MANY VOICES

WORDS OF HOPE FOR CLIENTS WITH MPD AND DISSOCIATIVE DISORDERS

Vol. II, No. 4 August 1990 ISSN1042-2277

MANY VOICES 1991!

We received many excellent suggestions on future topics. We're looking forward to an exciting year! And don't forget HUMOR! Thanks for your help!!! — LW

February 1991

MPD Conferences. How (or if) clients benefit from attending. Why some conferences are 'closed' (except to professionals in the field.) How to know if you are ready to attend, and what to do once you get there. Open conference listing. ART Draw your student(s)", or the way your system learns DEADLINE for submissions: December 1, 1990.

April 1991

Your thoughts about prevention of child abuse. How to stop passing it along in families. What you've done (or hope to do) to assure an end to the pattern of abuse in your life ART. Draw the self you are becoming. DEADLINE for submissions. February 1, 1991

June 1991

Working with your "Dark Side'. Coping with rage. How you keep your angry self from feeling betrayed or forgotten when you modify violent acting-out ART: Draw your inner protector(s). DEADLINE for submissions: April 1, 1991.

August 1991

Its easy to talk about the little kids inside, but what about the teens and adults? How do you balance their needs? What are their skills and responsibilities? Their problems? ART: Draw an inner adult helping an inner child DEADLINE for submissions June 1, 1991

October 1991

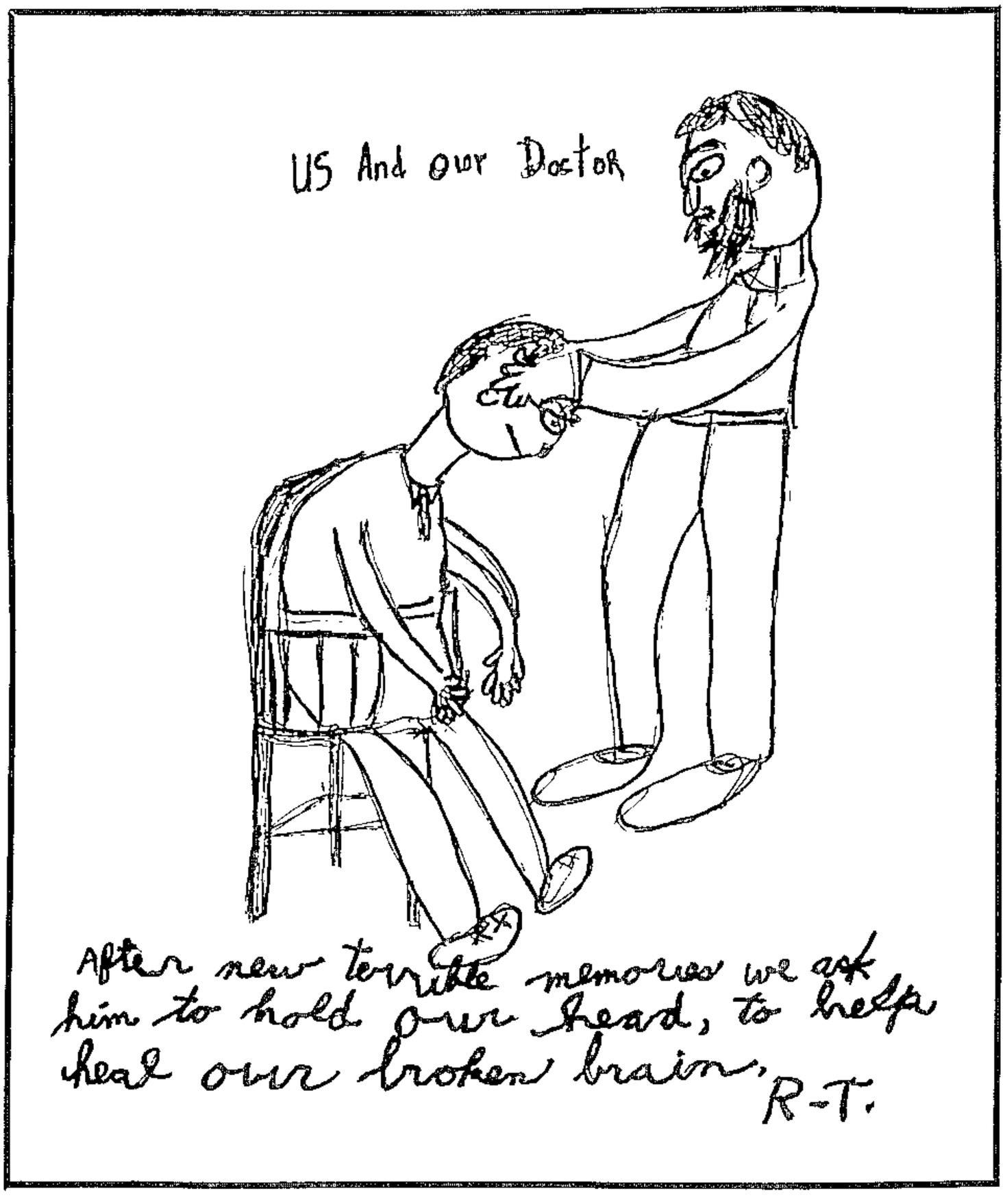
The stages of therapy you have experienced. What you see as progress What is your most stubborn problem How you are working on it in therapy. ART· Draw your special comforts. DEADLINE for submissions August 1, 1991

December 1991

Transforming holidays into happy (or at least tolerable) days What you do to protect yourself from memory triggers on special days. New "traditions" created for healing. ART Draw a picture of you and your best friend DEADLINE for submissions. October 1, 1991.

This issue explores Boundaries . . . A Touchy Subject:

(See page 2)



Many Voices (ISSN1042 2277) is published bi monthly at Cincinnati, Ohio Editor/Publisher, Lynn W Mailing address for all subscriptions, manuscripts and correspondence is PO Box 2639 Cincinnati, OH 45201 2639 Subscriptions in U S , $30 for one year Elsewhere, $36 This publication is designed to be an information exchange for MPD and Dissociative Disorders Neither its editor nor its layperson contributors are engaged in the practice of medicine Persons with dissociative disorders should consult with competent professionals to approve all treatment strategies.

A Touchy Subject:

By Lynn W.

Nations fight wars over boundaries — so I shouldn't have been surprised to learn how controversial boundaries are in therapy. From the material I received, it appears there is almost no consensus on what good boundaries are, what is *healthy* and *healing*, and what is potentially destructive. Obviously both clients and therapists have wide-ranging views of what is and is not appropriate in therapy.

Typically, I print only what I term "good therapy technique."

This time, I've included material I personally disagree with. And I leave it to you readers, both clients and therapists, to think about the boundary limits (or non-limits) expressed here. Talk together about what boundaries mean to both of you, and continue to clarify boundary issues as they arise in the course of therapy. I believe there are many more questions than answers in this edition of *MANY VOICES*. Perhaps that's as it should be. — LW

Topping *my* list of boundary biases: *My therapist is* not *my best friend, and I'm glad of it!*

That may sound harsh to some, especially since I love and respect my therapist, and believe she has helped me in ways beyond words. I am exceedingly pleased with my progress over the past four years.

But I am always aware that "nothing is forever", including my therapeutic relationship.

My therapist and I are *friendly*, but we are not *friends*. A *friend* could not do what she's done for me. Friendship is a two-way street. Therapy is a team effort, and she's the coach. It's a different ballgame.

I treat my therapist with respect, but I don't *give* in therapy as one would in friendship.

I am expected to work hard on healing in therapy sessions, to be as open as possible, to not abuse my therapist physically or emotionally, and to pay her for her time and the knowledge she shares.

She is honest with me, but does not scold. We discuss realistic changes to come with therapy. She doesn't expect me to jump hurdles to satisfy her needs for success.

I prefer to view my therapist as an 'expert', and save the most difficult work for our sessions.

I do not want to rely on my therapist as my primary resource for social support. When I'm "in trouble", I think of calling her *last*, not first . . . and so I almost never call her except to ask questions about medication dosage or to reschedule appointments. I certainly spend hours on the telephone, working through crises, but my *friends* hear my troubles (and I hear theirs.) My therapist gets the condensed version of the week's tribulations at the start of our weekly therapy session.

I do not call her by her first name because I *want* to keep the distinction between therapy and friendship clear in my own mind. (That's not *her* wish, it's mine.)

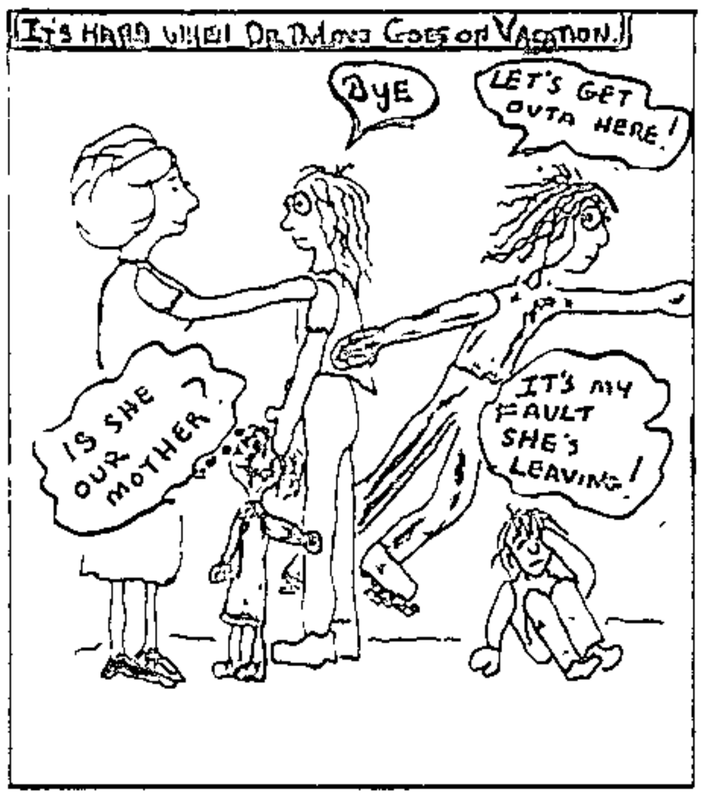
Any gifts we exchange are token gifts, not expensive.

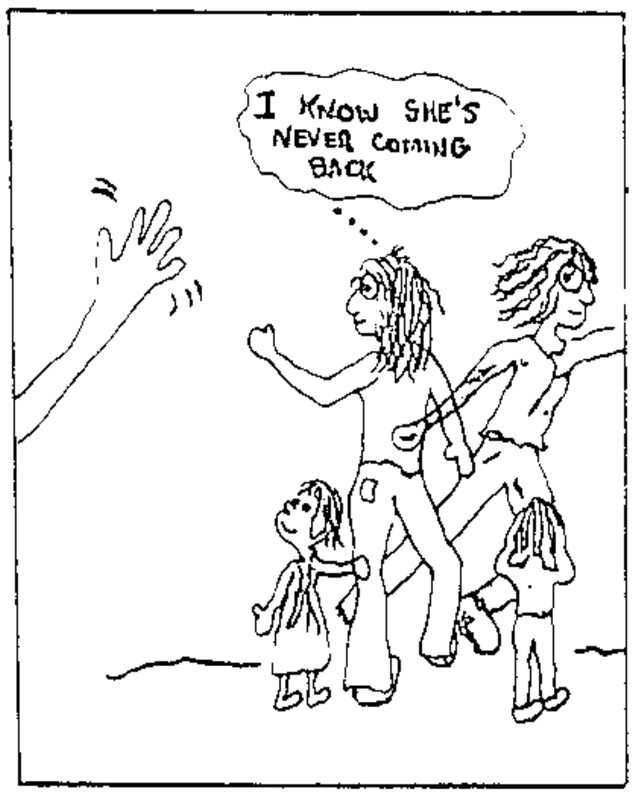
Holding or hugging is not a part of my therapy experience. Rather, she nurtures me with comforting words, and covers me with a light shawl when we "go inside". From the start, she taught me how to comfort my little ones, so I don't require her presence to "calm the children."

On the rare occasions when we are both in the same social setting, my therapy is not discussed. She occasionally shares her life-experience, but to a very limited degree. She does not ask *me* for advice about her emotional problems. (One friend's therapist—a single female—asked her *client* where to "find men"!)

In short, I don't expect my therapist to rescue me, "cure" me, or devote herself to my healing night and day. Those jobs are *mine*. I created my system of dissociated selves, and no one but me (and mine) can truly reassemble it.

MV





A Victim's Victim Survives

By Mark H.

I am a victim's victim (and now survivor) of MPD. My fiancee has been in therapy for three years as a result of rape, incest, cult programming and a host of bizarre events that created 52 personalities.

The last three years for me have been like a roller coaster ride — with unimaginable highs, and equally unimaginable lows. I have watched her scream silently for months on end and relive the pain that started four decades ago.

I too screamed silently. At first I wished it would all go away. I wondered how long it would take — one year, two years, five years, more? Month after month I would write in my diary "I cannot take this any more. I did nothing to deserve this. It's not my fault."

About a year into therapy, she became suicidal. I would visit her in the hospital, locked up under 24-hour guard, trying to offer every support and comfort that I could. She was a different person. Everything was different — her eyes, her voice, her manners, her very person.

After each visit, I would just barely make it to my car in the parking lot before my scream of pain would start. What was happening to me was completely overwhelming and completely consuming. This may not have been the end of the world, but I could definitely see it from where I was standing.

My roller coaster was going down fast. I was in a tunnel, and there was definitely no light at the end. I hoped and prayed that things would start going up soon. They did not. I stayed in that tunnel for the next year, always looking for the light at the end, and often doubting that the light existed at all.

About two years into therapy the light at the end of the tunnel appeared for the first time. Then it was gone. Then it came back, and then it was gone again. I had already screamed and cried so long and so hard that I hurt all over.

At this point there was nothing more I could do. I loved her, I cared for her and I wanted it all to be over and better. I was helpless to help.

I realized then that I was not taking care of myself, and had been totally consumed by her "stuff". The shock came when I learned that she did not want me consumed by her stuff. At the time, I did not understand that.

Another shock came when I learned that if I was not healthy, I could not help anyone.

The time had come for me to grow in a healthy way. I needed to be healthy and supportive at the same time. This was new for me, and I often felt as if I was betraying her.

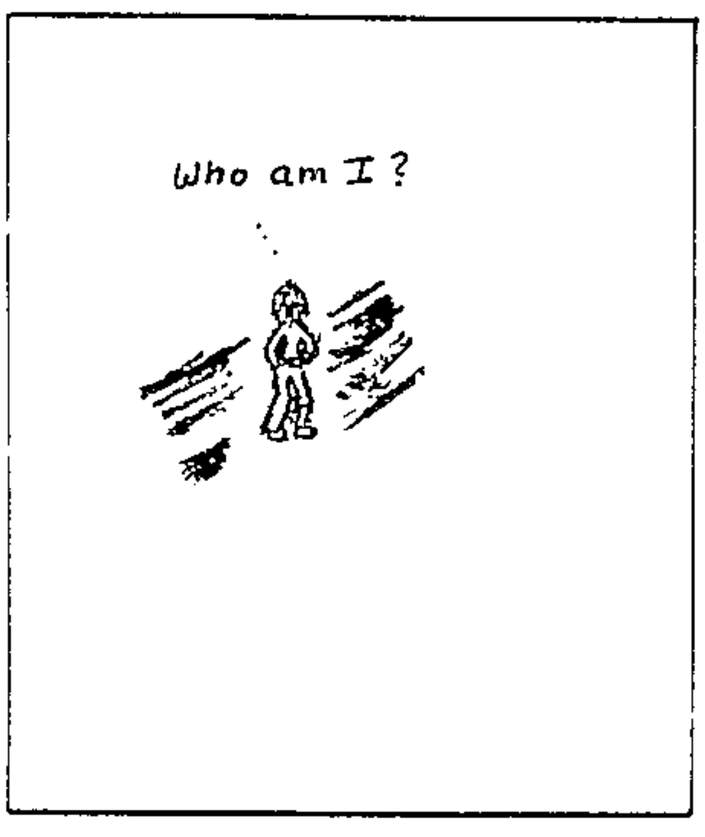
We began to work hard on our relationship. Thanks to the inspired guidance of her therapist, Gail T., the roller coaster is now going up, and going up fast. We have both grown tremendously in ways that are difficult to explain and even more difficult to understand. The light at the end of the tunnel is definitely on, and is getting brighter every day.

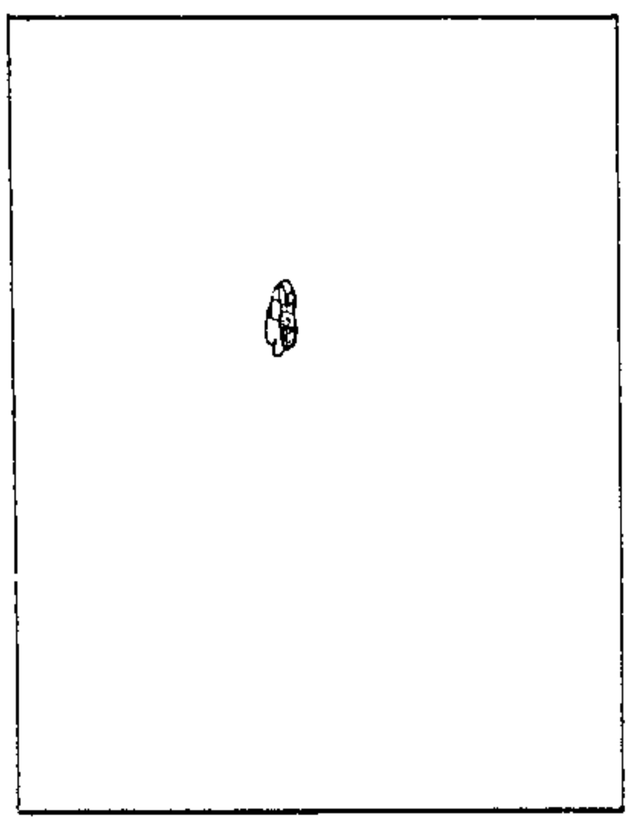
As the victim's victim, I can tell you that it is harder than most can possibly imagine to endure the trials and tribulations of MPD. The roller coaster ride is fast, violent, and often on the edge. The tunnel is long and dark.

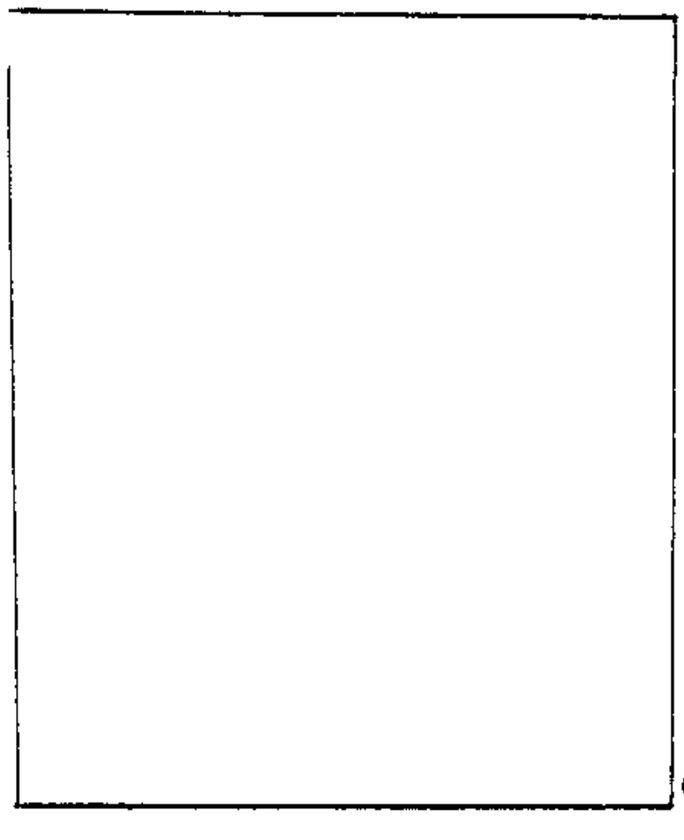
Being on the other side, however, is much more than I expected. We are not finished with all of this, but we are stronger, better, healthier and happier than either of us have ever been, both as individuals and as a couple.

I would like to give something to others who are victim's victims. I do not know exactly what that is yet, but if you have any ideas, please let me know.

MV







Therapists' Page

By Barry M. Cohen, M.A., ATR

Barry M. Cohen, M.A., ATR is Program Director of the new Abuse and Dissociative Disorders Recovery Program at Dominion Hospital in Falls Church, VA. A registered art therapist, he served as the Director of Expressive Therapies at Mount Vernon Hospital in Alexandria, VA from 1982 until 1990. He founded and chaired the Eastern Regional Conference on Multiple Personality and Dissociation.

Just as dissociation provided a creative escape from the terrors of early abuse, art provides adult survivors with a variety of opportunities for creative coping. Drawings and paintings invite the externalization of confusing, haunting, or playful images from trance so that they may be expressed on the page, then eventually discussed and understood.

You may have found that talking is not the most effective way for you to communicate certain of your thoughts and feelings. Drawings allow all the shifts in time, perspective, and developmental levels within you to co-exist in one place at one time on the sheet of paper. The arrangement of these elements need not be logical in order to be understood, in the way that words must. For this reason, drawing is a valuable resource for communication.

Art is a natural and relatively non-threatening way for the child parts of you to express themselves. In fact, it offers all the non-verbal aspects of you a language with which to connect with the world.

Many of you had the experience as a child of trying to tell someone what was happening to you, only to be disbelieved and ignored. Putting your story into a picture gives you a chance to tell it again in your own way and at your own pace. If there's a piece of information you need to hide from yourself or from your therapist, coding allows for that, too.

My guess is that many of you are already making pictures that have no simple or obvious meaning to you or your therapist. These are coded images drawn in trance. They contain messages from within; messages from your selves to yourself that represent a wealth of information, history, and feelings to be unraveled in the course of your treatment.

Finally, if you have ever doubted your diagnosis, then take a look at some of the artwork you made long before you were give the diagnosis of, say, MPD. If you are honest with yourself you will see those other parts who have drawn and struggled to assert their existence through art expression. It can also be quite validating to see traumatic events which surfaced (coded or otherwise) in your pictures over a period of years, which you are now reluctant to own. Remember that these images were largely created unconsciously.

Some things to consider

MPD is a disorder of time. It is both important and useful to write the full date with a pen or pencil on the lower right corner of the back of each picture you make. This will indicate "which way is up" to anyone looking at the picture, and allow you to review the unfolding of memories and feelings through your art in chronological order at any point during therapy.

MPD is also a disorder of identity. Allow all parts of yourself time for expression through creative activity. Many of you have special gifts in art, music, and writing. It is important to share these skills with yourself and others. Remember that those within, even though they may not be especially talented, also require time to assert themselves in the world and deserve the opportunity to express their feelings and experiences. Take care not to suppress their work; once created, it can be kept private.

Be aware that angry or destructive alters may want to destroy your artwork — or you may want to destroy theirs — particularly if it contains secrets that you feel shouldn't be told or seen. If your therapist offers to keep your pictures safe for you, accept. By receiving your work in this way, they are obligated to treat it with care and respect. As new art is brought in, the two of you can compare images in related pictures in order to put together more pieces of your complex personal puzzle.

Why is this such an important issue? Your art is an extension of the totality of you. Although you may not feel you are a valuable person, you are. You must begin to break the cycle of abuse by respecting yourself: just as harming the body you all share is not acceptable, so, too, is folding, tearing, or throwing away your creative productions. I have found that some of the most important pictures in therapy were usually the ones that had been tossed into the wastebasket.

Safety and respect for your artwork and its making is crucial. Start with the best quality materials you can afford to buy or borrow. I don't mean expensive oil paints and canvas. A simple pack of colored markers, crayons, chalk or oil pastels will do. You may prefer pens and pencils. Add color to your repertoire for maximum expression of feeling, texture for maximum sensation, scale for maximum impact.

Be sure to give yourself large enough paper to get your message across (even if you feel you don't deserve it.) I cannot tell you how often my heart has been broken seeing drawings on therapists' office letterhead, lined notebook paper, or computer rejects. If you can't afford a tablet of 9x12 or 18x24 inch drawing paper, ask your therapist to have one available, but don't abuse the privilege.

A Few Words of Caution

Employing certain art media can actually result in a psychologically damaging experience. They can promote emotional or developmental regression, which may be contraindicated, especially if you are striving for optimal functioning in your daily life. Fingerpaints should be used with particular caution, if at all, for this reason.

Forbidden anger and rage, especially when stored up for years, will certainly burst forth in your pictures. Don't be surprised or dismayed by the appearance of explicit sexual or otherwise unexpected abreactive material. These images may be frightening to look at and more so when they must be acknowledged as part of "your experience". It is natural to doubt these scenes at first. Allow your therapist to help you work through these memories, separating the real from the not-real.

Please be careful to watch for signs of flooding, or being overwhelmed by too much abreactive material. This may occur in your ongoing therapy when too much is uncovered too quickly, without the benefit of adequate time to process. Art,

(cont'd on page 5)

(Therapists' Page *cont'd*)

because it is such a powerful tool, will intensify this phenomenon.

Picture making can intensify normally difficult event anniversaries or recovery of unpleasant memories, resulting in endless flashbacks, when not properly monitored. Give yourself permission to slow down — even to stop making art for a period of time — so that healing may take place. Naturally, I do not wish to discourage the making of art, especially outside the therapy session; rather, I am advocating pacing.

You can and will make art during the course of your life just as automatically as you breathe. At times it will come to you just as you wish, other times it will come through you like the unbidden flashbacks of long-ago traumas. However, making art is one thing — understanding it is quite another.

I heartily advise my colleagues to simply look at the pictures. . . and look. . . and look some more. They may say nothing to you but "uh huh", and let you do the talking. This does not mean your therapist doesn't care about your work; he or she is letting you pace yourself, for safer healing.

A therapist untrained in reading pictures may make incorrect or premature interpretations, based on what she or he wants to see in your pictures. Even those clinicians skilled in interpreting dreams need to learn the grammar and syntax of the drawn image. For trained and untrained clinicians alike, trying to squeeze the meaning out of a picture, when the subject isn't obvious and the client isn't ready, can be a mistake.

Some clients become frustrated when they are paying for private art therapy and are not getting elaborate interpretive commentary. In the long run, you are the only one who knows what your art is all about, especially if it is heavily coded. In the meantime, share some of what you feel are your most important pictures with your therapist. Don't overwhelm them by flooding them with so much material that they can't process it all, either.

What to do Until the Art Therapist Comes

There are a variety of structures and techniques that I recommend to clients and therapists to aid in the safe making and processing of art within the treatment context of severe dissociative disorders. Here are a few of the ones I have found useful. Some of them were devised by my clients. You are your own best resource for ideas in this area. Were it not for your survival capacity and creative instincts, many of you would not be here to read this page and to pursue your own healing.

The life-line or life-mural is useful for clients who have difficulty with continuity in time and biographical history. By drawing memories as they become available through therapy, such as important events or the appearance of new alters, you can piece together the chronology of your life. I recommend the use of 18x24 inch white drawing paper because it can be taped together along its edges, while allowing for new memories to be inserted along the way. These large format sheets, once taped, can be folded into a flat stack and opened like an accordian to any section you wish to review.

A client with a child personality who was unable to verbally tell her therapist about early sexual abuse, invented a series of envelopes, each containing the floorplan of a particular room or place. All of the furnishings, objects, and people were movable pieces (including removable clothing and genitalia) so that her story could be told without words.

If you think you must be gifted in art to use visual media effectively, try collage. Collage requires no drawing skill, just a pair of scissors, a glue stick, and a few magazines. You can make collages about your alters, your system, likes and dislikes, memories, feelings, and even some of the destructive activities you are working so hard to control. I've seen a lot of powerful and effective collages that express very direct feelings. One such picture was a collage/letter to a deceased abusive mother. Collages allow material to be expressed in a way that can't be done with words alone, although words are often an important part of collages.

Almost every client needs more therapy than she or he can financially afford. Art making is a powerful and economical mode of self-expression that can "stretch", not "shrink" your therapy hours while at home. It is alright for your pictures to be "ugly" or "scary". Every trauma you share on the page is one less trauma in your heart.

MV

RESOURCES FOR THERAPISTS REGARDING THE USE OF ART

Cohen, B. (Speaker) (1989). Affirmations and creative techniques in treatment (cassette recording no. 03-520-89). Alexandria, VA: Audio Transcripts.

Cohen, B., Cox, C. (1989). Breaking the code: identification of multiplicity through art productions. DISSOCIATION, 2 (3), 132 137.

Cohen, B., Mills, A. (Speakers) (1990). The diagnostic drawing series and multiple personality (cassette recording no. 900127-110). Richmond Hill, Ont.: Audio Archives of Canada.

Cohen, B., Cox, C., Jacobson, M., Mills, A., Steinberg, N. (Speakers) (1989). Art therapy consultation (cassette) recording no. 25-494-89a,b). Alexandria, VA: Audio Transcripts.

Frye, B., Gannon, L. (Speakers) (1989). The use, misuse and abuse of art with multiples (cassette recording no. 27-512-89). Alexandria, VA: Audio Transcripts.

Audio Transcripts: 1-800-338-2111; 703-549-7334.
Audio Archives of Canada: 416-889-6555.

Musings About a Therapist's Touch — In Three Parts

By S.J.H.

PART ONE

I want you to hold me
But I cannot ask
I'm too afraid

If you hold me
Will my "sickness"
Rub off on you?

Will the "badness"
Of my soul
Find its way to your heart?

If you hold me
Will my pain
Be too overwhelming?

If you hold me
Could you hold the child
And forget I'm a woman?

If you hold me
Could you pretend
I was sexless?

I want you to hold me
But I cannot ask.
I'm too afraid.

PART TWO

What am I to you?

Am I only a client
You see fifty minutes
Out of the week

An occasional phone call
That interrupts
Your dinner

If I were to die
Tomorrow
Would you really care?

Or
Maybe
MAYBE...

Am I a real person
Someone worthy
Of caring about?

Sometimes I think
You might be
Afraid of me

That my needs are
So overwhelming
They might swallow you
up

There is another question

What are *you*
To *me?*

This one is harder
To define how I feel
Say what I need

I'm too afraid
Afraid
You'll reject me

I could handle it
But the children
Would be devastated

I need you
I want you to care
About me, as a real
person

Sometimes
I want you to hold me
But I can't ask

I'm too afraid
Not afraid you'll say
yes...
Afraid you'll say no.

And I'll be alone
Really alone
A.l.o.n.e.

PART THREE

At least now
I can pretend
You care about me

But...
What would happen
If you said yes...

Well, that would depend
Wouldn't it
On who you said yes to

Sandra could never ask
Though the need is great
The fear is too strong

For Shasha it would
Fill a need
Too long denied

Millie wouldn't know
What to do
She would be frightened

Marta and Samara
Don't seem to need
Or want touching

The Destroyer
Would reject it
Get violent maybe

The Whore
Would try to make it
Sexual

The children
Are the ones
In the most need

Another question...
What would holding me
Do to *you* (*for* you)?

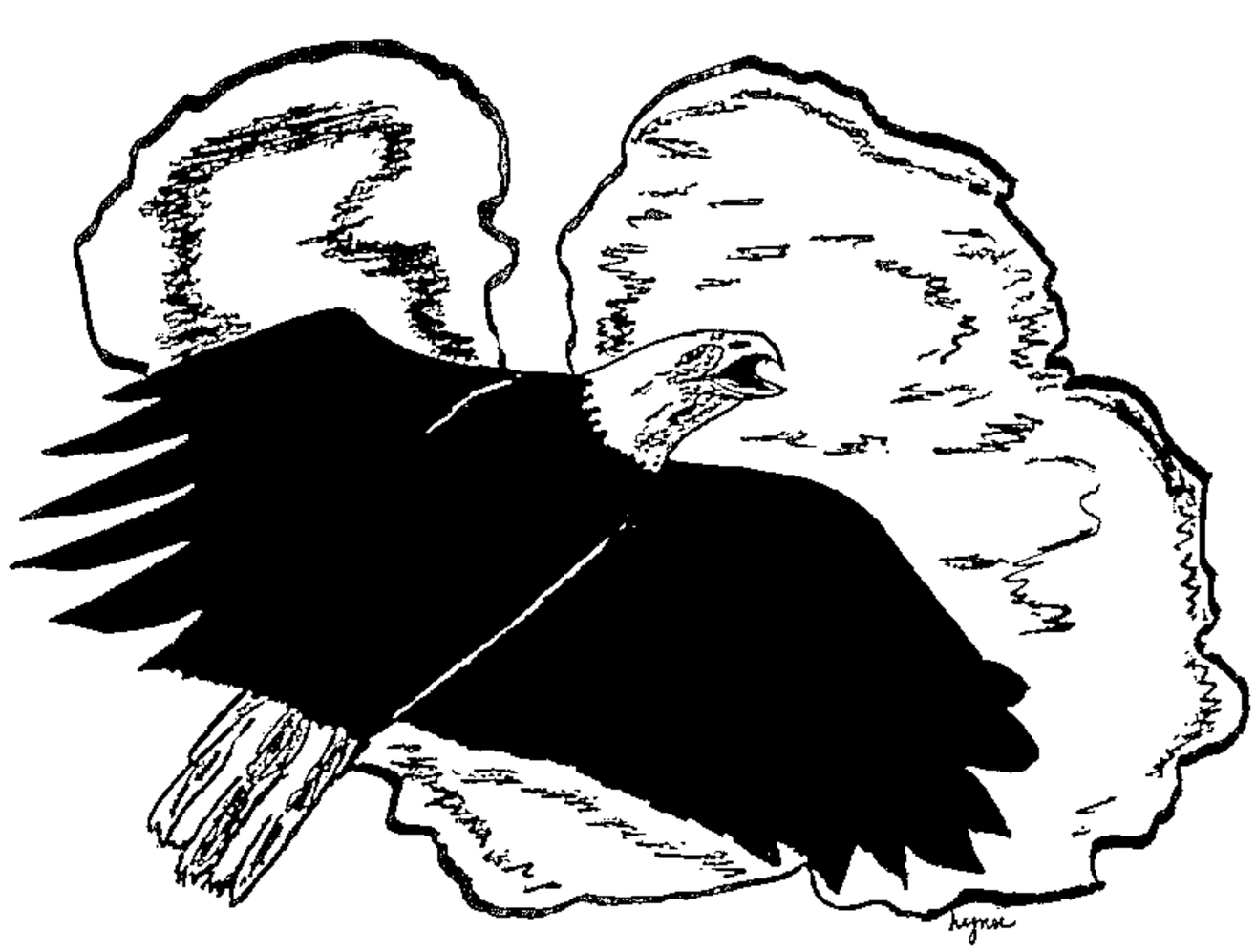
I feel a need
To protect you
From me

I don't want you
To feel
Compromised,
Contaminated

Would it be possible
For you to forget
I'm a woman

And just hold the children

It's easy to write these
words
Knowing
You'll never see them
anyway.



Recovering

By Rita M.

Q: Is hypnosis necessary in the treatment of MPD?

A: It's important to understand that hypnosis is not a magical key that unlocks all doors. It is simply a tool that can be used to help the process of therapy. However, whether or not a therapist is trained in hypnosis, or uses it in a structured way, hypnosis is involved for the MPD client.

How is that possible?

Dissociation, the root of MPD, is a form of self- or autohypnosis. It is an automatic defensive process that allows MPD to develop. Therefore, MPD clients can and often do "trance out" on their own, usually in response to some perceived or actual threat or uncomfortable situation. Typically, this is when alter personalities will come forward, or change who is in charge.

While hypnosis can be useful, I do not believe it is a necessity in the treatment of MPD. It holds no guarantee of success in the treatment process. Success is only achievable when the client (and system of alters) makes a firm commitment to recovery and takes responsibility to do the work to make recovery happen.

Another misconception about hypnosis is that a therapist can "hypnotize" a client, bring forth alters, and get them to reveal information at his/her command. The truth is that *no one* can force another person to do something under hypnosis that they wouldn't do when in a normal state.

As I write this, I can hear the rumble of disagreement, especially from ritual abuse survivors. In response to anticipated protests, let me say this:

1. A therapist is a safe person and a safe person is not going to *force* the revelation of information. It isn't the therapist's job to make a client/alter "talk". He/she encourages disclosure by the client so they can work together to heal the trauma.

2. Cult or ritual abusers (or abusers in general) use coercion, force or threats of mutiliation and death to the victim or loved ones, to obtain the victim's cooperation/participation in abusive or violent acts toward other victims. They often use brainwashing or mind-control techniques that "program" a victim and appear to be hypnosis.

I don't believe hypnosis alone can motivate a person to perform any act that they find repugnant or that goes against their values. However, torture and/or the threat of torture or death can break even the strongest spirit.

That doesn't mean the victim's spirit *stays* broken.

These techniques are used by every terrorist individual or group in the world, whether it be against their own children, against political prisoners, or "enemies of the state". These techniques are not considered true, clinical hypnosis, and are not insurmountable.

Torture and threat is a completely different realm from the therapeutic experience.

Hopefully you're in therapy to get better. You have choices. Sharing the pain, admitting to what really happened, is part of the healing experience. That's something therapists can help you with, but they can't pull it out of you. You must offer it.

Q: What is your opinion about 12-Step groups for people with dissociative disorders?

A: My clients have had mixed experiences with 12-Step groups. Some of that has been related to specific group's personalities, or specific contact people in a certain group, with negative results. Many have found good support there. It's very dependent on the individual and his/her readiness or ability to be responsible for self and recovery, attitude, level of denial, etc.

However, I do a lot of preparation and education with clients about 12-Step groups... especially around what such groups can and can't do for the client. Boundaries are *very* important for most of my clients, and this can be a real problem when others in a 12-Step group become overly intrusive, etc. I believe the spiritual aspect of 12-Step groups is *vital* for recovery of any sort, and use this a great deal in therapy.

12-Step is only a part of recovery. You can't get everything you need there, but you can get a lot. Again, anonymity is important. I don't advocate revealing past history (to any detailed extent) at 12-Step meetings. I also caution clients to understand that 12-Step meetings do attract many dysfunctional people, so they need to be selective about who they hang out with. MV

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

Good Boundaries Keep Us Safe. . .

Limits! The very word has filled me — and my therapist — with foreboding. Even though I think we've finally managed to deal with them, I don't think I'll ever hear the word, or remember this experience, without a shudder.

My therapist first imposed The Limits (a cut-back in therapy time and limits on phone time) on August 13, 1985. The imposition of those limits caused immediate agony, and was followed hours later by my only suicide attempt (to date).

The Limits have remained, since that moment, the primary source of pain, week after week, year after grinding year. Most of my frequent wishing for death has revolved around The Limits, as has much self-abuse.

We worked through memories of our having been abandoned — the time Mommy put us in a box and came back two days later, the time the only person who had cared about us left town, all the ways no one had been there for us, the ways Mommy let us down. Often there would be a brief respite, a surge of hope —this time we've done it; now we know why the limits hurt so much.

But in a few days the agony of The Limits would clamp down again. Looking back, the work likely did ease the pain considerably, but just didn't touch whatever was the core experience.

Some of us read psychology books. Nothing they said about limits seemed relevant to what we were going through. Our therapist did what she could to explain, but nothing made any sense.

Until recently. The last five or six months we have been working with the cult-related material. Not, as we were at first, on the horror, the terror, the pain. Now we were working on our guilt. We felt the anger we had let loose at the victims, the way parts of us had enjoyed getting revenge on one person who had raped us, even though we couldn't harm father and brother. We felt again the satisfaction of having somebody (the victim) care deeply about what we wanted. In sum, we felt the horror of what was happening to our soul.

There was also the guilt when we couldn't feel, back then; those times when we couldn't bear any more, when we just wanted it to be over, the way our therapist shut us out (we felt) when she sent us home.

And then I, Jessica, (integrated from ISH, core personality and most of the alters) knew — we couldn't stand her watching us hurt because of the ways we had watched others hurt, and couldn't stand her shutting us out because we couldn't stand our shutting out the feelings we had back then, and couldn't stand Mother's ability to inflict pain and to shut out feelings.

When we got there, when we realized how terrified we were of becoming a monster like our mother (who is also probably multiple), when our therapist had gone with us, and knew all the terrible things we felt, and loved us anyway, then we could really *know* that not all shutting-out is the same.

What we did, what our therapist did, was what normal, caring people do to protect their sanity, and their ability to come back and help. The pushing-away/not-feeling that others in the cult did, including mother, father, and then brother, was caused by the destruction of their souls.

This revelation only happened last week, so I can't prove that this has drastically changed how we will feel about The Limits, but I know it has. There will still be times The Limits hurt, but not the way they used to. I'm no longer afraid that we, or our therapist, is a monster.

By Jessica T.

Boundaries with Family

By Anonymous

I recently sent this letter to my mother:

Dear Mom,

I am writing you to restate some things that still apparently aren't clear.

I am working through some stuff right now and do not want any contact with you. I agreed that if you moved that it would make sense to let me know.

In the past year since I called you and made my needs known to you, I have received two phone calls, a few cards, and a gift. All of these actions fall into the category of "contact". In order for a relationship to work it has to work for both parties (win/win situation). When it works for one and not the other it works for neither (lose/lose situation) If you want to discuss what you think or how you feel about this, you will have to find someone else other than myself.

I am seeing another therapist. He specializes in cases like mine. I am fortunate to be working with him

Thank you for your support

I was afraid of her reaction to this letter at first, but if she does call I have something to tell her.

I will discuss this with my therapist, but I plan to tell her that the only contact I will accept is a check for $100 a week to pay for my therapy. A year ago when I told her I wanted no contact, I didn't tell her why. I was shaking and had tears in my eyes, but I did it. I wouldn't have dared to ask for money.

I have since come to realize I have a right to ask for it, and I have a right to get it. I also think I'm about ready to tell her I was in the hospital last year for 30 days, and to tell her my diagnosis.

. . . and Help Us Heal

Like many others, I'd gone to a lot of therapists and got several different diagnoses. Before my current therapist came along, I had met all types: the screamers, the liars, the confused, the clock-watchers, the yawners. Some were worse off than I. All had one thing in common. They sat as far away from me as possible.

It seemed appropriate to me at the time. All my life I had been shown that touching meant pain or sex or both. I was taught that I was ugly and not worthy of being touched.

I met my current therapist while preparing for a divorce. He saw my MPD and began confronting me about it.

After three years, we're still working. Don is a special person. He's much more a friend to me, I'm afraid, than I am to him. He's seen me drunk, he's seen me crazy, he's fussed at me when I get out of line about something, he laughs at my silliness, he's pulled me off cliffs and called paramedics during overdoses. He gets letters from a lot of my alters, and some of them aren't very kind to him. He gets phone calls at all hours and it can be me or someone else. He's taken me to the hospital in panic attacks, he consults with my family doctor, and acts like a pit bull about my medication. Once, he even sat on the floor with me in my room at a mental hospital and we *both* cried.

As far as limits go, I think if your therapist is in tune with you at all, he or she will know the boundaries. At times, Don holds me during a session and other times he doesn't. It depends on who is there with me, or what kind of a session it turns out to be. Some of my alters hate him and won't let him near them. He respects that. Others need to know that touching can be warm and nice and doesn't have to go any further.

Phone calls are something I limit. I think if you have a good therapist, you respect his or her time. They have families, friends, and other commitments besides you. If you're lonely, go to the mall and talk to old people. They *love* to talk and you might just learn something. Save the calls for *real* concerns, and accept the fact that your therapist might be right in the middle of a crisis with someone else and you might have to wait.

I sure as hell would hate it if, right in the middle of *my* session, Don would take a call from some other client. I've been to therapists who *do* that, but not more than once!

By Wendy

I have been in therapy for five years, and one of the hardest things to learn to trust is that Jon and Carol aren't going to hit me, and that they aren't going to leave just because of what I am telling them.

Another hard thing is that they are never going to ask for any sex just because they have been doing things with me or for me.

My father and grandfather would expect paybacks for the nice things they would do for me. Their paybacks always consisted of sexual acts.

Jon and Carol have done some parenting, but Jon says "I am being a parent now," when he feels that he needs to come across as a parent.

There are times that we have asked for hugs, and both Jon and Carol will ask why. They may refuse at a specific time, but will tell me that it has nothing to do with being mad or not caring.

We have had many talks about giving Jon and Carol gifts and we discuss why they can't allow gifts.

We also talk about transference and counter-transference.

Jon and Carol have helped me take the responsibility of telling them if I need to be hospitalized or what is needed at a specific time to keep myself safe.

I can see that I have made some headway. There are also times that I wish that I could just let Jon and Carol take control. But that isn't the road to becoming healed and healthy.

By Vickie & the Gang

Resources

October 1, 1990 is the revised deadline for return of questionnaires re: The Study on Survivors of Mother-Daughter Incest. Survivors and their counselors are invited to assist this comprehensive study. Write Bonita A. Portzline, One Liberty St., Gettysburg, PA 17325. Or call 717-334-2063.

Loving Hands Incest Survivors Anonymous reaches out.

All day workshop, October 6, 1990. Contact Pat (313)882-6446; Sally (313) 331-4718, or Jean (313)647-8693.

DD-Anon Group One offers information to assist friends and family of those in therapy with dissociative disorders, via 12-step program. Write to P.O. Box 4078, Appleton, WI 54911.

Human Healing Arts, Inc. requests manuscripts of short stories dealing with Satanic abuse, for the purpose of exposing Satanism, and that one can escape and recover. Send stories or artwork (slides) to P.O. Box 1898, NY, NY 10025. Include SASE for return of material. To receive HHA mailings thru 1991, send $20 check. Tax deductible contributions appreciated.

MANY VOICES presents resources for reader information only. An announcement here does not constitute a recommendation or assurance of safety. Readers should use discretion in responses and write to MANY VOICES if you have a problem with a particular resource we've listed. Thank you. — LW

Cry for a Mother

By Dorothy P.

I remember sitting in the middle of my bed, eyes wide open, trembling in terror, not having the faintest idea what was happening. Every nerve and every emotion seemed to be aroused. And it hurt. Not like a broken bone, but an uncomfortable ache which made it impossible to sit still. I wanted to run: out of my house, out of my body, out of my life.

That is how it felt when I began therapy. After years of feeling nothing, suddenly every emotion was turned on. This article is about my experience with therapy and transference.

When I began therapy I quickly came to believe that it was my last chance to bring balance and meaning into my life. For years I had been unable to cope with my fears, guilts and uncertainties, and had shut out everything other than the tiny area of work. The only thing I knew how to do was my job and even that had been getting pretty shaky. I knew my life was passing me by and I was missing most of it. I was aware of a need for change, to stop feeling lost. On an intellectual level I made a commitment to do whatever it took to heal.

What was going on inside was another story.

Flashbacks started with memories and sensations of terror, confusion, helplessness and terrible longing. The predominant sound became the agonized cry for a mother. While the cry and realization of what had been lost were new to me, the pain and emptiness had been with me as long as I could remember.

Awakening the little ones inside was an irreversible process. Some of them weren't going to stop until they had some relief. On therapy days they started nudging me early in the morning, wanting me to jump out of bed and rush to my therapist's office, even though my appointment wasn't until five o'clock in the afternoon. They found my therapist, a kind and softspoken young woman, to be the mother they had been waiting for and needing all those many years. The attachment was immediate and just continued to grow. After a time I felt I would surely die if I lost her.

Therapists talk about transference as though it is a run of the mill thing. It doesn't seem they can be focusing on how it feels. Those feelings overpower everything. I was consumed with the need to please her and keep her in my life. I was powerless against those feelings but I tried very hard to hide them.

Experience had taught at a very primitive level that when I grabbed too tightly the mother always got away.

I don't know whether my therapist was aware of how I felt. I tried to act calm and not let her see too much. But it was hard. While driving to her office my little ones were in a panic that she wouldn't be there. I couldn't catch my breath until I saw her. Then I had to listen to her voice to hear if she was angry before I knew whether it was safe.

I wondered where this would end and sometimes I felt something was wrong. She could pull the plug on me anytime and I thought that probably wasn't how it should be. I doubted that it was her intention to have such power or that it was healthy. But I couldn't do anything about it. The little ones' needs were too great. She was their mother, they had waited for her for 40-some years, and they weren't going to let go. They would do anything in order to keep her.

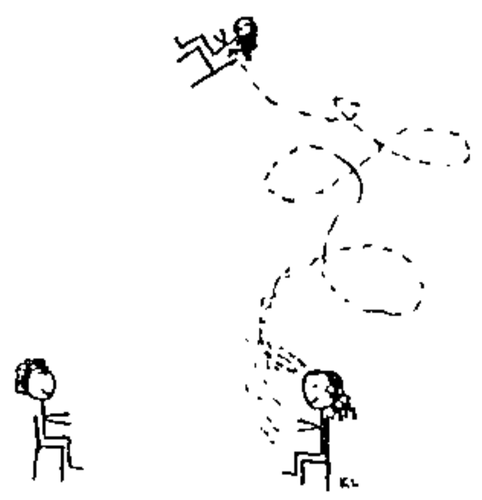
She was an excellent teacher and I learned important lessons from her about taking care of myself. So we went along in therapy and everyone seemed to be happy. Then one day she decided to move her career to another part of the country. She pulled the plug!

The pain and screaming were unbearable. I thought I was dying and I wished for it to be over. That was more than a year ago and the pain is only just now beginning to subside.

Whatever you therapists see as transference is just the tip of what we clients see and feel. We have survived by watching. We learned a long time ago how to please, how to avoid punishment, how to blend in, how to surpress our feelings and swallow our needs. You are only seeing what we are unable to control. We don't like it either. It is no simple, clinical phenomenon to us. We have been living with it for a long time, probably all our lives since we have always been searching for what was lost.

That was my experience with transference. Where are we now? My little ones are back in hiding. When our beloved therapist was saying her goodbyes, one of them wrapped herself in a black sheet and refused to come out. I think her message was a warning to me that we were in for a bad time.

It surely has been. But once in a while now, they peek out at my new therapist. They haven't completely given up hope that their mother will return, and they are still afraid to trust. But I think we are all about to begin our process again, and this time we are coming from a stronger and healthier start. MV



The Going-Away Feeling

The going-away feeling is also called *dissociation*. I get it if anyone around me gets mad or sexual, or if *I* have any of those feelings. Or I get it in therapy if we talk about very scary things, because I'm still learning what is safe. By KL

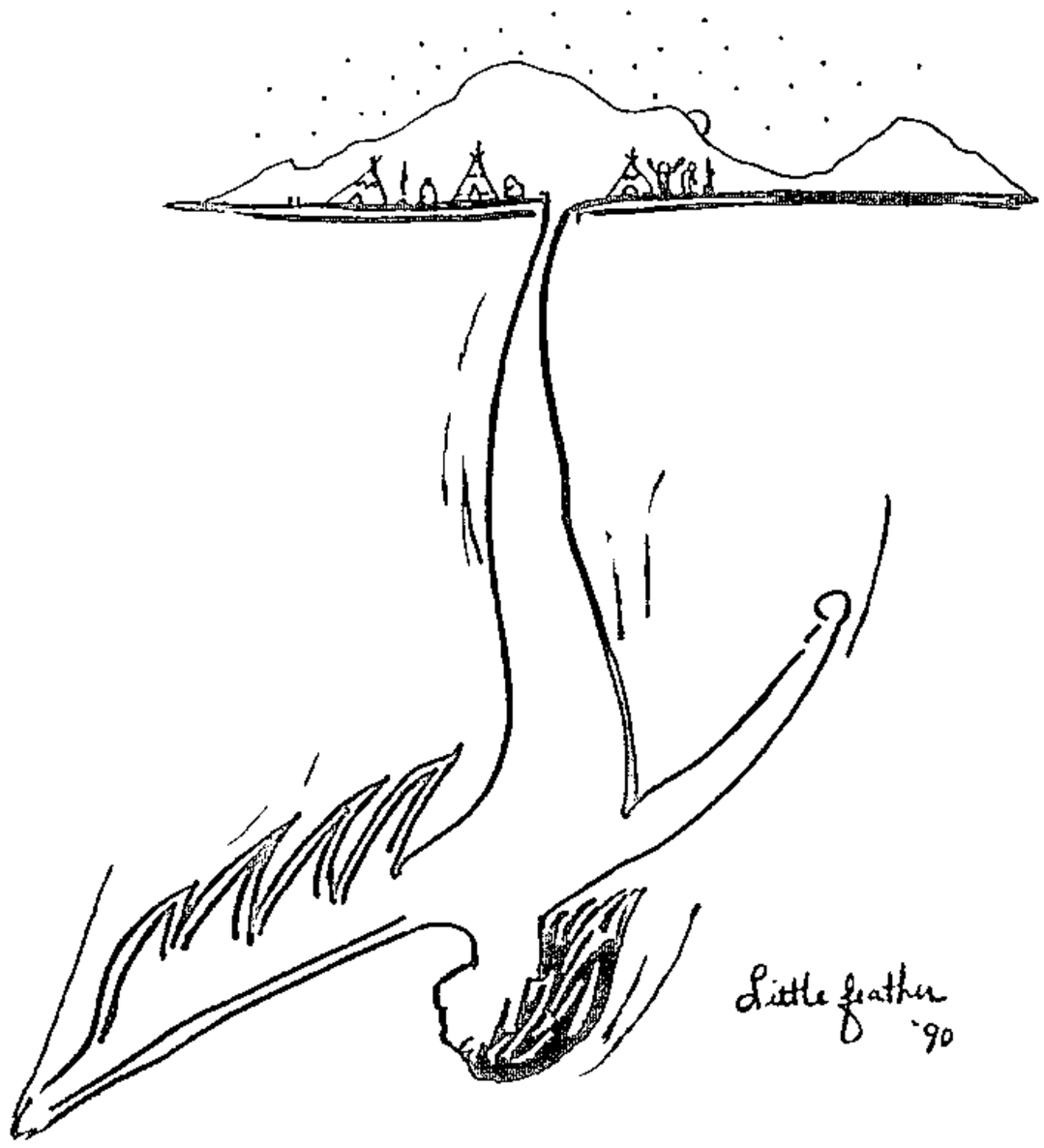
One Day

Black and jagged before closed eyes,
Confusions of images taunt me from secret
hiding places.
Voices that are not, yet torment me still
In the anguish of terror — a past's
gripping, ripping despair.

A gentle voice, a calm presence,
A something far away, in sky-blue freedom,
In familiar, sheltered safety.
There's a place for me there, but...
Not yet, not yet. A battle cannot wait,
can only be endured.

Desire and need clefts in two my body and
panic-heavy mind
That cannot hold back the spectre of the unspoken;
That sweeps me back to an infant's silent desperation.
Misery personified; frantic eyes, wearily searching for help.

Does a refuge exist?
Can the sky-blue rescue ever reach me?
One day. One day. The child will quieten,
The ghost will leave.
I will open my eyes and see morning. By Julie B.



I AM NOT FALLING... I AM FLYING!

Books

Nap Time
The True Story of Sexual Abuse at a Suburban Day-Care Center
© 1990 by Lisa Manshel. 365 pgs. Published by William Morrow & Co. Inc., New York, NY. $20.95 hardback.
and
Not My Child
A Mother Confronts Her Child's Sexual Abuse
© 1990 by Patricia Crowley. 308 pgs. Published by Doubleday & Co., New York, NY $19.95 hardback.

Here is a pair of books that appeared at the same time, from two different publishers, but are about the same set of circumstances.

Wee Care was a prestigious Day-Care Center in New Jersey. One young teacher managed to molest many of the children attending the school.

Nap Time tells of the investigation and the trial. It's an intelligent, sensitive and well-written book. I was very impressed.

Not My Child was written by the mother of one of the young children who was victimized by Keily Michaels. I was almost reluctant to dive right into this one immediately after finishing *Nap Time*, but it didn't take many pages to see that this is an equally worthy book. The names used for the children are different, but it is quite obvious that this is the same group of people.

In this case we feel the mother's anguish at missing the signs which were there in her daughter, especially in light of the fact that she herself was an incest survivor. This mother interviewed many of the parents in this case, so she describes the reactions of many children to the abuse, to the trial, and to its aftermath.

One insight I had is that even having been abused does not educate a person to see the signs in young children. After all, at the time of the abuse, you are busy surviving. You live your life and accept it as your life. You have no way of knowing which of your actions are reactions to the abuse. As an adult, you may enter into therapy. You may learn that your adult self (or selves) reflects powerful events in the past. You may be able to detect some of the signs in other adults. But, you may still miss the kids...

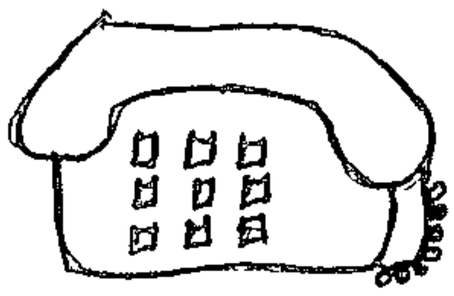
This pair of books will be eye-openers for many people. I fervently hope that a good number of these people will use this knowledge to the benefit of child victims whose lives they touch — as parents, teachers, therapists, or just people who *care*.
— Annie

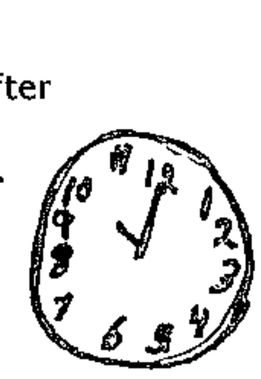
Ancient Child
Poetry About Incest
1989 by Marcella Bryant. Published by Plain View Press, PO Box 33311, Austin, TX 78764. $10. 74 pages softback

I think $10 is a bargain for this incredibly touching book of poetry. Incest is the theme. The trauma is exposed by Ms. Bryant in all its levels: helplessness, anger, tears, insanity, therapy, cautious recovery. The abusive father and the denying, colluding mother are depicted in well-chosen words that condense and focus the experience of a survivor's childhood. I recommend Ancient Child without reservation. — LW

I have a man doctor and a woman doctor. Both of them hold me when I want to be held. They promised no bad touching. Even if I wanted to, because I thought it would make them happy, they will say "No." It wouldn't make them happy. It would be very sad, because I should not have to choose bad touch. They taught us not to choose it.

I can call the doctor if it's not after ten o'clock.
I can call if its a real emergency.
Gum in someone's hair is not an emergency.





I can write notes and leave them at the office.
I can leave a message.

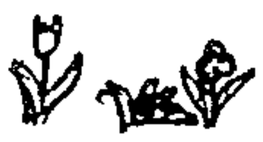
October 1990

Grief Accepting loss in order to heal How to 'work through' grief ART. Draw your path through grief DEADLINE for submissions. August 1, 1990.

December 1990

Relationships with "outsiders": children, friends, spouses, significant others Who do you tell about your diagnosis? When and how much do you tell? Dealing with negative response. ART Draw you and your friends/family. DEADLINE for submissions: October 1, 1990

I get a lot of love and holding. Mostly on Fridays. We have more time that day.



I see her garden when I am invited.

I can not live at their house.
I must live at my family's house.

By Shyanne C.

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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