacks and hallucinations. I am lost and do not know what to do.

So for those considering a job or career, my advice is to find balance in therapy between healing the wounds of the past, and planning for the future and career.

*By Sharon T.*

For a long time it seemed like our memory retrieval process was a lot like trying to remove a box from an overstuffed, unorganized closet. We were frequently overwhelmed. It seemed like anytime we went in to retrieve a memory, a whole bunch of stuff would come up. With the help of our therapist, we reorganized inside. We visualized a bunch of our inside people reorganizing these "boxes" into a large safe with a combination lock. The safe can get larger or smaller depending on what we need to take out or put back for a while. A couple of the inside people can open and close the door when it's time. It helps us to know that our memories are being kept secure inside the safe.

We've also done little things to help the kids through the work day, like wearing our glow-in-the-dark ring to work, or a bubble necklace under our uniform. We work as a nurse and lots of issues come up as a result of the type of work we do. It has been an enormous challenge to deal with these issues as fast as they come up. Sometimes we've spent a good part of our lunch time talking to a crisis hotline person or driving a little ways to get a quick hug from our therapist. It helps also to sometimes go in the bathroom for a short while and cry or just feel anger. It also helps to make contact with everyone else inside and reassure them that when we get home we will take care of whoever needs it and to thank everyone for cooperating and hanging in there while we are at work.

Currently, we are off work on State Disability for awhile. It was really scary, but we view this as a positive step in our recovery process and feel good about the way we are taking care of ourselves. People at work have been supportive, but no one at work knows we are a multiple. I have told one safe person that I am a ritual abuse survivor and an incest survivor. It helps to be

able to tell at least one person and takes a lot of pressure off trying to appear perfect.

*By R.S.*



I am having some difficulty with work. I work temporary jobs and try to find a permanent job I can be comfortable with. For a long time my little ones were sometimes refusing to get up in the morning. Then my therapist told me to have an inside session in the evening before I go to bed, and every morning when I wake up, just to check on how everyone is doing. I put a pot of coffee on a timer so that it is hot when I wake up, and that helps. Everyone has to get up in order to be taken care of for the day. Some of us stay inside in playrooms, so as not to interfere with work, and also to stay safe from others outside. That seems to work pretty well.

I had a big crisis in 1992, and was on medical leave from my work for a year and three months. When I went back, they laid me off for lack of work. After that, I've done temporary jobs, some for as long as six months, and completed my Master's in Journalism by taking classes part time. I borrowed money for that.

It has taken me a long time to get to where I could get up in the morning on a consistent basis, but I made it for a month just now, so that gives me hope. I continue to try to find the balance of work that is right for me. I hope I can find some proofreading or editing work that I can do in my home, at my own pace, along with the temporary jobs, in order to make ends meet.

Faith in a loving God keeps me going. It also helps to have a roommate who is willing to take up the slack on rent and utilities. I pay her back as I can.

Thanks for letting me share.

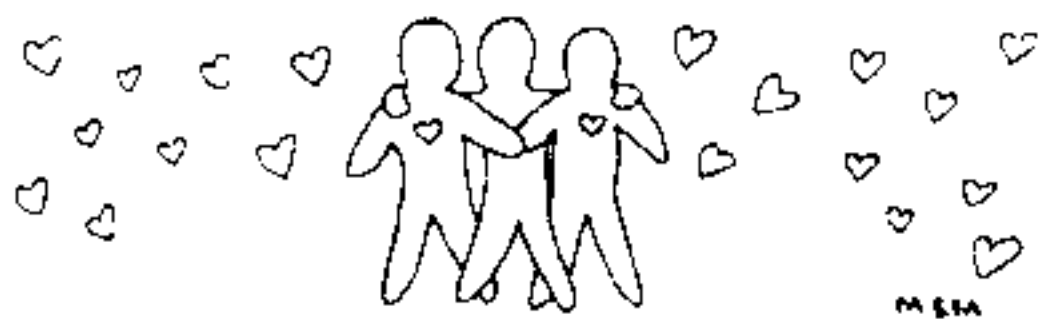
*By CH*

At work, I have discovered that it is important to choose a job that is right for one's current level of healing. I am grateful that the job I held at the time of my breakthrough crisis was a "no brainer" because I was unable to function consistently for several years.

In the five years since beginning this healing journey, I have gone from a "basket case" to a help desk manager. This is a testimony to the truth that therapy does work. I get an A+ in assertiveness skills—asking for what I want. It also helps to have a new department manager who likes me, sets high expectations, and recognizes and appreciates talent and initiative. This promotion has given a serious boost to my self-esteem.

In this new job I am learning the importance of setting boundaries and taking care of myself. Additional responsibilities bring new stressors and necessitate better internal communication and cooperation. With this job I am using recently acquired relationship and communication skills. I am finding that work is an excellent training ground for setting goals and prioritizing tasks.

By MoonWolf



We work at a happy place. We are always having a party. We work for a children's entertainment company. The majority of our work consists of

painting faces and making balloon animals, while we are dressed up in a decorative costume (usually a Disney or storybook character). We work a lot at Christmas and the other holidays. We work only when jobs are available. This year we were an elf, an angel, and Mrs. Santa. We did a benefit at a children's hospital where we were Snow White. Inside the costume sometimes we become the character, but we must make sure the inside children don't take over, because they love to dress up and laugh with outside children. We've had to practice our painting and balloon skills as a system. The five-year-olds are allowed to paint the hearts and different inside people have their special pictures they draw. At first, because of all the switching, it was difficult; we finally formed a work committee. That has been successful, but we still have panic attacks occasionally, and switching often. One time we were in the middle of drawing something complicated and we switched. Of course whoever came out didn't know how to finish the picture. We waited awhile and switched again until we found someone to help.

The advantages of this job are that the only responsibility is to have fun. We get a chance to experience the happiness in us during work. Many people inside can participate. We only work when we are feeling emotionally and physically able. We are in charge of what jobs we take. If we want work we call on Monday mornings and ask for a list of the available jobs for the

weekend. (This job is a very part-time job, but we enjoy it and it is what we can do now. We have been doing it for four years.) We only work a few hours a month, and some months we don't work at all. We try not to work more than four hours straight. That's about our limit.

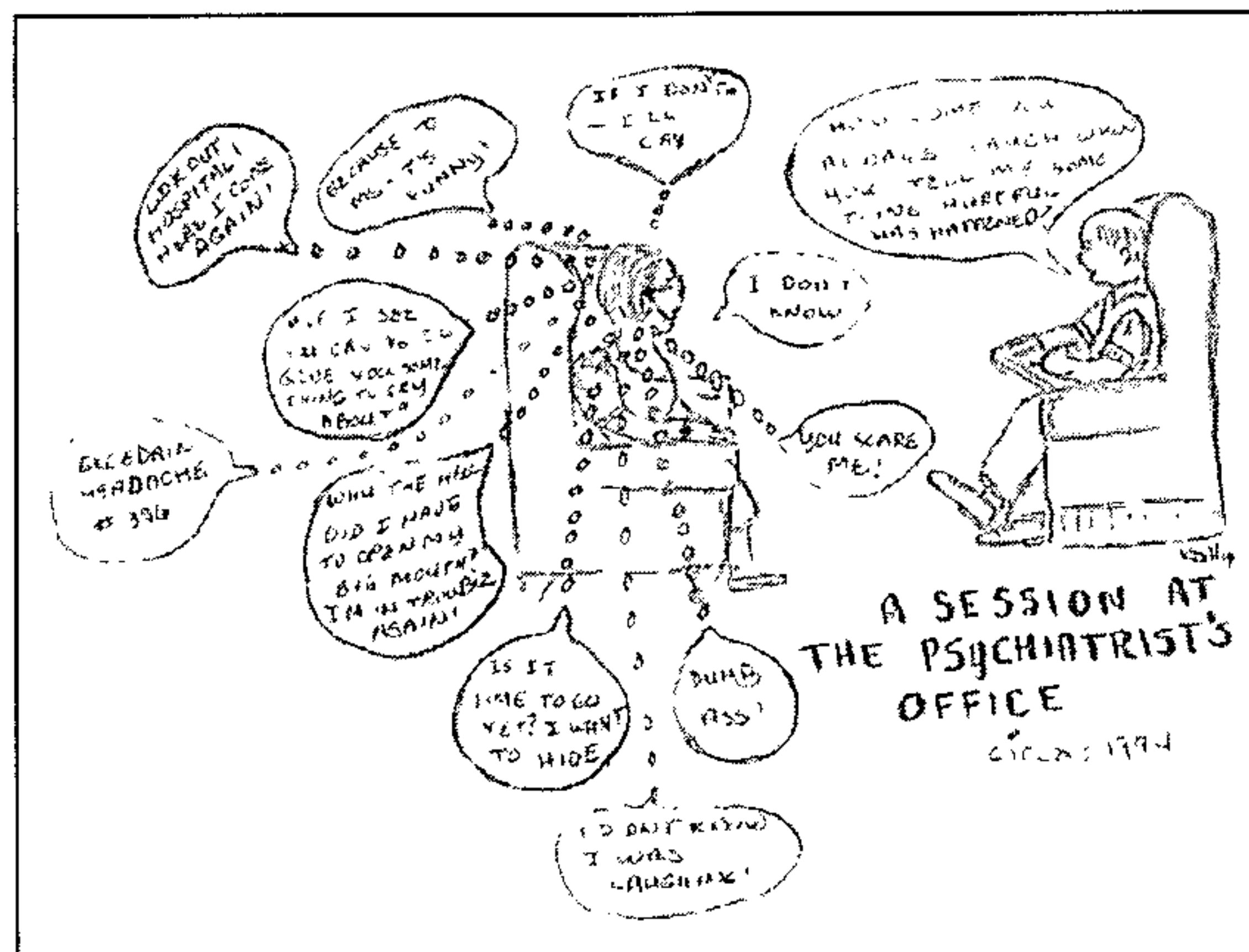
We never do adult parties and rarely do birthday parties where you go into someone's house, because of the many triggers there. But we have worked a few of these; some were more difficult than others.

Our jobs consist mostly of company parties at the zoo, the mall, and office buildings. Many times we go as a clown. We've put inside boundaries around those who can't be "out" when we are at work. Sometimes if someone inside is very needy and we have to go to work, they can have a reward if they help us work or go away until work is over.

Their rewards are usually time, or a story or doing something they like to do. Our favorite job was when we were Dorothy from *The Wizard of Oz*. We are her often, because we have very long hair we can braid. We went to a daycare and met another worker who was the Cowardly Lion. The daycare was decorated with scenes from the movie and we skipped down a yellow brick road together. Later the children sat with us and had their pictures taken.

By The System of My Lady

MV



# Therapist's Page

By Peter A. Maves, Ph.D.

Dr. Maves practices in Boulder, CO with emphasis upon dissociative disorders and trauma response. He is currently a consultant for dissociative disorders to Centennial Peaks Hospital in Louisville, CO. He has served as a consultant to Columbine Hospital and was a Clinical Director of Centennial's Trauma and Dissociative Disorder Program. He is a co-founder of the Colorado Society for the Study of Dissociation and is a frequent presenter at conferences and workshops on dissociative disorders. Additionally he has done extensive training for the Colorado Division of Vocational Rehabilitation and many managed care and insurance companies related to trauma response and dissociative process.

## The Therapeutic Value of Work in the Treatment of Dissociative Disorders

It is both my experience and belief that involvement with work constitutes one of the more powerful therapeutic factors in the treatment of dissociative disorders. It has also been my experience, however, that in all too many instances, the direction of therapy has not been toward increased functioning, but instead toward a retreat from work and family functioning, and these retreats have been in some way sanctioned as part of the therapeutic strategy. Many times the rationale takes the form of a need to concentrate more time in therapy, or clients' fears that they will not be able to perform well enough or handle the stress of a work environment. In some cases, the amount of time spent in treatment settings appears to preclude involvement with work.

While there are certainly cases where a client is genuinely unable to work, I believe the majority of clients can return to work or continue to work, and this will substantially improve and aid their therapeutic progress. The process of working or returning to work, however, is not without its problems for individuals dealing with dissociative disorders. In the case of a return to work, apprehensions and panic arise related to fears about performance and the unique complexities of working. Sometimes brief hospitalizations may be required and helpful to ease the anxiety and aid in the problem-solving of what to do and where to do it. Existential issues surface at this point, such as the right to be in the world and be productive in the world, and due to their influence

on a client's self-concept and self-confidence, must be dealt with in the pre-therapy of work. In addition to these more broad overview concerns, I have found a number of more specific areas which need to be considered with a client to help with their experience of work.

### SENSITIVITY TO MEDICATIONS

Since most clients are utilizing some level of medications in their treatment, principally antidepressants, consideration should be given to any requirements related to these medications. Is there morning, afternoon, or consistent drowsiness, or time-limited side effects related to beginning the medication? Are any of the ongoing medication side effects likely to cause vision impairments, or impact reaction times which would suggest caution in certain areas, such as the operation of heavy machinery? Attention should be paid to having adequate break times, not only as a stress reduction method, but also to take medications at their regularly scheduled intervals. Also worth considering is the more frequent and sanctioned use of coffee and junk foods in work settings and how these conditions may affect medication efficiency.

### STRESS MANAGEMENT AND GROUNDING

Work environments are by their very nature stressful. Therefore, I believe it is important to review grounding and centering techniques and practice them daily. Breathing exercises, moderate meditation routines, listening to music, and so forth, are helpful in combating work pressures. Also the systematic use of relaxation techniques, moderate exercise, adequate sleep and appropriate

nutrition, should be encouraged. Sometimes the reinvolvement with work can help the persistent sleep disorders experienced by most clients.

### EDUCATION AND "INOCULATION"

One aspect that greatly contributes to work stress is the fact that work constitutes a complex social and political environment. It is also an environment where, in the case of clients dealing with dissociative identity disorder, not all alters can or should be present. It therefore becomes necessary as part of the therapy and planning process, to explore the reality of the work world, not just in terms of tasks but in terms of social, interactional aspects. Education about "how things will really be" is essential. Through the use of internal meetings with all alters in the client's system, consideration can be given to who will go to work, and how will those who do not go to work have enough time out ("balance" considerations). By using role-playing and psychodrama techniques that predict a variety of common work scenarios, clients can be "inoculated" and prepared by practice to deal more effectively with these circumstances should they arise.

### MATCHING TEMPERAMENT AND STYLE

The level of social contact and interaction in a work environment is a critical variable determining ongoing work success and the therapeutic value of work. Many times I utilize a step process, particularly with a return-to-work program. Begin with a variety of volunteer placements which can be used to gauge how well a client adapts to particular environments. How much structure is needed? Which hours or shifts are most productive? How much social contact can be

tolerated? What are the requirements for record keeping or paperwork and what methods need to be developed to handle them (use of computer notes, daily logs, etc.)? What are the requirements for setting boundaries and limits? These and numerous other questions and issues can be experienced in the relative safety of volunteer positions. Then proceed to part-time positions in perceived or experienced areas of work interest. Many times it is helpful to utilize career and aptitude testing at this point, provided privately, as in the case of the Johnson O'Connor Research Foundation, or through university career counseling offices and state vocational rehabilitation programs.

Part-time employment allows for more involvement with therapy options such as day-treatment programs and more intense outpatient sessions, yet enables the client to generate income. This step will generally bring up more intense, transference-based issues, principally because more is at stake in a paid position. Approval needs, increased requirements for boundaries and limits, how to deal with supervisors and supervision in general are typical areas of concern. This is also the time to thoroughly test aspects of independent functioning versus the need for more structure. In many cases, it is beneficial for clients to serve in backup roles, as consultants, or engage in less socially-interactive jobs as computer programmers, artists, or in other independent areas, where social pressures are reduced. Part-time employment allows for testing these conditions and also affords adequate balance time for family, for alters who do not come to work, and for recreational activities.

### WORK HOURS

Consideration of work hours is important and relates to matching of temperament and style. It is sometimes helpful to consider second- or third-shift work hours versus first- or day-shifts. Second and third shifts generally have reduced stress and lowered social and personal contacts. They also allow for more independent functioning and breaks. Many times the actual job requirements are less intense, such as a monitoring function

for a second- or third-shift aide in a nursing facility. In the case of dissociative identity disorder clients, afternoon, evening and night shifts can allow for more participation of alters, more internal meetings while at work, which usually helps job performance.

### REMINDER LISTS

Because work environments are stressful and ever-changing with regard to expectations, I find it helpful when I problem-solve with clients' potential problems (inoculation) to develop reminder lists. Usually the lists take the form of "things to do" to handle certain situations, such as protocols for panic attacks, various forms of grounding, self-talk and checking out these statements, relaxation routines, and distraction methods. Always included are instructions for emergencies and methods to ensure safety. Sometimes clients tape-record messages or emergency instructions. It also has proven helpful to think through means of recording information, paperwork, shift notes and other routine data requirements of the job, so information is not lost due to dissociative episodes or when a number of alters are present. Tape-recorded messages which are consistently dictated and computer-entry and storage of notes work well.

As a therapist it is important for me to have clarity about my role when a client is working or returning to work. I take care of the therapy and my client's manager or supervisor does the managing. My tasks are as always to help sort out reality versus fantasies and the related feelings; to deal with transference themes, conflicts, abandonment issues; the clarification, validation and resolution of past abuse, memories and so forth. I am not able to second-guess management's needs, solve or impact the numerous inequities in the workplace. I can, however, consult with my client's supervisors. I usually tell them to provide as much consistency and continuity as possible. Be concrete with expectations. Be as specific and detailed as possible, writing down deadlines and goals and reviewing them with my clients. I have found if

supervisors follow these guidelines, my clients can excel in the workplace.

The therapeutic value of work seems to revolve around an increased sense of mastery and control for the client leading to increased self-esteem. The additional income doesn't hurt either (as Cindy Lauper's song title says: "Money Changes Everything.") But I mostly believe the involvement and structure of work provides a base for the difficult treatment experiences that clients encounter. Work is one of the key elements in building a foundation for functioning which eventually leads to a path away from dissociative defenses toward connected living.

MV

### Dot to Dot

Across the midnight sky  
a comet streaks  
flashing  
like the twinkle in your eye  
connect the stars  
dot to dot  
then color in the spaces

Remember the field full of thousands of  
buttercups  
where the Giant had spilled his  
mustard?  
And the sky so blue at the edge  
that it made your heart ache?  
Remember the scrapbook  
Pressed flowers  
To remember each one  
Field after field  
Giants so big you could only  
imagine  
leaving their mark  
as they blundered on their way  
huge feet  
watch their step

All gone back now to  
dark, dark caves  
where they belonged in the first place

And we still have our fields  
footprints in the flowers  
left  
like stars  
to connect  
dot to dot

*By Noah for the Little Ones*

## Work — Two Perspectives

We work part-time at a church. We are the secretary. Mostly only two of us work (only two learned how to type) but once in awhile others do this or that. We had a very creative part that is hibernating or something right now and she helped us a lot with all the creative stuff at work. We really miss her, but in some kind of weird way she still helps us with ideas somehow. We can't quite explain how she does it, but she does. We like working by ourselves in an office with very few interruptions. We have to answer the phone and talk to people once in awhile, but mostly we're on our own—which is the absolute *best*. Our boss (pastor) knows we have MPD...well, we told him we have MPD...which I suppose is not the same (someone *telling you* something, and you *knowing it*...) You would think that working at a church would be a very safe, understanding place to work. Well, we are finding out that this is not necessarily the case. Our boss (pastor) seems to float around in his relationship with us (at least that's how we see it or how we feel it). He "watches" us too much...like he's analyzing us or waiting for something to happen. We think he goes from not really believing in MPD, or not believing that *we* have it, to thinking we will go off the deep end at any moment and lose it completely at work (which I think we will *never* do). We need to make some money, so we work, but it's hard a lot of the time, even working only part-time. I myself (and the other one who works) used to have a full-time job at a bank, but that was before we started therapy and all hell broke loose with the little ones, etc. I think it might be almost impossible to keep our head screwed on straight and hold down a full-time job right now. For anyone who is doing it (while you are in therapy) I think you deserve a medal! I think it would be nice if the world could look at "mental illness" in the same ways that they look at "physical illness." People with a physical handicap are allowed to work and no one thinks twice about it. They lost their leg in an accident while they were a kid, and now they are living with

it, and once in awhile they go to therapy to help get used to an artificial leg or something...well, we "lost our minds" in what was "on purpose" (from the perpetrator's standpoint) while we were kids, and now we are living with it and we go to therapy to help us deal with the consequences. What's the difference?

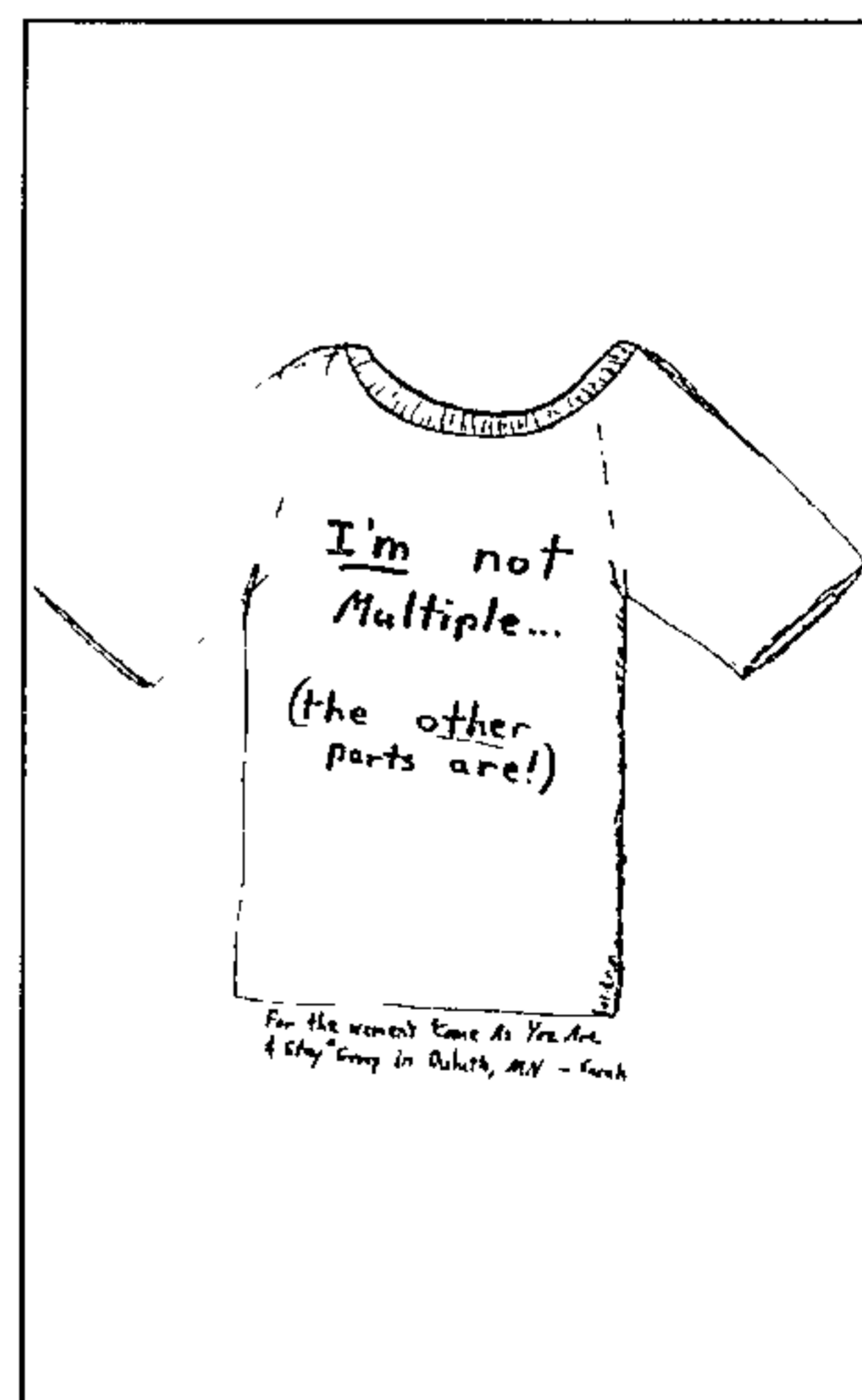
A lot, according to most people. It makes us scream. Take the day off if you have a cold, but don't try to do it if you're having a revolving-door type of day inside the head...you will just get a bunch of strange looks and scowls from those who are supposed to "understand." Yeah, right. We need to work, some of us, and I say we need to encourage each other as we try to do it, because no one else is ever going to do it for us...because no one else is ever going to "get it!"

*By Candy in Ellie's family*

**Working is hard.** We manage because that is what we have always done. Sometimes we miss work, but not too often, and not as often as we did before. There are still "crisis" times, but our system seems to be able to stabilize itself easier these days. We communicate better and that makes "living the life" less chaotic. The positive aspect of our job is that we are the only employee in an office and have limited contact with others. At this point in time we like to be by ourselves because it keeps things more calm on the inside. One of the hard parts of our job (or probably any job) is getting the work done in spite of all the internal noise. We work in an environment with lots of interesting creative things that the little ones want to play with, like crayons and markers and stickers and construction paper and pictures...and some rooms in the building have toys (but we try not to go there if we can help it). There is work to do like typing and copying and mailings, and usually the little ones feel upset because they don't get time "out" during the day. Sometimes we end up bribing them with promises for later...like gum or a trip to the store for stickers, etc. We

give them time to be "out" at home, and very very slowly, they are learning to understand, and they are learning to not create so much noise in the head while we are trying to work (no rewards for bad behavior! even if it is "inside" behavior!) We have never had many problems with young alters coming out in public or at work without permission (too unsafe and scary). If they do find themselves "out" in an unfamiliar or frightening situation, someone is right there to rescue them who knows what to do. We (us and our husband and our therapist) told our employer about the MPD, thinking it would help him "understand," but it really has just made things more tense around the office. Our recommendation is that if you don't have to tell, DON'T. Even if they may want to, people don't understand, usually...about "alters" and "systems" and how we cope with stress, and the fact that they don't have to be afraid of us. Working is hard, but not impossible. Just living (at times) is hard. But we're finding out that living isn't impossible either. We're doing it...one breath at a time. You can too.

*By Ellen in Ellie's family*





# Personal Growth

By Martha

**P**ersonal growth is an overall thing that is also personality growth. As each does therapy and begins to heal we all grow inside. It is January as I write this, so New Year's resolutions are still close to mind. My "resolution" was to not make resolutions and set ourselves up for a fall. We resolved to make healthy decisions. It is January 7th and from mid-December until now our diabetic diet is more under control. We lost about six pounds, are sleeping better, and aren't being so pushy with each other. This isn't a drastic change. Some days we pig out on candy or milk and cookies. Some nights we stay up late if there's a good show on TV, and we often butt heads with each other. Why? Because our first decision was to make our changes in moderation. Don't freak if we eat candy, chips etc., just keep it to small servings; sleep as we can (you don't cure thirty-eight years of sleeping disorders in one night.)

In our early days of therapy we were taught about making decisions: to make them and redecide to stick to them each time we slip. But we didn't keep using this skill, so we'd "sit on a fence," wishy-washy and somewhat out of control, not able to figure out what to do. But now we are trying to give us a chance to decide...to make an active choice and to have some measure of success. The internal response has been very positive. No one is resenting this new challenge in life. It helps the 12 (the core working group) to do their responsibilities: to cook, clean, to eat right, to engage in family affairs, to do what daily life calls for with less sabotage. The loss of weight is the real indicator here. Because we have eating disorders and are diabetic, food is an issue, a big-time issue (more binge than starve). Someone decided with much prayer to stop eating constantly and put food in its place, as a need, not a "God." I/we feel better both emotionally and physically.

Anyone can do this exercise to assist their personal-growth: sit quiet with a

note pad and pen or pencil and ask co-conscious people what they feel you need growth in. It could be anything. For people in school it could be to study fifteen or twenty minutes longer. Or to clean house, forgive people, eat less, eat more, to not ignore the inner children and don't skip the teens...they need time too. Each day spent this way means more personal growth and more personality growth, with shared responsibilities so no one person gets overworked and over-extended or exhausted by it all. These decisions must relate to fluctuations in age and ability. Say it's 5 PM and time to eat. If Nicole is out she might cook a full meal: meat, potatoes and vegetables. But if Mouse Mouse is out (he's 7) we get a sandwich or instant oatmeal. Both got food for us within their own abilities, and both would get a "star." (We sometimes use a sticker-star chart to keep track of "good stuff done"). If a munchkin does five chores, he gets a star or a sticker, but an adult does fifteen chores for his star. Each alter that is acting responsibly is given some praise for "good stuff done." The good thing could be not buying a candy bar even when there are a bunch of kids who love candy are "out." (One of our nicknames as a child was *the penny-candy kid*.) But this time they all decided to say "No, not today. Maybe on Wednesday after therapy." We let two munchkins buy a candy (Necco wafers) and eat half of them. They stopped, realizing their sense of guilt. They owned up to our therapist in our journal and gave the rest of the candy to other insiders. That is taking responsibility because these were little, little kids. Yet they decided to do good stuff by saying, "Sorry, I took and bought candy." We could have stopped them. I knew what they'd done. But I wanted to see what they would do, what stage of growth they are in.

Now when we slip on a decision, we simply remake it until we get it right and the behavior changes for good. When we really slip on a decision, with the candy on our breath and the

wrapper in our jacket pocket trying to hide from the co-conscious the fact we munched illegally...we say "Sorry" and redecide. We do not self-punish. We say "Oh, I'm sorry. Forgive me..." and we work harder to stick to it.

MV

## *A Raven by the Sea*

A raven circles high above  
 Jet black against deep blue  
 then hovers, frozen mid-air  
 on a gust of wind  
 the outbreath of God  
 the inbreath of me  
 From my worldly tomb  
 I watch the heavens  
 for signs like this  
 trapped in mortal bones  
 every muscle aches and yearns  
 to be as free  
 The raven circles high above  
 finds its perch atop a tree  
 talons sink deep in bark  
 with the grip of many kills  
 it faces the wind  
 wings spread to the breeze  
 And when the weather turns  
 foul, icy, wet and cold  
 the black bird endures  
 leaning hard into the rain  
 the only thing that matters  
 is the distance it can see  
 My body was broken  
 by the war to control  
 my mind imprisoned  
 by sickness and fear  
 though the air I breathe  
 is poisoned for profit  
 and life is sucked out  
 of everything sacred  
 I will not give in  
 to the Great "White" Way  
 my soul will fly  
 with the raven...to the sea.

By Les A. Rios

# Therapists' Page

By William Edwards, Psy.D.

Dr. Edwards is a licensed clinical psychologist in private practice in Littleton, CO. He has been interested in the interaction between meditation and therapy for some time. He would welcome responses from readers who have practiced meditation or who choose to try it after reading this article. If you wish to share your experiences of meditation (pro or con) with Dr. Edwards, you may write to him at 3939 E. Arapahoe Rd., Suite 220, Littleton, CO 80121. You may remain anonymous, if you prefer.

## Meditation's Role in the Treatment of Dissociative Disorder

It is impossible to be calm and anxious at the same time. This is a simple yet profound truth. I hope that by the end of this article its implications for the role meditation can play in the treatment of dissociative disorders will become clear.

Dissociation is a response to a state of overwhelming anxiety—often a terror beyond words. Horror and panic floods in and the individual is usually helpless to successfully flee or fight off the threat. Dissociation is an extreme defense to make tolerable the intolerable. It may achieve the appearance of being in control or calm, but chronic anxiety and turmoil lurk beneath the surface.

Many factors influence our response to traumatic experiences: our age at the time of the event(s); its frequency; whether it was perceived as life-threatening; whether the perpetrator was someone we looked to for love and security. Did they have daily control over us? Were we alone? Was there someone we could turn to for support and comfort?

Obviously, children are most vulnerable to trauma. This is especially true for children whose trauma is combined with emotional abuse and neglect. Trauma severe enough to produce dissociation typically results in problems regulating emotions, developing a cohesive sense of self and sustaining relationships. Psychological survival has required the disconnection from feelings and events, robbing the individual of being fully alive in the here and now. Instead there is a persistent dread of the future and despair and terror of the past.

Traumatic states lead to complex changes in our hormones and neurotransmitters. Trauma during childhood, when our brains are developing and patterns of thinking, perceiving and feeling are being established, can result in enduring psychobiological consequences. We know that what is learned during periods of hyperarousal is more deeply entrenched—becomes more a part of how we feel about ourselves and others. Entrenched childhood learning, when our thought processes are still immature, concrete and less differentiated, can be especially damaging.

Any technique that helps to develop self-soothing, emotional regulation, the pleasure and security of a calm, centered personal space, and an enhanced ability to be fully in the moment, can play an important role in the recovery from trauma. Meditation is one such technique.

While there are many approaches to meditation, they all share the goal of quieting the mind. For individuals who have lived much of their lives in a state of apprehension—both to anticipated dangers from around them and to overwhelming feelings from within—the meditative state of mind can be a truly wonderful experience. The brain pathways that generate feelings of calmness may be underdeveloped in abused and neglected children. This state increases the production of alpha waves in the brain which are associated with feelings of well-being and relaxation, while lowering levels of blood lactate which is associated with anxiety. Regular exposure to this state can help it become more a part of one's life, i.e., a trait.

A meditation method I find helpful consists of the following steps:

1. In a quiet room where you will not be disturbed, sit in a comfortable straight-back chair with your hands cupped together in your lap palms up; they may also rest on your thighs.

2. Take a few deep breaths and let yourself feel grounded in the chair with your feet comfortably flat on the floor.

3. You may close your eyes, but if this makes you anxious or drowsy, simply lower your eyelids part way.

4. Scan your body, and on each exhalation gently release any tension by imagining a silk scarf unfolding in a soft breeze; the scanning sequence is forehead, eyes, jaw, mouth, neck, shoulders, back, arms, hands, thighs, calves, and feet.

5. Next, concentrate on your breathing. Use your diaphragm to inhale slowly and deeply. Breathe through your nose with your mouth closed.

6. To focus your mind, select a favorite calming word and repeat it to yourself on each exhalation. You can also just listen to your breath or count each breath up to ten and then back to one.

7. When distracting thoughts arise, which is inevitable, let them pass like a leaf floating by on a stream and return to your focused breathing.

8. Meditate two or three times a day for a minimum of twenty minutes per session. As you get used to the technique, you may wish to meditate for thirty to forty-five minutes.

9. End your meditation by sitting quietly for a moment before rising.

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There are several meditation resources which I have found especially helpful, both personally and in my work as a psychologist. *The Relaxation Response* by Herbert Benson, M.D., is an excellent

introduction. Dr. Benson was a pioneer in the application of meditation to health problems, and his book synthesizes core components shared by different approaches.

A more specific method is mindfulness meditation; its most prominent proponent is Jon Kabat-Zinn Ph.D. at the University of Massachusetts Medical Center's Stress Reduction Clinic. Dr. Kabat-Zinn has authored two popular books: *Wherever You Go, There You Are* and *Full Catastrophe Living* (don't be deterred by the title!). Like Dr. Benson, he has also conducted research on the benefits of meditation (Kabat-Zinn et al, "Effectiveness of a Meditation-Based Stress Reduction Program in the Treatment of Anxiety Disorders," *American Journal of Psychiatry* 149:7 July 1992). Dr. Kabat-Zinn also has a series of audio tapes.

Mindful meditation emphasizes living fully in the moment. Throughout the day, not just during formal meditation sessions, the goal is to be as fully aware and present as possible. For example, when folding the laundry, walking, or making a cup of tea just be aware of that experience and its sensations.

Another very useful book is *The Miracle of Mindfulness* by the Buddhist monk and peace activist Thich Nhat Hanh. This small book is filled with great wisdom and beauty. It describes many simple meditative practices.

Awareness of our bodies is another aspect of mindfulness. Chronic post-traumatic stress commonly produces automatic physical responses of which we are often unaware. For example, when anxious we may breathe in a shallow, rapid manner or elevate our shoulders—a

natural protective posture. Detecting these responses and practicing their opposites can be quite helpful. Slow, deep breathing—preferably through the nose—can help to counter condition-habituated anxiety responses. Strategically-placed post-it notes can serve as reminders.

As is true for any psychological intervention, meditation is not right for everyone. Some people just don't like it while others may find that it makes them uncomfortable or anxious. If you decide to give it a try, discuss your decision with your therapist. It may take several weeks of meditating to notice any changes.

Finally, meditation is not a panacea for dissociation and trauma. It should be seen as only one thread in the tapestry of treatment that can help you reclaim your birthright to feelings of safety, security and joy.

MV

## Resources

**Audio Transcripts Ltd.**, the best national source for audio tapes of conferences on dissociative disorders, has a new phone number: (703) 370-TAPE. You can also reach them toll free at (800) 338-2111.

**The National Men's Resource Center** (Menstuff) has converted its quarterly publication to a website. Find specialized books, centers, services for men at <http://www.menstuff.org>

**Group for women survivors** in Chicago uses art therapy to learn new ways of self-expression. To learn more about *Healing Through Clay*, call Vickie Polin, MA, ATR at The Awakening Center, (773) 929-6262 ext. 2.

**Retreats for women survivors** of clergy abuse only: *Is Nothing Sacred?* will be held **April 10-12** in Brown Summit, NC [contact J. Steele at (919) 832-3316]; **May 15-17** in Villisca, IA [contact J. Gorden, (712)826-8121]; and **June 13-15** in Pascoag, RI. Contact AEPPP at (401) 295-0698

**S.H.O.U.T. for Help** is a new organization formed to educate about abuse prevention and recovery. Contact them at PO Box 127, 13 W Main St., Suite #3, Marshalltown, IA 50158. (515)752-1200.

**Of Interest to Professionals:** *Transcultural Psychiatry*, published by Sage Publications, is available with special pricing for new individual subscribers: \$35.97/US for 4 issues (1997 edition). PO Box 5096, Thousand Oaks, CA 91359.

### NEW BOOKS BY SURVIVORS:

**Echoes from the Past** by Margaret Winter. 104 page book of poetry containing an autobiographical portrait of Satanic Ritual Abuse and her journey from victim toward survivor is available from Restoration in Christ Ministries, PO Box 1902, Altoona, PA 16603-1902. \$10 plus \$3 shipping and handling.

**Through the Bach Door** by Jackie Bach is a book of poetry by woman recently integrated from DID (MPD). The poems range from serious to light and amusing. In a letter to MV her husband states that during the long integration process, "It sometimes seemed that humor was about the only thing that kept us going!" The book is available for \$9.95 plus shipping from Ventura Book Store, 522 E. Main St., Ventura CA 93001, and Earthling Bookshop, 1137 State St., Santa Barbara, CA 93101. Earthling is also on the web at <http://www.earthling.com>

**My Mom and My Special Friends**, written and illustrated by Usin' and The Reflective Group © 1996. Mom introduces Billy, her son, to her inner family. \$9.95. PO Box 1680, Hot Springs, AR 71902. You can also call The Myriad Foundation (same address) for a variety of products and services for survivors: (800) 900-MANY includes a 24-hour support line.

### CONFERENCES:

**April 11-13. Dreamweavers: Child Abuse and Victim Advocacy.** Northwest Chicago. Sponsored by Believe the

Children and others. Emphasis on survivors, pro-survivors. Call (630) 515-5432 for information.

**April 17-19. Second Annual Northwest Regional Conference on Trauma & Dissociation.** Sponsored by the Center for Emotional Recovery at Lake Chelan. Call (206) 270-8544 for information.

**May 10. Survivorship Spring Conference.** Preservation Park, Oakland, CA. Call (707) 279-1209 for information.

**May 15-17. 10th Annual Western Clinical Conference on Trauma & Dissociation.** Southern California. Call (714) 978-0895 for information.

**May 30-31. 7th Annual Celebration of Healing.** St. Mary's College, South Bend, IN. Call (219) 283-1308 for information.

**June 4-7. Second International Conference on Children Exposed to Family Violence.** London, Ontario, Canada. In US call Family Violence and Sexual Assault Institute, (903) 534-5100. In Canada call Pat Mintsoulis, London Family Court Clinic, (519) 679-7250.

**June 18-21. Fifth National Colloquium of the American Professional Society on the Abuse of Children (APSAC)** will be held in Miami Beach. Call (312) 554-0166 for more information.

**July 24-27. VOICES International Conference.** San Francisco, CA. Call (800) 7VOICE8 for information or write to them at PO Box 148309, Chicago, IL 60614.

MV

## Partner's Page

# Why Do We Stay?

By Richard

**S**ooner or later, a moment of cold clarity comes to everyone who's in a relationship with a sexual abuse survivor, especially those with dissociative disorders. We take a step back from the relationship, take a long look at it and ask ourselves, "Why do I stay with this person?"

It's not a '90s thing to do, making value judgements about someone, weighing a relationship for profit and loss. Yet eventually all of us support people do it, and we each must find our reasons for staying with our survivor.

I've known my wife for more than six years and, in that time, she's given me many reasons to leave. The thrilling sex that she promised we would always have become difficult, then almost faded away. The slender, curvy woman who liked wearing bikinis gained weight until she can hardly stand to look in a mirror, much less be naked with me. The spiritual person who loved going to church grew to fear churches and couldn't even speak the name of God.

I learned that she has more than 300 personalities. I learned about Satanic ritual abuse, and I learned that she contained entities (both good and evil) who are genuine outsiders—not of this Earth.

She forced me into therapy. She started smoking. She started cutting herself. She said she wasn't in love with me any more. She said I'd be better off without her.

Yet, last fall, I stood at the end of a church aisle, listening to the *Trumpet Voluntary* by Jeremiah Clark and watched her walk down that aisle wearing an ivory gown. And I vowed to love her for the rest of my life.

If any of my family in that church had known the whole story, they would have gotten up from the pew, grabbed me by the lapels of my rented tuxedo, shaken me 'til my eyeballs rattled and

screamed, "Why in God's name are you going through with this?!"

The short answer is, because I love her.

In my experience, the only way you can walk through the hell that a survivor (especially a multiple) will put you through is if you love her (or him).

Love isn't always logical, but in our cases it can't afford to be blind. The demands are too great, and the risk of failure is too high, for us to be anything other than rational and aware in our relationships.

In "The New Marriage" (*Washington Post*, Feb. 10, 1997, pg. D-5), Iris Krasnow writes "...it comes down to a few ancient human basics: trust, respect, kindness, communication and sexual intimacy." Thank God, my wife and I have all those except the last.

For us, communication is the key. One of my wife's best decisions was to keep me informed about her therapy and emotional state. She doesn't hide what she's thinking and feeling. Living in a vacuum is impossible, and her sharing and explanations have helped me be more of a partner and less of an onlooker. I've worked hard to earn and keep her trust.

Both of us work at defining our needs and boundaries. We work to respect them, and we succeed at forgiving each other's mistakes.

I mourn the loss of the glorious, regular sex that first drew us together. But (bless her) my wife does the best she can. We still hug and kiss frequently, and cuddle as much as she can stand the intimacy. We don't have sex often, but when we do she's still the best lover I've ever had.

My wife and I are both working hard in individual therapy and making progress. We both have a greater understanding of (and some control over) the behaviors that threatened to end our relationship.

All that and more led me to the altar last fall. I promised myself long ago that, with the help of God, I'd do

whatever it took to love this woman and everyone inside her. The vows I spoke in that church were a public ratification of the silent promises I made in the chapel of my soul.

Several times during the years, I've had to coldly weigh what we have together, then make a gambler's estimate of our odds of success. Each time, I decided that I loved her enough to stay with her.

I believe that's the case with every person who has committed to a long-term relationship with a survivor. I'm in a support group at the Psychiatric Institute of Washington called "Supportive Others of Survivors of Childhood Sexual Abuse." Our group has discussed this subject several times during the years, and the answer always seems to be the same. Behind the careful weighing of pros and cons, behind the struggles to work out the latest problems or traumas, lies the fact that we love our partners with all our hearts.

MV

## Partners Together

Sometimes I can feel completely insignificant as the partner of an MPD person. Times can feel extremely difficult but I keep reminding myself of the commitment I made to this person for whom I hold a deep, loving affection. Because I also have a dissociative disorder, I have a better understanding of what she must and has to go through. I try to be a comfort when she needs it, a support for understanding all the time. There are times when I get confused because of my own inner struggle but at least I know somehow we must continue on. My fragmented parts add to my confusion and the foggy within my head, but so does my Multiple Sclerosis. Even in the hard times she assures me of the concern she feels for us and me dealing with MS. She keeps letting me know of her devotion and dedication to me and our relationship. Possibly the most encouraging thought is that she has more want and will for life than I do. She deals with MPD daily, and has made marked progress. One thing that does not falter is her belief in us and in the "Higher Power."

By Sue H.

MV

# Healing Work

Being a spiritual person both with God and personally has helped me have a strong sense of visualization. I use mind visuals and I use this in art as well. Also, I seem to search continuously for positive materials, whether it is in my own writings or those of other people.

However, at first I had no clue how to get what was inside, out. Actually, I did not know what was within my being.

I was seeing a therapist once a week, going to two different group meetings, and seeing a psychiatrist twice a month. Therefore, I was in the mental health system at the least, three times a week, and at the most, four times out of seven days.

My therapist at that time suggested journal writing and art. She also encouraged me as a responsibility to myself to find some answers and to get to know the person I was. *A feeling journal* is what it became.

I had written a book-and-a-half describing a violent, abusive relationship. Yet I had no idea I was being abused. I just felt something was very wrong somewhere, but I did not know what. Of course it was embedded in my head, from early childhood on, that abuse I endured was all my fault.

My art work began as well as the journal writing. The art was of lines or shapes that were all entwined. The colors were of fear, which was yellow; anger, which was red; and depression, which was black for the darkness that was upon me.

My therapist was now persuading me to draw a ladder in my next drawing. I asked why and she said, "because I do not see a way out in any of your art work." Her next advice to me was to visualize a safe place in my mind and write in my journal describing what it looked like

After a lot of writing, visualizing, spirituality and drawing, the art work and writing changed dramatically. I had also started to visualize more frequently and search for positive material. I was changing my old way of thinking without realizing it. I did know

that what I was doing certainly felt good. It was a fabulous feeling!

As a matter of fact, my first drawing after this was that of an open door. Its colors were of pretty pinks, purple and lavender. I had to visualize and draw this open door before I felt I could take a step inside to my utmost inner feelings. At the very least it was giving me courage to take a peek within. I didn't have to do much, just have the willingness to take a look.

The next drawing was a self-portrait. At this time, Mariah Carey's song "Hero" was on the record charts. I could relate to this song and it gave me a sense of hope. I took the tape in to play it for the survivors' group I attended with expectation it would help someone else.

After the portrait was done I wrote, "A True Hero — A Survivor" and signed my name to it. This gave me a sense of liking myself. After all, who doesn't like a hero? Indeed, almost everyone *loves* a hero. It generally makes us feel good each time we hear an act of heroic doings, too.

This was the beginning of my healing. It was also the breaking point that led me to all kinds of open doors that I thought impossible before.

I can now have fun with my writings and art and enjoy it when I want. I can also have the courage to put my inner feelings onto my paper. I now realize it feels good to get it out, whether it is happy, sad, hurtful, painful, or just hard to do.

Knowing I can use these techniques is a tremendous help. However, when I use them and accomplish what I need to I feel the greatest feeling of enjoyment.

Honestly, I see *all* survivors as heroes. If we had not used our survival system of MPD or DD, we would not have lived through it. We would have surely died.

Now, I'm using my survival system to heal. The attempt is to heal through light, love, hope, faith, and all the support I can get! Of course, for me it takes a good therapist and doctor as well.

In conclusion, I do not mean that healing is easy. It took a great deal of hard work for me to get where I am today. I'm sure you will agree it is very hard. Yet, what a fine day it will be when each of us reach and contain our healing journey!

Remember, as one of my refrigerator magnets says, "If you can imagine it, you can achieve it; if you can dream it, you can become it!" After all, look how creative we all have been, to survive with the help of so many others within!

*Sincerely, with warm regards to all survivors, Barb and The Recruits*

MV

## Why You Are Here

*This poem is dedicated to J., a fellow traveler in this universe. And because a part of J. lives in all of us, and we are all a part inside of M., this poem is also dedicated to us )*

At first you suffer,  
just because you are.

But because  
you admit that you suffer,  
you become real.

And because you are real  
you are unique and beautiful  
(Ghosts, for example,  
are seldom beautiful).

And because you are unique  
and beautiful,  
you need to exist.  
Your existence  
helps build  
our universe!

And because you exist  
you have the power to become.  
And when you  
give this gift  
of insight  
to yourself  
there is no more suffering;  
only illusions and the Truth.

That makes you  
like a flower  
or like a raindrop  
but perhaps  
that is  
a different poem...?

MV

## Letters

*This is a condensed, edited response to a letter in the Feb. '97 issue by Company of C. who felt invalidated by the speaker Caroline Myss at a conference on holistic healing.*

**The wounded healer** is an archetype in our culture. So many who have been wounded themselves are able to reach beyond their wounds to help others heal. Caroline Myss, Ph.D., author of *Anatomy of the Spirit...* admits that although she has been gifted with the ability to intuit illness in others, she is not a healer, she is a teacher. Dr. Myss has created a body of work around the connection of spirit, energy, biology, and healing that is of value to many persons journeying toward healing and wholeness.

As a psychotherapist and a woman on my own journey toward wholeness, I have been galvanized by her words from the first time I read them in an interview entitled "Why People Don't Heal" (*Yoga Journal*, September/October 1996). I have listened to and use all of her taped seminars. I share them with my dissociative clients, but always with a strong caveat. As I hand them a tape I say to them what I want to say to the readers of *Many Voices*: "This woman has many important things to teach you about your spirit, your energy, your body and the process of your healing. When she gets to the parts about survivors, don't let her scare or intimidate you, because you need this information she's offering. I think she has some kind of healing of her own to do around the survivor issue. Her voice becomes a bit shrill and she makes comments about the speed at which survivors heal that could make you feel mad, or bad or wrong if you let it. Try to overlook it and go on." So far no one has walked away from the tapes, and all have reported finding some powerful insights into giving away and calling back their spirits.

Dr. Myss is human and certainly has some rough edges. I've heard some other psychotherapists dismiss her work as being "too traumatizing" for the survivors they work with. I disagree. Although she describes herself as a "perfectly imperfect person," she teaches us how to reclaim our energy from negativity. She teaches us how to

reclaim our spirit and make it our own again. Don't overlook this wonderful work.

*Jan L. Fable, MS, CAC,  
a psychotherapist who founded  
The Women's Center in Fairfield, CT.*

**I am 49, and have had anorexia** since I was 16, panic disorder with agoraphobia since I was 20. Sometimes I have OCD symptoms; sometimes not. I have had a lot of therapy, none of which has done any good. One year ago, I was diagnosed as MPD, and since then it seems as though more and more splits have come out. I seem to have 14 different ones.

My problem is that I constantly reject this diagnosis. I feel that I am just chronically anorexic—and then I give up hope and want to stop therapy altogether and give up.

Is there anyone out there who has had long-term anorexia/bulimia and been unable to recover via traditional therapy—and then made progress after being diagnosed with and treated for MPD? I have tried so long and hard to control the eating disorder, and I can't do it.

Thanks. I know no one else with this problem, and it is a lonely and frightening space.

*By S.R.*

**I just got my own e-mail address** through the local library. Great way to use our tax money, huh? A number of local libraries across the country are beginning to offer this service for a nominal fee. My library, for example, charges \$20 a year for a very substantial account space, something like 250 messages' worth. Each user has his own address and password, so that the messages are pretty much as private as they would be in your own computer. Perhaps this would be of interest to other readers.

*By I.W.*

**I am so sad and angry** about Colin Ross's article on attachment to perpetrators (Feb.'97). Dr. Ross's recent book is entirely about treating ritual abuse survivors, and an afterword was written by Elizabeth Loftus. Many

of us are ritually-abused multiples from intergenerational cult families. For us, safety and recovery are primary issues, and relationships with family members are unfortunately not safe. Neither do I think that it is always safe for family members who remain caught up in the cult system to continue to see their recovering family members.

I realize the false memory issue is a difficult one for all of us, but I am very unhappy to hear Dr. Ross stating that "false memory" can result from a therapist error involving "pseudo-resolution of ambivalent attachment."

There is no such thing as false memory. There are memory errors, and there are distortions, and there are lies. My memories are, unhappily, not false. Believe me, I have tried without ceasing to prove them so. And I have long been aware of my ambivalence about my parents. I realize it cannot be resolved because of the nature of the perpetration and their lack of emotional and spiritual resources.

Perhaps I can learn to accept my memories if I can learn to stop protecting my perpetrators. I know that when I do accept reality there will be a pitifully small number of comforters at my side so long as even survivor publications such as *Many Voices* and survivor advocates such as Dr. Ross elect to align themselves with the backlash.

*By M.B.*

*(Ed. Note: I hope it is obvious to most readers of MV that we have not "aligned ourselves with the backlash," by printing a Therapist's Page that suggests some therapists make errors in treatment. Dr. Ross is welcome to reply. I and others would be interested to learn how Elizabeth Loftus came to be a participant in his book. We thank MB for sharing her view. —LW)*

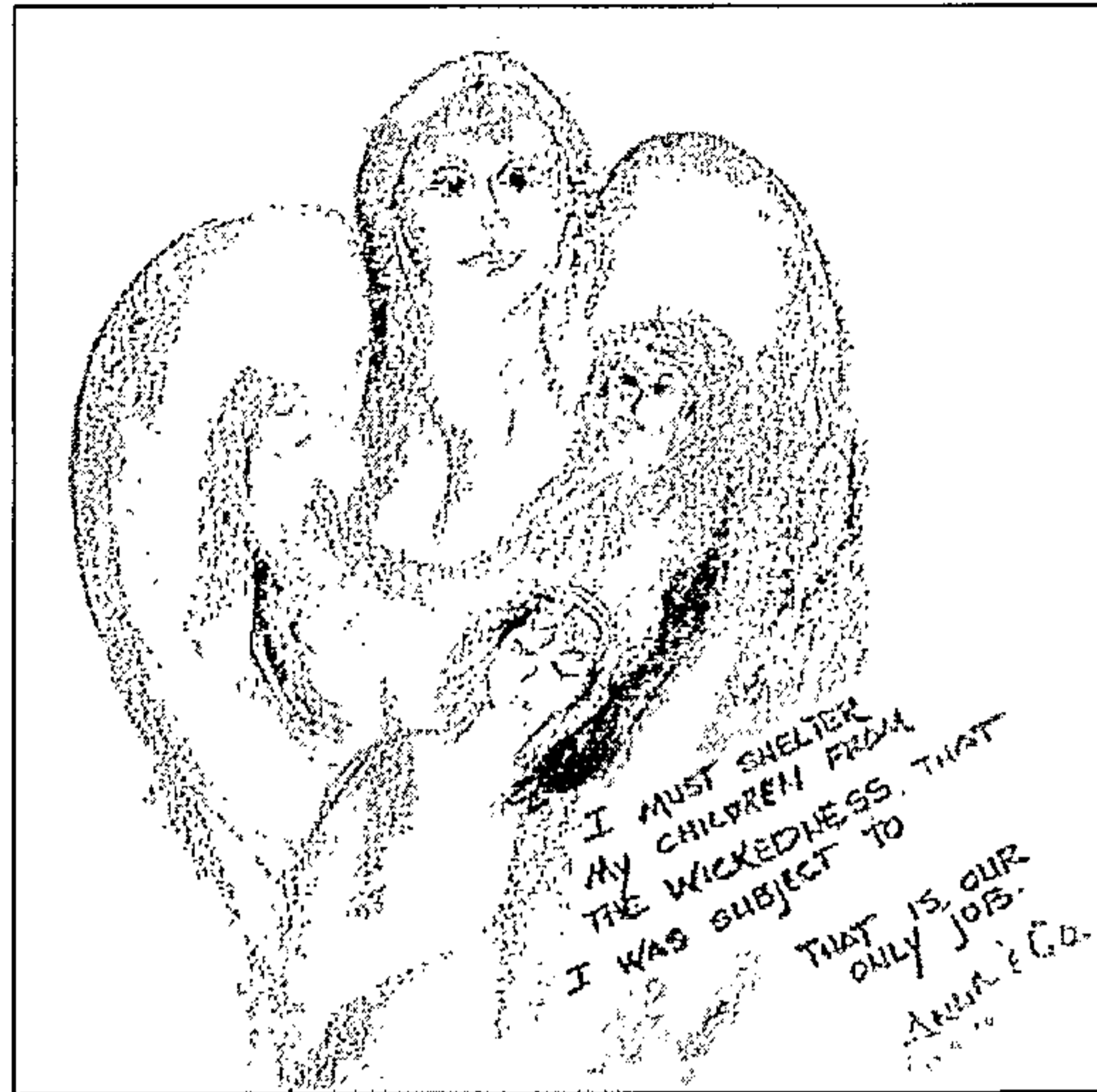
**In the Feb.'97 issue of MV**, an article by Ellen B. titled *79 Ways to Nurture Yourself* includes two items I find very disturbing: "Take a nap in a tanning bed," and "Lie in the sun." Both deserve great caution. There are increasing numbers of cases of malignant melanoma, a dangerous form of cancer. This disease generally begins in a mole on skin that has been

*Letters, cont'd.*

triggered by the ultraviolet energy in sunlight. Caution is especially indicated for persons with light skin. Other factors may contribute to melanoma, such as a weakened immune system, which may derive from severe, prolonged trauma. The amount of UV exposure is cumulative. It is no longer considered safe to "lie in the sun," and as for tanning salons/beds—my god, that is pouring poison into your tea before consuming it! This is flirting with death. This type of info needs to be as public and talked about as possible. Silence could literally lead to something awful.

By Living Earth

MV



## Books

### The Couple Who Became Each Other, and Other Tales of Healing from a Hypnotherapist's Casebook

By David L. Calof with Robin Simons  
©1996. Published by Bantam Books. 354 pgs. Hardback. \$22.95US. \$31.95CAN

This is an interesting and readable book about the use of hypnosis to treat a variety of problems: physical, emotional, or typically, both. Hypnotic techniques to assist weight loss are described, in a series of cases with an unusual family twist. A chapter on the family pressures put on "Kathy" to become an Olympic swimming champion may ring true to MV readers who experienced similar levels of control and extremely high levels of expectation by their parents. There is also a chapter describing another therapist's client, seen by Calof in consultation during a therapy impasse, who apparently had physiological deterioration in eye tissue causing increasingly poor vision. The deterioration reportedly stopped and reversed itself following hypnotic interventions with some alters. Calof elaborates on the many mysterious connections between body and mind, and the way hypnotic suggestion, properly conducted, may

positively-impact these connections. This book details several such examples. Frankly, though I want to believe in "miracles," I remain somewhat skeptical about cases in which cancer cells are "washed away" by mental imagery. But the descriptions of hypnotic techniques in therapy are certainly worth reading.

—LW

### Winter Birds: A Novel

By Jim Grimsley ©1994. Published by Algonquin Books of Chapel Hill, PO Box 2225, Chapel Hill, NC 27515-2225. 209 Pages. Hardback. \$18.95.

*Winter Birds* is the story of a young hemophiliac boy named Danny who, with resilience and creativity, survives the dangerous violence in his home and, through his imagination, creates some sense of safety. Danny creates a world of his own where he gives to himself some of the loving and the explanations of reality he so deeply needs. Danny is somewhat buffered by his mother and siblings, as the family is clear that the father is the source of danger, and they often attempt to warn, hide, and protect each other. Nonetheless, Danny feels the acute aloneness and deep pain that many of

us have, in the face of violence in a place where, ultimately, there is no real safety, warmth, or shelter. As I read *Winter Birds* and marveled at Danny's observance of his environment, I remembered how clearly the empty spaces that I remember mostly as "nothingness" from my childhood were spent this very same way. Hours spent anticipating sound, watching movement, drinking in the patterns of light, listening. Jim Grimsley beautifully captures, with ink on paper, how a child's experience of survival, second by second, can become so intensely concentrated that time appears to cease to exist. He transforms the aliveness of each moment, the accomplishment of survival and a child's resilience, into a beautifully woven story. A phoenix from the ash. Says Dorothy Allison, "I wanted to steal it and pretend it was mine..."

—Gwen

*PS.* The newest issue of *Cuckoo*, the fascinating adult comic on dissociation, is out. \$3 per issue, \$12 per yr in US. Write to the writer/artist Madison Clell at Green Door Studios, PO Box 12150, Eugene, OR 97440. Or e-mail to door@cruzio.com. These will be collector's items! Buy now! —LW

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You and Your Family of Origin. Connecting, disconnecting, reconnecting, negotiating with parents, siblings and other relatives. ART: The family you treasure.  
DEADLINE: April 1, 1997.

**August 1997**

Hope and Healing for All who Dissociate. Special concerns of Men, Children, Elders and People of Color. Community & Medical Education Efforts. ART: Faces and facets of dissociation.  
DEADLINE: June 1, 1997.



**October 1997**

Trusting Yourself, Trusting Others. Building courage. Inside ways to keep all of you safe. ART: Your safety net.  
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**December 1997**

Practical Tips on Living "normally" covering money management, housecleaning, to-do schedules, etc. ART: Past, Present, Future self.  
DEADLINE: October 1, 1997.

**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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