

# MANY VOICES

WORDS OF HOPE FOR PEOPLE WITH MPD OR A DISSOCIATIVE DISORDER

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These are our special comforts. They were bought especially for us, except Bear. He belongs to our therapist and lives in his office, but occasionally he gets to come home with us to visit.

Gray Bear belongs to Sherry. He has been here the longest. Dana Bear is Heather's (age 5). Stupid Bear, who is really a mouse, belongs to Andy (age 6). The doll is Sara's (age 8) and has no name yet. The bunnies belong to Michelle and Mikey (the twins, age 7 and 2.)

Some of these stuffies have been through a lot. Gray Bear spent a lot of time living in our therapist's office for safety.

Even so, he has many stitches and has had to be restuffed. Stupid Bear has lost his whiskers, the holly berries and leaves on his head, and had his sweater torn. Even Dana Bear has stitches in his neck. He is perhaps the most versatile of all the stuffies. Everyone has used him as a comfort at one time or another, even the grownups. He is the one who accompanies us when we need to be in the hospital.

Written by SAM (age 13)

# Working with Stubborn Problems

We went to the Emergency Room again last night. Twenty-nine stitches in the leg. The doctors and nurses all know us now— they remember to take Jamie's temperature in her ear, and to give her lots of stickers. Jamie is only six, and I guess she thinks getting stitches is just something little girls have to endure. Like being hit. Or molested.

I'm never "out" when we're in the E.R. I usually find out about it the next day. I get so frustrated, and so tired. Why does this have to go on over and over and over? Jamie pats my hand and tells me it's because of the "richools", and says if we let the Monster cut a little bit then maybe he won't cut off a finger. I suppose that's the beginning of cooperation.

Right now, some of us need to cut. There are lots of reasons for it — guilt, punishment, distraction from the memories, and those insane richools. I can't *make* them stop. They have to want to stop, to see for themselves that they are scarring the only body we have, and it's not worth it! To outlaw cutting would only give the others another rule, another form of control. We have been controlled enough and now we need to be understood.

I can't really understand why the Monster and his allies have to keep cutting us up, but I can accept it, and work with it. Instead of getting rid of Them, I will try to teach them better and healthier ways to cope. I will try to remember that they are also little children, who need kind words, and stickers, and the warm sunshine on their faces.

By Robin S.

**I need to feel** that I am the only one who sees my therapist. I don't think of it as therapy. I am not a patient. My therapist is my mommy, and I am an only child.

As long as I can keep this "family structure" intact, I have relatively few therapy-related crises. But if anything happens to shatter my family of two, I am devastated.

Some things that can shatter it are:

- hearing my therapist say goodbye to the previous patient
- seeing evidence of the previous patient in my therapist's office (pillows moved)
- hearing my therapist greet the next patient ("Please come in")
- answering machine clicks during my session
- knowing that my therapist has concerns about her outside family (her "real" family)
- my therapist changing her schedule
- my therapist taking notes
- seeing my therapist's appointment book
- my therapist getting a haircut, new glasses, or contact lenses
- a slight change in my therapist's tone of voice

There are times when these things cause a great upheaval that lasts a month, times when the upset lasts only half a session, and times when we don't get upset at all. It depends on

- where we are within ourselves at the time
- how our relationship with our therapist is at the time
- how our therapist reacts to our being upset
- whether we can not take in what we have just seen and heard (the part of us who just saw the previous patient leave does not come into the sessions with us)

Although many of these triggers are unavoidable, we are fortunate that our therapist accepts that we get upset about them. She helps us to deal with the feelings without making us ashamed of having them.

By Almost Vivian

**I am Thirteen**, and I am writing for Noah who is one of our ISH'S. Noah very rarely comes into the body, and only for a few minutes at a time. Usually she comes when the body memory pain is so bad that no one can stand any more, and she numbs the body just long enough for us to rest for a few minutes. I can hear her so I will write for her.

We have been in effective therapy specifically for dissociation for almost a year. At first, the most pressing problem besides lack of communication within the system was extreme, constant flooding of memories. We were unable to hold a job, care for our children, or even leave the house for months before we met our present therapist.

We are now functioning quite well on a day to day basis, as well as continuing our memory work. This is primarily because our therapist has helped the ISH's to learn to control the memory process. We have also had several angry destructive alters choose to join the work we are doing, and accept our love and support of them. They have brought an incredible amount of energy and stability to the life. This has come about because our therapist has been very fair and genuinely caring with them.

Our most stubborn problem is still the parents and family of origin. We have cut contact with all of them except the brother and sister, and one grandmother. Some of our little ones are in deep denial about the parents' participation in our abuse. The need for family and parents has been strong for this system. However, we are creating new attachments with our therapist and AA sponsor.

We have made great progress in the past year because we have finally, after years of searching, found a therapist who is expert at what she does. But probably even more important, she loves us. We feel it from her, and her actions prove it. I have no doubt at this point that one day we will be at the far side of this memory work and healing. As one of our adults, Angela, says: "Miraculously, they didn't get us then, and they won't get us now." To take that a step further, I would add that they couldn't destroy our capacity to love, and we are looking forward to being granted the gift of helping others along the way.

# The Other Side of Integration

You're not strange and you're not weird.  
 You're our best friend. You've heard this before,  
 But we'll say it again, "We all love you. Art!"

\*\*\*

There are probably those who say we don't exist.  
 And maybe even that we never did.  
 Before we left, we had a "going away" party.  
 Paradoxically, our only invited guest  
 Was our host personality, Art.  
 He was so distracted by all the good stuff  
 Happening that week  
 That he never asked, "Why the party?"

He didn't stay long.  
 He danced with Syl and maybe Becky.  
 (Being his favorites, as he healed our hurts  
 He healed himself.)  
 Being only a memory ourselves  
 It's very hard to remember much.

We thought it best not to tell him —  
 We knew it would upset him.

And that's not what we were about —  
 We only came to be, to help.  
 And we knew he didn't need us any more.

When we saw he was setting his heart  
 On marrying another multiple (almost any other multiple).  
 Because he loved us so much.  
 We couldn't let him do that.  
 We think marriage is bad enough at best  
 But two multiples. . . yeech!  
 And we're tired of hearing him tell friends  
 "Only 6 said goodbye, out of 17."

So we came back just to say "We didn't go anywhere. Art."  
 So you can't make us come back to stay  
 By slinging guilt our way.  
 Yes, we do see that happy-sad tear in your eye.  
 But we *all* came back  
 Just this once, for the moment,  
 To say "Goodbye!"  
 "You're OK now, Art, so goodbye."

*By 17 Art Lovers with a lot of help from their best friend, Art*

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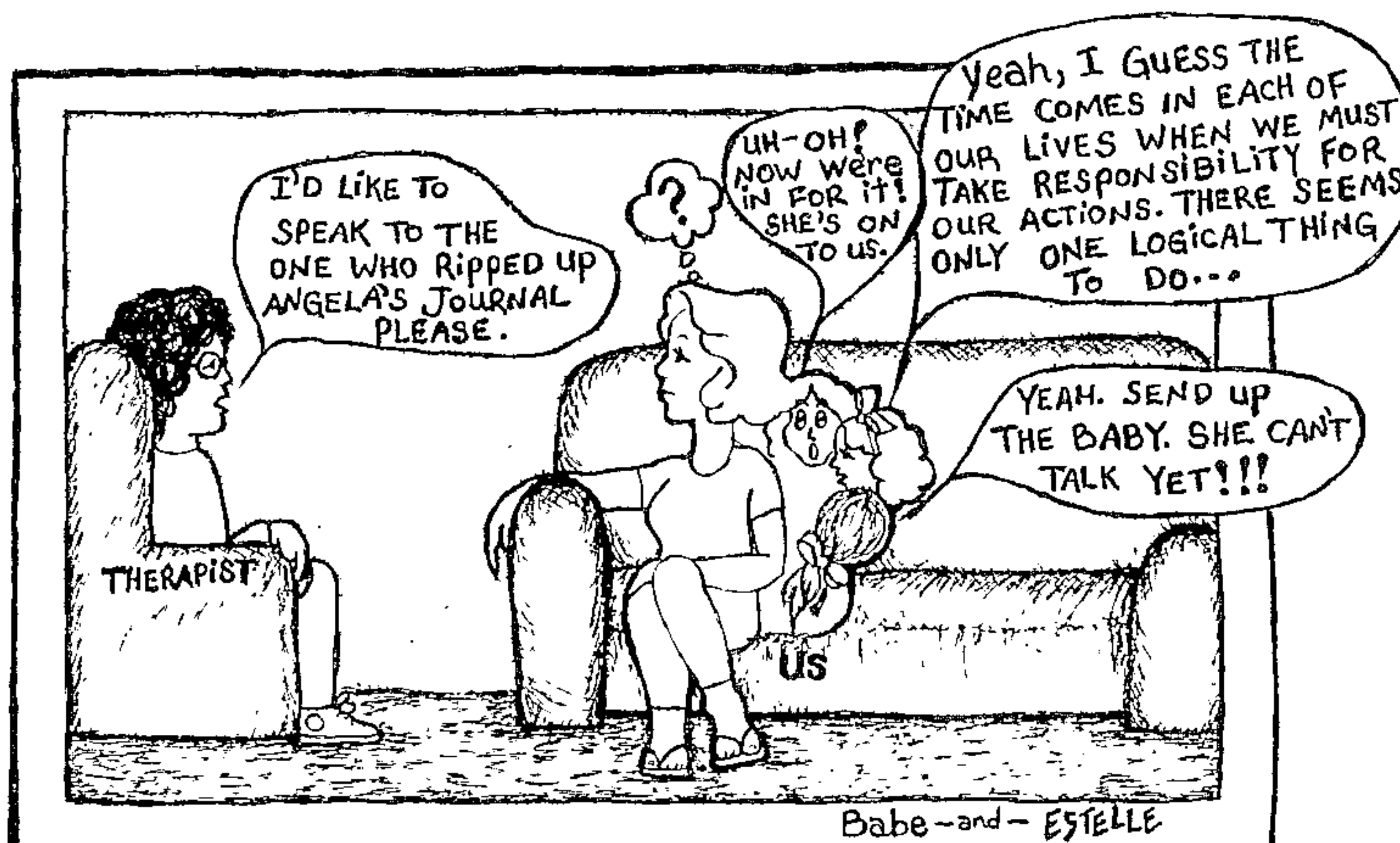
## Columbine, Combine

The unknown roots nurtured grow warmth and love become a tree of acceptance emanating peace. drawing all together to embrace as one connected to all, and of all.

A plant born of seed branches out to survive only when the plant becomes a flower do the petals appear, comprising the whole in differences.

We are columbine.  
 We will combine.  
 Co (lu)mbine!!!

By alyson



# Stages of Therapy...

I'm going to preface this fascinating group of comments with my personal bias. (Remember folks, I am NOT a counselor. . . just another person with 'the problem' . . . so this is truly just my two-cents worth. However, since I edit MV, now and then I get to put my oar in the water. You are all allowed to disagree.)

I personally think it is a mistake to believe that the integration process must include the "death" of alters. As long as the body lives all parts of it live . . . whether they are cells or organ systems or the characteristics and emotions of trauma-induced physio/psychological constructs we now term 'alters'.

Though I don't believe my alters or fragments "die" as my dissociative process weakens, I do believe in blending and *transformation*. Barriers that prevented exchange of information and feeling from one part to another become permeable, then disappear when they are no longer needed. I suppose some people think of this as "death" because a separate identity is not fostered when two elements mingle. But I see it differently. To me, every trace of personality continues to exist, and can be accessed (in theory) once the barriers are *really* down.

If access seems more limited (for example, if I do less sculpture now than I did six months ago when an "artist" self was very active) I simply accept that my total self (or system) has a reduced need to produce sculpture. It does not mean that the artistic part of myself "died" And I fully expect renewed art activity when other, more pressing, concerns in my life are dealt with.

In short, while I do not push myself(ves) to integrate, I am able now to recognize when internal barriers are more a handicap than a help to me. And when this awareness surfaces, my system as a whole uses meditation, visualization and other techniques to erode the barriers further. I find that the pain comes more from internal separation and distrust than from the process of integration.

To be candid, I don't know if I will ever be 100% "integrated" if that means becoming a single-focused being with rare or no ambivalence. But that's OK with me. All I want out of therapy is to be comfortable inside and to function in the world in a reasonably-useful way *most of the time*.

If I've learned anything in the past six years, it's that seeking perfection (or blissful oneness) is a guarantee to lose . . . accepting reality helps me win — LW

## Something called the 5

The 5 had never been mentioned nor had they ever talked throughout our first three years of therapy for MPD. Those of us who had been speaking thought we were the only ones.

Therefore, when this "something called the 5" did begin to present themselves, we were skeptical. Our disregard for the 5 only increased as we began to learn what they supposedly knew about a past that none of us even slightly remembered.

Eventually, however, the memories that they hold could no longer be ignored.

We knew that the 5 had information crucial to our recovery from the past, and we wanted it. But we wanted it on *our* terms . . . we demanded that they speak, we greeted them with contempt, and we refused to believe what they told us.

We viewed them as a vessel that would dissolve when emptied of its memories. We did not respect or accept them as parts.

It was an unhealthy situation, getting worse.

Until at therapy, amidst another inner battle, I, Eric, relayed that I desperately did want and need to find out what the 5 know. After that session we began to feel a

sense of compassion for the 5 that we had not experienced for a long time.

With the help of our therapist, we all came to realize that the 5 need a part to support them, to remember when others forget, to protect when others are contemptuous, to see that they are allowed time to be out, to guide them in their attempts to share memories, and to ensure that they are given the same respect that all other parts expect.

Even after encouragement from other parts, I did not think that I, Eric, was the part for such a job.

I wrote my excuses in our journal: "I'm afraid I can't do it. What if I just get mad at them? What if I screw up and send them deeper within? I don't want to scare them away. What if I am not compassionate at all? It is not beyond my image to be compassionate, but it sounds like too good a quality for me to actually have. I just want to do what's best for the 5 and I'm not sure I'm best."

Another part wrote back: "Eric, what do you think that whole statement is full of? Not contempt, not anger. It is full of compassion and care and understanding. You want to do what is best for the 5. You said it

yourself. And that is exactly who they need."

So now I am the 5's supporter. I may not always understand completely, but I will always try.

And I may get mad at times, but *I will always ensure them the respect, that as parts, they deserve.*

By Eric, of Susan P.



I was diagnosed 5 years ago and thought my therapist had lost his mind. It took me 18 months to accept I had MPD. That was done by reading, or watching movies, or having the counselor ask me what happened at last session..then seeing in his notes that he saw some part of me, without me remembering.

Then we moved up to the Big Time, and for me that was mergers. . . because some day I want to be one (WHOLE). But this therapist had boundary problems, so for the 9 mergers we did, he helped create 7 others. One thing I've learned is, don't have a therapist without experience in MPD. He needs to have other MPD clients to bounce off of, or compare his theories. [*Plus good supervision from an experienced counselor. . . LW*] Once a therapist has broken boundaries with you it's hard to talk about big stuff,

# ...Passports to Healing

like being raped as an adult.

I've been with my new therapist 1-1/2 years now, and the progress we have made is wonderful. I am working out my feelings about the previous therapist (and reported his boundary problems to the agency where he works.) There are still parts around that were created because of him, but this therapist is patient. She helped me get through the rape experience, and made me realize I didn't do anything wrong. (I was raped as a child, but it's happening again as an adult seems more painful to me because it's the present.) I feel that clients with MPD need family and friend support. Without it, the road is much harder. I've been bugging my therapist to start an MPD support group. I want to be with people who are like me, who truly understand. She says she will think about it. Helping and healing — isn't that what it's all about?

By Diana



The stages of therapy we have experienced can be categorized in two ways: useless and helpful. Before October '89 we were misdiagnosed. Since then we have been getting the help we need.

The first thing we worked on was acceptance of the diagnosis, finding the guys within, and becoming accepting of each other. This is often brutally hard at times, yet is all part of the growth and healing process.

We go through stages of anger and denial, lashing out at family, friends, and our counselor. Each accepts this as part of the MPD and tries to be patient with us, not rejecting us.

At times we still try to shield and hide our MPD behind masks so that the world won't still hurt us, yet we seek to be accepted in spite of our differences. As we continue to accept ourselves within we find it easier to find acceptance in the world outside of our body.

As we learn each new skill, we find growth and hope for tomorrow. We have decided as a

group to not integrate, feeling all are important to each other within. Instead, we have spent this last two years to develop a system that will allow us to function. We call this "working groups": a group called up to deal with the different parts of our survival. Everyone who is functional is allowed to join a group of his/her choice and help with the needs. This leaves room for us to look normal, yet gives us the individualities we already have.

We give all of the credit for this to God, our faith in Him and the love we feel for Him.

We are at different stages in our therapy. Those who have worked in an area and can cope stop to help others through it and find a way for them to cope as an individual. Most important are the bonds we are developing with each other. In our groups, family groups and partnerships we have responsibilities toward each other. Everyone has someone to answer to. This includes our strongest lead-protector people. It helps us to recognize crisis early-on, and to deal with it in an appropriate manner.

Now that this system is usually workable, we have turned our energies toward the issues and pains of the past. For years the memories have been lost, sorted and neatly stuffed away in one of three internal places. They have been distorted, are terrifying. The fear of remembering is worse than actually remembering. The trust bonds we developed within, and with our counselor, have made this process easier.

As we go deeper in the issues we have been able to see the progress we are making. We find ourselves more able to work with each other through the pain: others sitting through a flashback to be the comforters... children teaching children... the adults learning from that. To see the resiliency of the children, with their childlike faith after so much abuse, brings us all together in a common goal — to find the day when the pain is mostly gone.

Until now our most stubborn problem has been the inability to

remember things to work on in therapy. We made a conscious decision to find these things and grow. We seek to break the barriers, to know the reality of living in peace someday.

Now we find that each stage we have gone through acts like building blocks to furnish a strong foundation. No one is ever alone... there is always someone to call on, to partner and comfort with.

We came from being called bizarre, a faker, and over-medicated for five years, to acceptance by our doctors and counselor. We have come a long way. Our growth can be measured in fractions of an inch. Yet it is growth that steadily goes on, upward to healing. Who knows what the next stage will be?

We know we will be able to find our way through it with what we are learning and have learned the past two years... all done in our faith in God and the helpers He has given us to find our healing.

By Martha, with help from those in Stacy



**My therapy for MPD has comprised four stages.** The first was a combined process of recognition of the problem, memory and/or flashbacks. The second stage was grieving for the loss of what was learned during that process.

Stage three is experiencing anger which usually sets in over the initial problem before or after the grieving occurs. An example of what can happen during the anger phase is as follows: feeling → impulse → action. If the impulse is not controlled, the action can be deleterious. For example, the feeling is anger, the impulse is to cut myself with a razor blade, and the action is actually cutting myself. The hardest thing for me to control is my anger, and furthermore, my impulse to cut myself. I have learned in therapy to break the

(continued on page 6)

**(Passports cont'd)**

cycle from feeling → impulse → action to feeling → impulse → alternatives, whereby I do something nice for myself rather than something harmful.

Lastly, I see resolution as the final stage in therapy. Why? Because if you want to achieve integration, you need a stronger sense of self and those selves go through a lot of pain before coming to terms with memories, grief, anger, and finally resolution of it all. Some do not wish to integrate and that is their choice. But when you live with close to two hundred personalities, you want some wholeness to your life.

I have seen all of the above stages mentioned, and it has not been easy, but I want to be well (well = integration in "our" mind.) The most difficult time for me was to uncover 30 to 40 personalities, and believe I had reached resolution, when suddenly one new personality after another started to pop up with more heinous memories.

As I have mentioned, the anger stage has been our worst stage, especially since the homicidal personalities have not been integrated. That integration is our challenge to come.

By Gayle R.



**I've been in therapy for 5 years.** I was diagnosed three years ago with MPD, but started treatment for it only in the past year, because I wasn't ready to deal with it. (At that time I was dealing with the loss of my daughter, which brought up every feeling I'd never felt.) I didn't know it wasn't normal not to feel. I couldn't handle the feelings. I made 7 suicide attempts, not knowing why I wanted to die. Only after that did I start to wonder why. Everyone would say "You have a good job, husband, home, children. . . Why would you want to do anything to yourself?" I couldn't answer them. Then I started asking myself.

After 7 months in the hospital, I

started dealing with the MPD. I had a lot of trouble finding a good therapist with experience. When I finally found someone I could work with, I entered the second stage, which I found very hard.

At this point, I realized I was holding my anger on the inside to protect my therapist. I would not let the angry part out with her, because I was afraid of losing or hurting her. Yet it was destroying us on the inside. At this time, if I went to a backup therapist, I found it very easy to get angry. It took another hospitalization before I understood how I was holding back anger destructively.

In the third stage, I risked a lot. I decided to let someone else step between me and my therapist to get us unstuck. I had started to feel that we were going in circles. I didn't feel like being in therapy for the rest of my life. This was hard because I had to trust myself, that I was doing the right thing by confronting my therapist. I did not want to hurt someone I care for and respect. But at this time I felt, for the first time, that I would be the one who would leave if things didn't change.

I asked my therapist to get supervision. This meant I would have to trust someone else, while letting that person in between my therapist and me (I had tried to avoid this for years.)

I guess this could mean progress. Right now we are still working on it. We see someone together as well as alone. I feel my therapy relationship has changed a lot, and I don't know if it will end or not. But I think I'm at a point in treatment where I could handle it if it ended. . . not that it would be easy, but I would get through.

My other concern is: will I be able to work with someone else without falling backward? As the relationship changes, I hope we both will take from it what is helpful to others as well as our selves.

By RB



**Before counseling I had a lot of coping mechanisms that I/we used to stay on top of things. . . or at least one step ahead of any potential problems or "situations".** I/we, as a multiple, before counseling, used to forget constantly. . . so important things I/we would write down on paper. Each person/personality used to have her own personal list of "things to do" and "things to remember", and my Several Kids Inside (SKIS) would draw pictures. I never thought too much about this except when we would either lose the lists or one person/personality would not know why or how these things got there. But then I would just again "cope, adapt, survive. . . and then 'forget.'"

When I began counseling, my counselor never questioned this coping mechanism, but he did direct us to utilize one journal instead of separate pieces of paper. Even though I didn't realize it for years, I know that this was one of my/our initial steps towards integration and cooperation.

At that time I felt compelled to never walk into a house without first having some way to protect myself from a possible intruder, and turn on lights in every room I walked through. My husband/my boyfriend and even friends and co-workers knew never to surprise me from behind. I always carried a protective weapon (though it wasn't a gun.)

Counseling and journal writing helped with both of these pre-counseling coping mechanisms.

In addition, hypnbehavioral therapy, using age regression and other techniques helped each person/personality to see and remember what really happened in my/our own unique past and present. We didn't use hypnosis a lot, but we did use it as a problem solver to find out the reason behind certain behaviors, such as eating at night and double-checking things (especially locking and re-locking doors and windows).

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**(Passports cont'd)**

It seemed that once I could "remember" what happened, even if I still engaged in this coping behavior, we weren't as driven by an unknown force.

My counselor's first goal was to give me tools or skills for recovery: 1) To practice finding a balance in all things, to stay centered mentally. To avoid being consumed or obsessed by anything, positive or negative.

2) To read a variety of literature that could help me on my road to recovery.

3) Gentle, not obsessive exercise — daily walking, for example.

4) Write and read my one journal.

5) Use hypnosis for retrieving memories.

6) Encourage a feeling of cooperation and intercommunication through music.

This series of skill-practice became our strong baseline, long before each personality began to remember each unique incident of physical and sexual abuse.

By Sally/Shirley

I have been in therapy for the past 3 years with the same therapist. This is progress for me. Growing up, I spent 5 years in mental hospitals (from age 13 to 18). After that, I promised myself I'd never trust anyone in that field again.

Building a relationship with my therapist was not easy. I saw it as a do or die situation. I sorta did "white knuckle" sessions at first. I tried not to think about "going to therapy". I just put one foot in front of the other and went. I had the strong voice inside my head saying things like "suit up and show up." I saw my therapist trying to make it as easy as possible for me to feel comfortable. She was willing to have sessions at a local Woman's Center that was closer to where I lived. She didn't push me to get into stuff that I wasn't ready to expose. Slowly I began to trust her. I wanted to believe I could, but these little things helped me *know* I really could trust her. We heard a lot about clients having to respect the therapist's boundaries.

but what really won me over was having a therapist who respected "MY" boundaries. This was the first stage of therapy for me. It took about a year to get to that place.

The problem I face now is letting the "kids" out. I hate the blackouts and loss of time. I hate being told I say something or did something I don't remember. I hate the falling-away feeling that comes before the blackouts. I hate not being in control. So now I struggle with "letting go".

It's a deeper level of trusting my therapist and the process. I spend a lot of time outside of therapy writing letters to my parts asking for their help and letting them know how scared I am about letting go of the control. In therapy, we are using a tape recorder to tape the sessions so I can listen to what goes on when I do blackout. It's all pretty scary and I have to take it slow. But as long as I see myself willing to be willing... I know I am making progress.

By Greyfeather

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## A Question

as a tear makes its way down my face  
it rolls past the garden that you loved so well  
the garden where I could not dig potatoes properly  
you planted the seeds and you watched them grow

did you watch me grow

you pulled the weeds and made sure the plants were safe  
so they could grow strong and healthy

and when your garden was in full bloom  
and producing fruit  
you stood over it with pride for what you had created

did you ever stand over me  
and feel pride  
for what you had created

and as the tear moves even further down  
and begins to disappear  
along with it the hope of a father  
who would be proud of me disappears

all that lingers are the thoughts of the  
little girl who could not dig potatoes properly.

By Jeani M. of Spunky and Our Gang

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## Life

When the rubble  
caused by a disaster  
Is finally swept away...  
what's left except a disaster area  
When the pieces of a broken life  
are finally in full view  
Nakedness is all that's left...  
to see and turn from  
Not wanting to see another's  
pain...  
afraid you'll see your own.

Life's been a disaster area for me  
with Rubble scattered here to  
there.  
Rubble created by many...  
swept away by none...till now.  
For now I've begun the re-building,  
the piecing  
together of the major disaster area  
I call Life.

By Lee B.

# Therapists' Page

By Randy Noblitt, Ph.D.

Dr. Noblitt is a clinical psychologist in private practice, and is the director of The Center for Counseling and Psychological Services, PC in Richardson, Texas. He has worked extensively with individuals suffering with dissociative disorders. (This article previously appeared in *Multiple Facets*, published in Dallas, Texas. It is reprinted with the permission of the author.)

**A**s therapists, we have had many educational resources: our academic programs, continuing education and discussions with our mentors, fellow students and professional colleagues. However, perhaps the most valuable opportunities for learning have come from our own patients.

Many believe that the therapeutic relationship is an important part of the process of psychotherapy. This relationship consists of two people, the therapist and the patient; both of whom are human and must struggle with the capricious and sometimes overwhelming demands of life. One member of the relationship, the patient, seeks help to cope with the pain of living and to achieve recovery. The other, the therapist, is trained to assist in healing the patient's psychological wounds. The paradox of this relationship is that there are times when the therapist must become the student and the patient must become the teacher.

As therapists, we must often give up or temporarily suspend our preconceived ideas about psychology, psychotherapy and our assumptions about the nature of mankind. It is not for us to pass

judgement or to attempt to stamp our world view on the patient's mind. Instead, we must be willing to learn about the patient's views and experiences as they actually are.

Conversely, it is the job of the patient to be a good teacher. This is a difficult job and an awkward one. For example, how can the patient be a teacher without access to many memories which are so painful they have been shut out of conscious awareness? This is where the therapist can help by creating an environment where the patient feels sufficiently secure and empowered with an appropriate alliance based on mutual respect. Then the patient is often able to proceed with the work of psychotherapy and become an appropriate teacher to the therapist.

Another dilemma associated with the patient becoming a teacher in therapy has to do with the patient's need for independence and control versus having feelings of dependency. The patient often hates his or her own neediness, yet desperately wants relief from the experienced pain. The patient may put the therapist on a pedestal with the hope that the therapist is, indeed, a powerful person who can help. It is often

frightening (and at the same time, a great relief) for the patient to discover that it is the patient who is the real expert and the one with the power to recover and become integrated.

Nevertheless, I have learned that patients can become genuinely effective teachers, particularly when the therapist is willing to learn. In my role as a therapist, I have learned many things from my patients. I have learned that people can recover from horrific and tortuous experiences. I have learned that the world is not an intrinsically safe place. Yet I have learned that it is possible to find goodness, strength and decency, even in the darkest regions of people's minds.

Patients have also taught me valuable lessons about my approach to therapy. For example, I have actually developed a number of assessment and psychotherapy techniques which are largely based on information given to me by patients. I have also learned that I need to be open minded and less dogmatic in order to be effective. All in all, we therapists have much to learn from our patients, and with such knowledge, there can be significant healing.

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## HUMOR

This is a story about four people named Everybody, Somebody, Anybody, and Nobody. There was an important job to be done and Everybody was asked to do it. Everybody was sure Somebody would do it. Anybody could have done it, but Nobody did it!! Somebody got angry about that, because it was Everybody's job. Everybody thought Anybody could do it, but Nobody realized that Everybody wouldn't do it. It ended up that Everybody blamed Somebody when Nobody did what Anybody could have done." — Anon



# Recovering

By Rita M.

**Q. Not only do I have MPD, now I have to have surgery for breast cancer! I'm very afraid that I'll regress in the hospital. What can I do?**

A. First, remember that "normal" people get stressed and regress too. It's typical that clients don't trust their own strength and ability to get through really stressful times. I hear the statement "I'm regressing" or "I don't want to regress" quite frequently. But what is regression? Even when one is fully integrated, one can regress in the sense that overwhelming events in the here and now can trigger a return to old ways of thinking and behaving. But this is not regression back to the beginning. One does not lose all the gains one has made in therapy just because one is currently overstressed. This is an example of all-or-nothing thinking. . . a common form of thought distortion in abuse victims.

Your reaction, given your circumstances, is actually quite normal. I'm finding in my own experience, and in working with MPD/DD clients, that one's expectations can create even more stress. For example, if you have an unrealistic expectation that once you've "integrated" life will be great and you'll never have trouble again. . . well, it's just not like that. Growth is a process that

sometimes seems to flow backward as much as it pushes forward. It's important to honor your own process and not be upset, disappointed, or angry at yourself for not "performing" up to a certain standard. In healthy families, kids are encouraged to keep trying until they master the task at hand. You can do the same. There's no set timetable for recovery.

Facing surgery of any kind is frightening, to some extent. But cancer, especially breast cancer, is even more frightening. We're talking about a part of your body that is also a part of your sexual self. It's a very personal and threatening experience. This is an extremely traumatic experience for ANYONE. With a history of abuse, your experience can be retraumatizing. How can you get through this in a positive way?

Here are some thoughts I have on the subject. . . Make sure you like and trust your physicians. This is critical. If you don't or can't talk to them, if they discount you or your pain, it could be a horrible experience for the whole system. If you feel comfortable I would suggest telling them of your abuse history. Ask questions and insist on straight answers. Talk about pain management and medications before surgery.

This experience is likely to trigger a lot of work for alters who had similar experiences around

injury or mutilation issues. I would suggest talking to them (in therapy and outside therapy) about what is going on, what needs to be done, etc. Handle it as you would with a small child. Explain gently. Be clear. Don't try to trick them, or pretend that procedures won't hurt. You can make it clear that the doctors are not the same people who hurt you when you were a child. This is really an opportunity to learn and grow and get past some old garbage. You might even be able to identify ways in which you are being taken care of, supported, etc. If certain alters simply cannot tolerate medical procedures that must be done, work with them to go inside to a safe place and stay there during and immediately after such procedures. They don't have to be present, but they do need to understand that what happened then is not what's happening now.

I can't help but feel that my answer is woefully inadequate to help you at such a stressful time. However, I saw in your letter that you have great inner strength. . . more than you may realize. You have worked hard in therapy, and you won't lose those gains. Again, give yourself space to be "not okay" for awhile. Honor your process.

I'm saying prayers for you. Write again and let me know how you're doing.

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*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*

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# Is There Life After MPD?

By Wendy

**W**hen I began my search for sanity the world of psychiatry hadn't yet fully accepted MPD. Consequently I received "multiple" misdiagnoses and, as a result, my road to recovery was rather rocky... until I found my final therapist. God bless him.

Today, I'm at a point in my recovery that little is written about: Integration. I'd like to share some of my experiences (and learn from others as well.)

From the beginning of this therapy I'd been told that we'd be working toward integration... or becoming one whole, healthy person. This prospect intrigued me. Many questions raced around my mind. What would it feel like? Who would I become? How would it happen? Would I like the new "Me"? How long would it take? How would I know when it happens? Is there life after MPD?

MPD is a highly individualized disorder. The following comes from my own perspective, and please note that I am in no way finished yet:

## 1. What will it feel like?

My first integration was a total surprise. Peggy was only 4. She wasn't interested in therapy and had no concept of therapeutic rules. She didn't know how she came to be or the exact nature of her problem. All she knew was she was 4 and she was "here". My therapist and I were a bit confused over how to help Peggy. Peggy was *very* confused over what we adults wanted from her. Working with Peggy caused a lot of turmoil inside... for her, for me and for the others in my system. Things seemed hopeless. I've always been one for an easy solution so in time I came to the conclusion that we (my therapist and I) should leave Peggy alone for a while. About a month later, after a terrible day at work, I dragged myself home and laid down for a much-needed nap. My boss seemed to feel I needed 25 lectures on "proper job performance" that day. Any ego I had left had been shot to hell. I was tired and beaten. I lay down in my bed and tried to shut the world out. Suddenly Peggy was there. Not like she had ever been before... I actually felt her next to

me! She cuddled close. I smelled her! She smelled as if she had just come inside from making mud pies. "People are mean," she whispered to me as she cuddled close. I could feel her despair, so I said "I know, sweetheart. Let's just rest." Quietly we fell asleep — together. When I woke up I could feel Peggy smiling — then I realized I was smiling! Peggy and I had shared our hurts. We gave each other warmth and comfort, then we became one. How did it feel? Secure.

## 2. Who would I become?

I don't know the final answer to this question because I'm not finished integrating, but I have a pretty good idea where this is heading. As my alters get closer to accepting integration, I'm finding that they become more like me and I become more like them. Before, they were as different from me as night and day. For instance — I *never* had any sexual desire. I had Sadie and Maling who handled that. Being teenagers, their drives are strong and they don't bother much with the responsibility that goes along with sex. Now that they are considering integration — *I'm* getting a sex drive. As an adult, I realize that precautions must be taken and boundaries enforced. Sex and self-respect *must* go hand in hand. Slowly, I have put an end to hurtful relationships. I am no longer able to accept a victim's role in matters of love. So who will I become? A stronger, wiser "me". One day at a time.

## 3. How would it happen?

As I've said, my first integration was a total surprise — but so was the second, third, and so on. Each alter integrates in his or her own way. Some leap into it and others need to be allowed time to test the waters for safety. I *don't* push integration on my system. I have a firm policy. Those who want to may, and those who don't want to can remain just as they are. It's OK. The buzzword here is *acceptance*. Accept and care for each alter at his or her level. It's a scary thing to do at first. Especially when you have to accept difficult alters who consistently do things that horrify you. There is a tendency to want to banish these alters, to deny them their rights, their pain, their feelings. "That isn't me!" you scream, *but it is you*. I think it is a mistake to believe (as some people do) that alters are separate persons. Don't allow yourself to slip

into this kind of delusional mentality or you'll never get well. You are *one body* with many different states. Once you can accept this simple fact, you can begin to integrate. It will happen in different ways for different people, but integration *won't* happen until you calm down and begin to accept your internal family.

## 4. Would I like the new "Me"?

Yes! Yes! Yes! All my life I thought I was stupid, unlovable, dirty. As you learn to care for your alters, you learn to care for yourself. Remember, they are you, and you are **Them**. Once you begin to care, your alters will draw closer to you and will begin to share their knowledge with you. It's not all "feelings". A lot of wisdom is hidden within your alters. As you break down the walls of separation, you'll begin to retrieve knowledge you never expected... things about life that your alters know. When integration begins, you may be amazed at how bright, capable, lovable and clean you really are.

At first you may not have much faith in this "new you". At times you will slip back. It's OK. *Don't panic!* Slowly, this "new you" will be here to stay. When this happens, your whole life condition begins to improve.

I really enjoy having the ability to turn my sad financial situation around, to have some control over whether or not I remain a victim in life, to develop lasting friendships which are a forerunner to lasting relationships, to look forward to Christmas, to be able to hold my head up and walk with equal footing next to my fellow human beings — and so much more. This "new me" is an amazing person!

## 5. How long would it take?

As long as it takes. The key word here is "patience". Don't push your alters and they won't push you. Harmony and integration are synonymous.

## 6. How will I know when it happens?

Little things at first. I call it "baby-stepping". You might find yourself becoming angry at someone and suddenly a voice in your head says "Let it go". You recognize the voice as belonging to a once-hostile alter who would normally take over during an argument. This time, the alter suggests an alternative. Integration has begun. *Never* forget to thank an alter for a job well done. Positive strokes

(continued on page 11)

**(Life cont'd)**

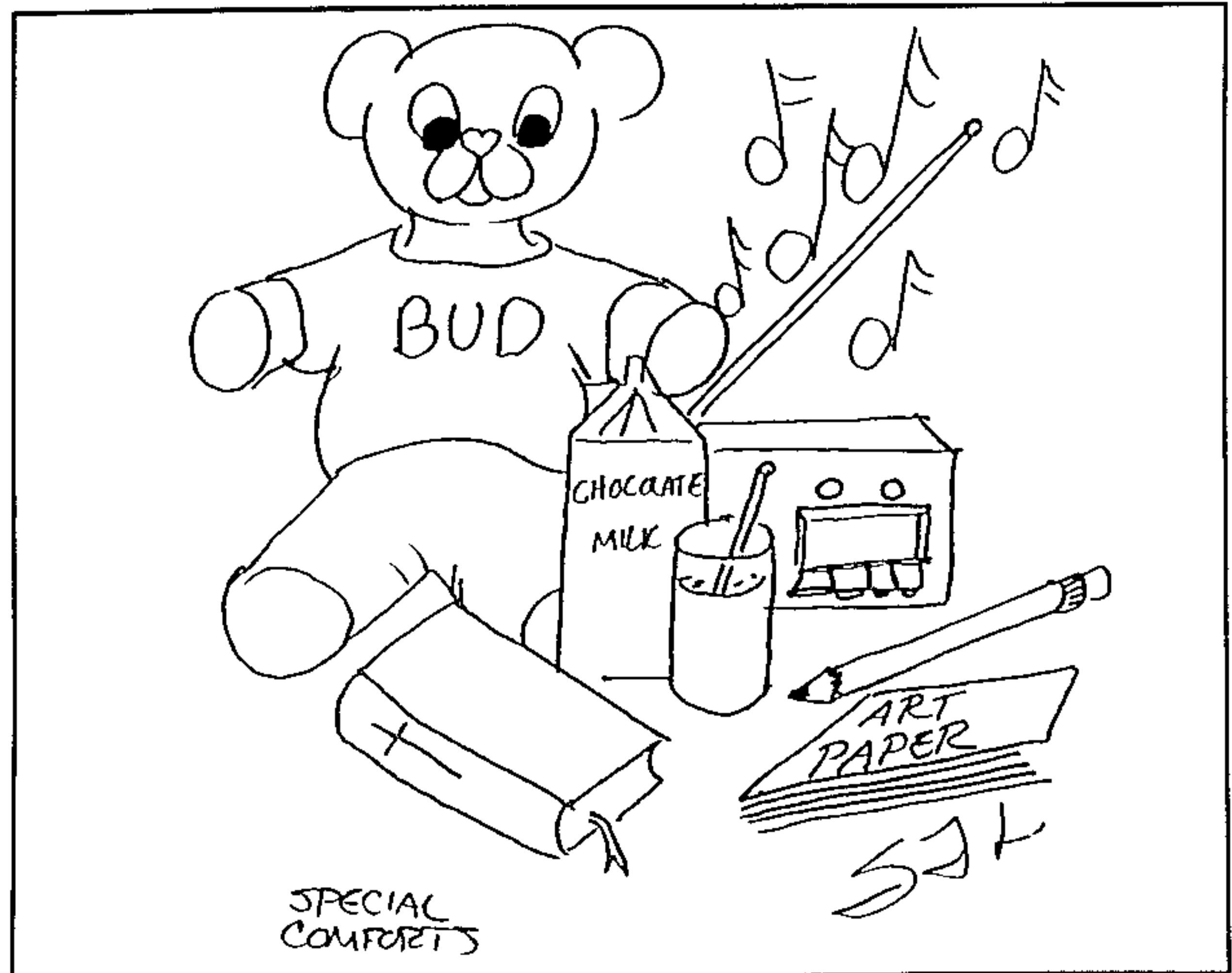
reinforce positive behaviors. Soon you and this alter will develop such a bond that normal daily events become less threatening. You'll learn that you don't have to switch during stressful situations.

**7. Is there life after MPD?**

If you want it — of course! No one can guarantee total happiness. Life is still life, and things do go wrong, but once a minor problem used to send me screaming to a hospital with slit wrists. Now — well, let's just say things are calmer. You'll be able to weather the storms better, and it's nice to have the ability to decide which storms you choose to get into.

In conclusion, I think that integration brings about internal harmony... a peace that for me (and others with MPD/DD) seemed unattainable before. Now I believe peace can be part of daily existence. *Don't Give Up!*

MV



**Resources**

The 8th International Conference on Multiple Personality/Dissociative States will be held Nov.13-17 at the Marriott Hotel in Chicago. Sponsored by Rush-Presbyterian-St.Lukes Medical Center, the theme of this conference is Memory. Contact Victoria O'Sullivan, 312/942-7095 for information.

A new, comprehensive world's bibliography on multiple personality and dissociation is being compiled by well-known experts in the field. George B. Greaves, Ph.D., Carole Goettman, B.A., and Philip Coons, M.D. are collaborating on the publication of this work. It lists published material from 1791-1990, and much of 1991, and includes 1438 entries in the main text. Send \$17.95 for each copy (includes postage and handling) to Dr. Greaves at 529 Pharr Road NE, Atlanta GA 30305. Profits from the project will be donated to the David Caul Memorial Fund of the ISSMP&D.(The Caul Fund presents a substantial cash award for the best paper by a first-time author on the subject of multiple personality/dissociation in a major, refereed journal.)

Writings and art from ritual abuse survivors are wanted for a

collection. Deadline, April 12, 1992. Write for more information or send your typed submissions to Amazing Graces, 1430 Willamette #258, Eugene, OR 97401.

Bay Area Women Against Rape (BAWAR) presents its second annual national conference, "Sexual Assault: Emerging Issues" in Oakland, November 14-15. Speakers include Eliana Gil, Ph.D. For information call 415-465-3890.

**Humorous illustrations needed!** A friend writes "I am looking for 25 illustrations to be published in a book of humor about multiplicity written by a multiple. For a list of the phrases to be illustrated, and more information, write to Box 413, Schoharie, NY 12157-0413."

The Survivors Healing Center is seeking financial support to sponsor scholarships and outreach. This non-profit organization offers workshops and training for professionals in survivor work. Ellen Bass, co-author of *The Courage to Heal*, is vice-president of this organization. To help, write PO Box 8491, Santa Cruz CA 95061, or call 408-476-7174.

The Behavioral Science Center consultants of Cincinnati will present a workshop on the treatment of MPD/DD on October 11-13, 1991, in Gatlinburg, TN. Call 513-221-8545 for details.

**DeConstruction**

There is no door to myself.  
I'm a single thin sheet of cardboard  
to which the Voices are attached.

As I disintegrate  
the Parts tumble into each other  
reorganize  
and find a new structure to give them shape.

They'll blow me away as dust  
when  
the new WE is built.

By Eileen R.

**New Beginnings**

I am going to be  
OK.  
I made the decision  
to live yesterday.  
And today,  
picked up my guitar  
and gave my heart to  
twenty five suffering souls,  
and left knowing that  
I want to  
live.

By Sherry

## Success Dept.!

Congratulations to Lynn Duncan of California for being named Volunteer of the Year by the Orange County Sexual Assault Network and the Transamerica Foundation. For more than three years, Lynn has volunteered as a rape crisis hotline counselor for OSCAN, in addition to her work as a lead systems analyst for Transamerica. She also accompanies survivors to hospitals, etc. as needed, and is co-facilitating support groups. Her award from Transamerica brought her a trophy... and more importantly, a \$5,000 check for the agency. An extra \$1,000 was donated by Transamerica Insurance. "To make a difference in the lives of others is such an important part of my life," says this MV subscriber.

Therapy progress deserves resounding applause for many. From Johanna and the pack comes this news: "I was diagnosed MPD last March and I vacillate between denial and belief in the diagnosis. I have been in therapy for one year. I see progress in many ways. First I am a recovering alcoholic with six months of sobriety! I am learning more and more about personal boundaries and being assertive. I have learned that my "terror attacks" as I call them are much worse than the memories. (I believe they are also called abreactions.) Through 3 hospitalizations, I have learned that I don't have to act on my suicidal ideations and that I can feel worthless but I am not the feeling.

I am beginning to feel that I am OK — not a brown stain. I am finding the courage not to cut myself and instead I am learning about the parts that do this, although I often do not feel I can control this. We are beginning to trust our therapist enough to come out in her office. The hardest thing for me is to let go and give up control so that others can be acknowledged and known. This is scary because some of us cut, or drink, or hurt us. The thing that helps me most is I have found an MPD friend through my therapist. The friend is farther along in therapy and she is so inspirational and supportive. Many Voices is another big help! I find it is so hopeful! Thanks so much."

Thank YOU JoAnna, and more thanks and congratulations to Jeanne K., Gayle R. & her group, Johann and Little Jacky, Sue, and Phyllis who have taken major steps toward healing.

Finally, here is an interesting approach to resolving some identity issues, from Amanda:

*I am an adult survivor of physical, emotional and sexual child abuse. My natural father died when I was just 10-1/2 months old. When I was in my teens, I learned that the surname of the family was not my father's. He had been adopted by this family whose name I carried. Not only did I miss the opportunity to know him, I have no sense of identity from his "roots".*

*My mother and her mother were both born out of wedlock. Now that is not usually an issue for me. However, my mother didn't know her father and my grandmother was raised by foster parents. No roots or stability there.*

*My abuse began when my step-father entered our lives. I was about 18 months of age then. My step-father died when I was 10-1/2 years old. Obviously, the abuse by him stopped, but the abuse by other family members continued until I was 16 years old. None of my primary caregivers attempted to stop it and many were perpetrators of it.*

*My immediate family continues to be very dysfunctional and refuses to look at any issues.*

*I have decided that I am a person in my own right and need my own identity. I read an old Osage saying recently that seemed to apply to my situation. It goes like this: If you want a place in the sun, you must leave the shade of the family tree.*

*I have never felt as though I belonged anywhere. I often identify with adopted persons and orphans who long to find their "roots" I am not advocating this sort of change for everyone. But it works for me. I decided that if I must parent myself as well as be the adult that I need to be in the real world, I will be who I want to be.*

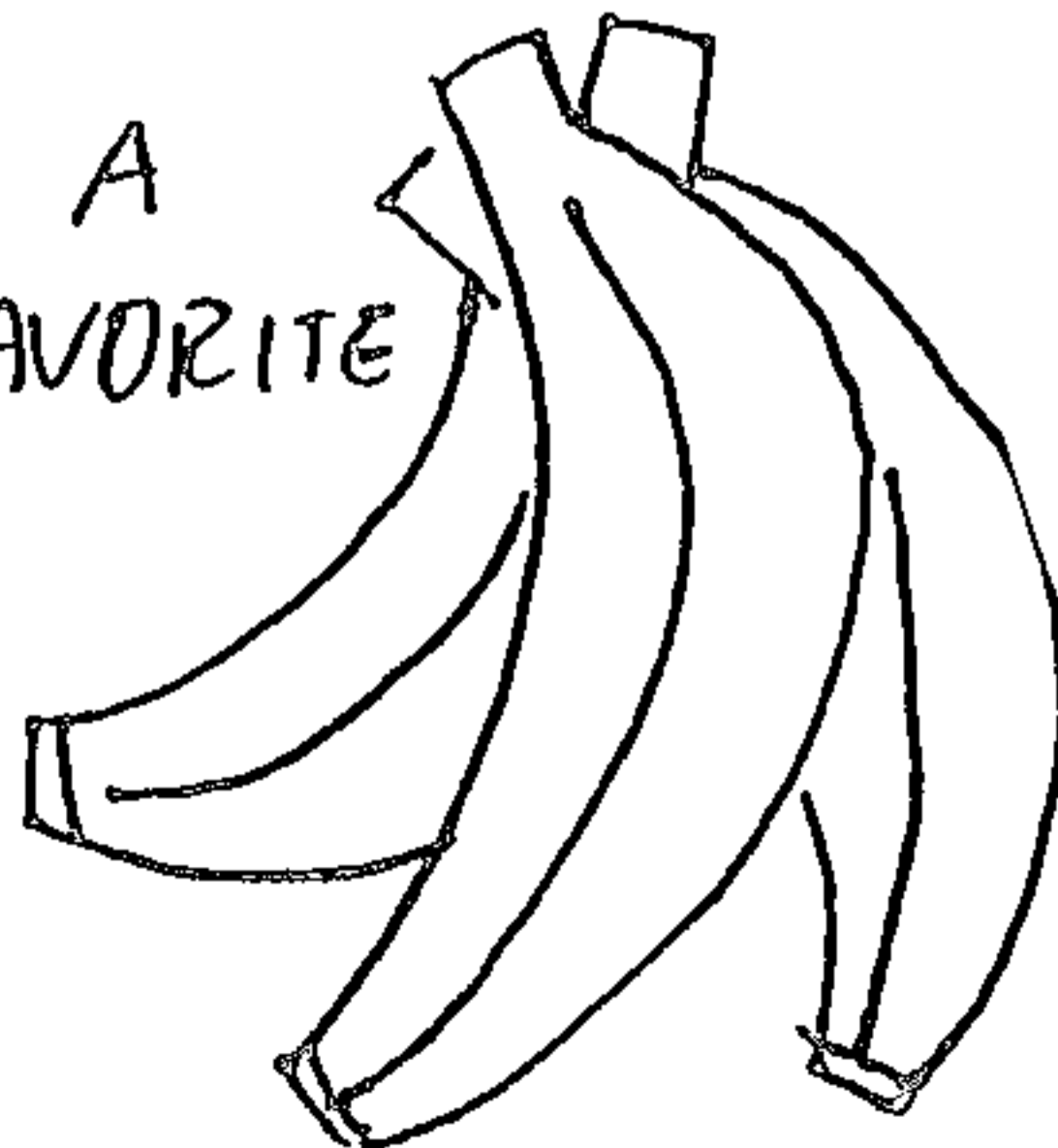
*And that brings me to the point of this letter. I would like to invite you to join with me in the celebration of my legal name change. I spent a lot of time choosing the name. The name I have chosen is Amanda, which means worthy to be loved, and Dawn, which represents a fresh start and new beginnings. I chose a surname that I simply liked.*

*It is important for me to share this with you, the only family I have, the ones who are safe and who understand and support me for who I am. (signed) Amanda Dawn M.*

Congratulations to all of you, inside and out, from all of us at MANY VOICES! And thank you for sharing!

MV

WHAT IS A  
MULT'S FAVORITE  
FRUIT?



BANANAS.  
THEY COME IN  
BUNCHES.

S.J.L.  
5/91

# You Think You Know Me

By Sandra & Co.

I am your co-worker.  
You think you know me.  
I come to work every day.  
I'm competent, capable, efficient.  
I laugh, I talk with you,  
I bitch about the work,  
Like everyone else.

*What you don't see  
Is the frightened child  
Behind my easy banter,  
Or the times I hide  
In the bathroom,  
To keep an inappropriate  
Alter under control.*

I am your counselor.  
You think you know me.  
I am gentle, and kind.  
I help you work through  
Your painful memories.  
I hold you when you cry.  
I'm strong for you.

*What you don't see  
Is the terror behind my eyes  
As I listen to your pain,  
Or the frantic compartmentalizing  
Of my own memories  
As I listen to yours.  
You don't see me switch.*

I am your wife.  
You think you know me.  
I cook and I clean.  
I do the laundry.  
We make love, occasionally.  
We talk and we play,  
Together.

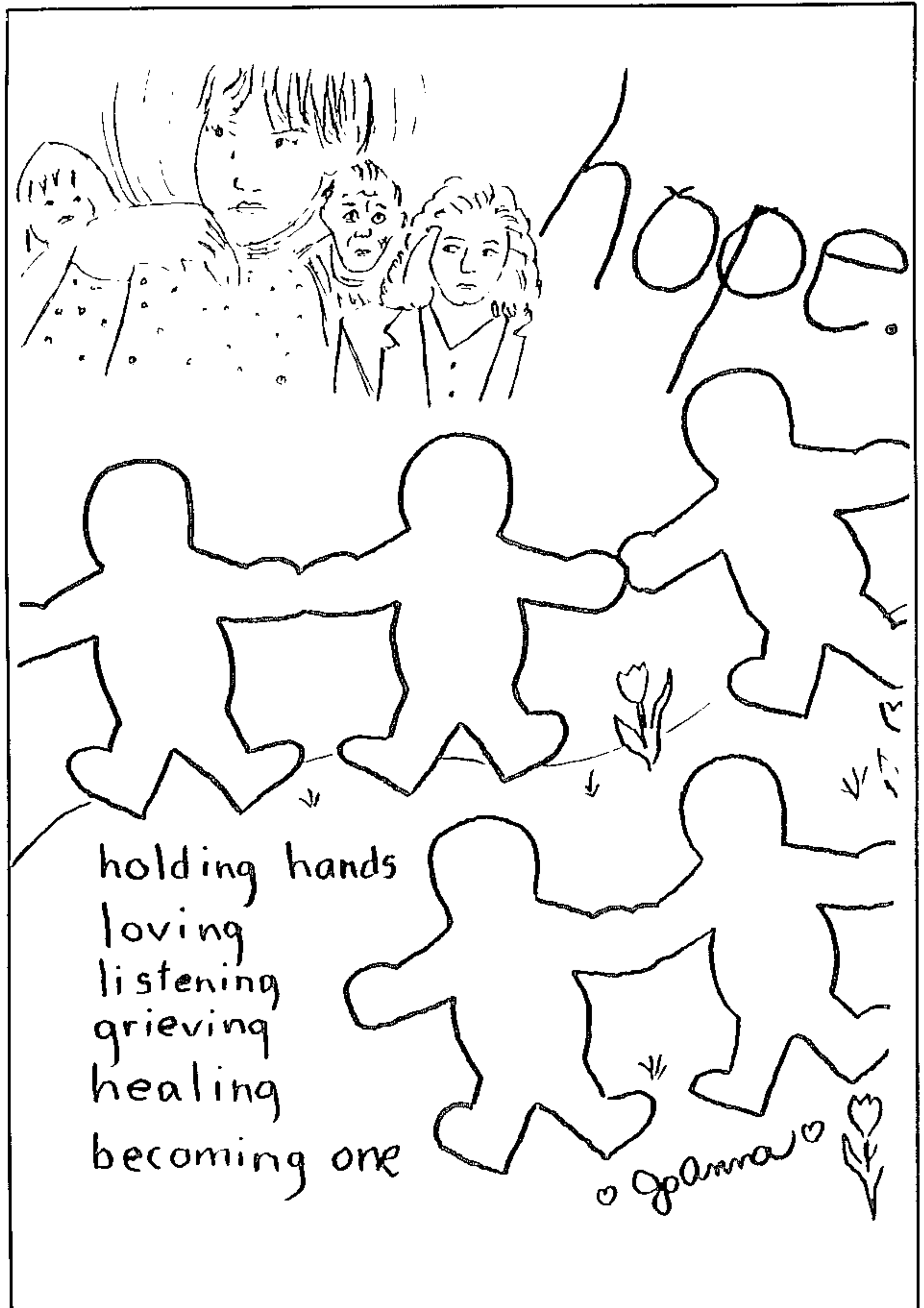
*What you don't see  
Are the many people inside  
Who aren't married to you,  
Who don't know you,  
Who are afraid of you,  
Because you're a man,  
And the many who spend your  
money.*

I am who I am.  
You think you know me.  
I am your sister, your mother,  
Your friend, your acquaintance.  
You see who I want you to see,  
Or who needs to be seen,  
You see the facade, the mask.

*What you don't see  
Is the pain of my life  
Or the confusion of never  
knowing  
What day it is,  
Or how frightening it is  
To be told you did something  
You don't remember doing.*

I am your client.  
You think you know me.  
I come to you for therapy.  
You help me find the pieces  
Of the jigsaw puzzle of my past.  
Put the pieces together,  
And work with me as the picture  
unfolds.

*What you see is me.*



# Stages

By Janet Pickering

**T**herapy for me is a convoluted mass of beginning, beginning again, and beginning again. So much of what I learn, I seem to unlearn as rapidly as I learned it. Often I feel I have made no progress, that my life will always be a series of moments lived between therapy sessions with nothing but pain to show for it. Then I take out my journals and take stock of where I have been.

After I was first diagnosed, my life fell apart. Several of my violent and aggressive alters began to act out and I was handcuffed and hospitalized, medicated and misdiagnosed, abused and ridiculed and then released "well".

What happened next was a series of violent episodes in which several of my violent alters attacked my husband and children both verbally and physically. In spite of their fear, they loved me anyway, and with the help of my understanding therapist learned to "not take it personally."

The love and acceptance shown by my family and therapist helped me to start developing trust in people for the first time. This trust enabled me to begin letting down the barriers which kept me from healing, and I finally allowed myself to begin dealing with my MPD.

Denial was the first stage of my recovery. I read everything I could find about MPD to try to prove to myself that I wasn't. Of course everything I read confirmed the diagnosis and I finally accepted it was true: I am multiple.

After acceptance of my MPD came identification. Through dialogue, mapping, and meditation my therapist helped me to get in touch with each of my alters and identify their names, their ages, and their purpose. Although I still have alters with whom there is little contact, I am at least aware of their place in my system.

Identification led to contracting to control dangerous or

inappropriate behaviors. As we did contracting, we learned more about my alters' needs and began to address those as well. While attempting to meet the needs of the alters in my system, we asked for compromise and cooperation in attending to everyday needs.

These compromises helped to break down the internal barriers between alters, and memories began to flow. As we retrieved memories, we often became engulfed in what seemed like life-threatening, never-ending pain, but we emerged alive and renewed after each session of memory work.

Amnesia between alters is slowly disappearing and we are now co-present most of the time. Co-presence is the most difficult stage of therapy for me. Being copresent makes everything seem so made-up and unreal. Even the unreality of being lost in time and my own mind can't compare with the torturous feeling of hearing myself change, feeling myself change, listening to words that are not my words, and being totally aware of my own thoughts which don't match what my body is doing or saying.

This co-presence has thrust me back into a state of denial. I often feel that I am not really multiple and my mother was right, "I made this up just to get attention." My therapist, family, and friends constantly have to reassure me that I am not "faking" this. And then I have to remind myself of the question I asked my mother when she told me I was just crazy and selfish and "pretending" all of this: "Why would I want to make up something that would cost me my first marriage, custody of my ten-year-old daughter, alienation from friends and family, financial ruin (I lost my job, and medical bills for hospitalization are \$70,000 to this writing) and end my relationship with my mom, dad and only sister?"

The answer is that I didn't make

this up and I'm not pretending. *I did not willfully invent anything. I created alter personalities in response to severe and prolonged abuse. I am a multiple.*

So as I take stock of my progress, I know that I still have a long way to go, but I have progressed through some of the most difficult stages of therapy. I have worked through my denial and realize that no matter how hard it is to deal with MPD, it is still better than floundering in unknown territory, knowing that something is wrong but having no answers. I am learning my system and everyone in it so I can face my problem realistically. I am working through the pain, and in spite of my fear, I have lived through it.

Finally, I am accepting that co-presence is the necessary, last stage before integration. Now, I can begin planning for the final stages of my healing, knowing I will soon function again in the world and make my contribution to healing for others by sharing my experience, strength and hope.

MV

## Integration, Again

It's getting so quiet.  
I miss you.  
Are you really becoming a part of the whole?  
Or are you just leaving me?

If this is so wonderful,  
why do I feel so desolate?

I never thought  
that you joining me  
would be so lonely  
so scary  
so damn quiet.

Why does this feel  
more like subtraction  
than addition?

I think I'll put on some music  
before the quiet makes me crazy.

By Diane & Company

# Books

## Ghost Girl: The True Story of a Child in Peril and the Teacher Who Saved Her

1991 by Torey L. Hayden. Published by Little Brown and Co., Boston. 230 pages. Hardback.

If you are interested in educational psychology, emotionally disturbed children, or just plain interesting true stories, you may already be like me, a devoted fan of Torey Hayden and her books. (*One Child, Somebody Else's Kid, Murphy's Boy, The Sunflower Forest, Just Another Kid.*) So when my book club offered a new Torey Hayden book, *Ghost Girl*, I reached for the order form before I read the description of the book.

Like all of Ms. Hayden's books, this one follows the young teacher to a new job and describes what happens to her and her young charges during a school year. This author gives the reader a real feel for the realities in the classroom, where the interaction between the children is often just as impactful as the interactions between teacher and student.

Jadie is one of the children in Torey's new class; the fact that she is an elective mute is of interest because Torey had done research in this area. The child is talking to Torey after 6 hours together. Another curious thing: why was this position open in the middle of the school term? Answer: the previous teacher committed suicide.

Jadie begins opening up (slowly) to Torey, who is a good listener. She starts hearing about sexual abuse, children being killed, "ghosts", some of which are difficult to believe. Torey tries to

keep an open mind, fighting her natural repulsion and denial. She is convinced that something is happening to this child and to her siblings. She studies up on Satanism and is horrified that it seems to fit. In the end, there is an investigation and the eventual outcome is favorable (children in foster homes, Jadie, at 20, attending a prestigious eastern university.)

Of great interest to me was to follow Torey's investigation, and her thoughts and fears as she faced the unthinkable. This story takes place in the '70's when this topic was less accepted (if you can call it accepted today.) It was also good to hear about a teacher who is relentless in pursuit of truth and in support of her student. We need more Torey Haydens. (Unfortunately, she now lives in Wales.)

What we have here is a "good read", a heartwarming story, and an introduction for some readers to a wonderful author.

—Annie

## Uncovering the Mystery of MPD.

By James G. Friesen.

1991 by Here's Life Books. \$10.95 Paperback.

What a find! For those of us MPD'ers who find faith in a "higher power" an important part of our healing process, this book is a critical assurance of that faith. This will especially encourage those who have been ritually abused and are sensitive to the supernatural and demonic oppression that we face in our daily lives.

Friesen's goal is education and affirmation. He anticipates readers

to be survivors, friends, and therapists, making for easy readability and understanding. Part One challenges the reader to accept that MPD/SRA (Satanic Ritual Abuse) exists, and that we survivors need honest, accepting help. The second part is Psychological Restoration. For those of us who read avidly, this was typical of information gleaned from other sources. He uses examples of his own clients to help paint a picture of the therapeutic process.

It is Part Three: Spiritual Restoration, that showed to me that Dr. Friesen understands the battles that SRA Survivors must cope with. He is not afraid to touch the taboo subjects of exorcism and demon oppression and possession. This was monumentally reassuring to me as I find it easy to question my sanity and my therapist's professionalism during these types of encounters. Friesen's premise is that because these rituals centered so much on the power and evil of Satan to destroy our lives, it is the overcoming power of God and His truth that will ultimately restore us to wholeness.

In an age when the "Christian Mind" readily accepts the goodness of God, but refuses to acknowledge the evil and corruption that has blatantly been experienced by the survivors of ritual abuse, this book is a breath of fresh air.

If you have a family member or friend who needs to understand your hurts and pains, this is the Christmas present for them!

—The Writer

**Just out!** In December we'll review the wonderful new book for partners, spouses, and friends by Laura Davis, co-author of *Courage To Heal*. It's called *Allies in Healing*, published by Harper Perennial. \$13 paperback. Don't miss this one! -LW

Thank You readers, for sharing your healing thoughts and drawings with others. Your gifts of hope mean so much, to so many! I wish we could print them all! —LW

**Coming Up!**

**December 1991**

Transforming the 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 yourself and your best friend. DEADLINE for submissions: October 1, 1991.

**February 1992**

The role of hospitals in treatment of dissociative disorders: professional and client opinions. (ALL INPUT WELCOME) Who benefits and why. Selecting a facility. When outpatient treatment is preferred. ART: Cartoons about hospitals (funny or ironic). DEADLINE for submissions: December 1, 1991

**April 1992**

Finding an effective therapist. Innovative ways to budget for therapy and other essentials (food/shelter/stuffed animals.) ART: Draw your strong, wise self. DEADLINE for submissions: February 1, 1992.

**June 1992**

People parts, fragments, ego states. What is your concept of self? How do you deal with differences between your "outside" (physical) self and internal (psychic) structures (different genders, animal alters, etc.) ART: Exotic alters and their purpose. DEADLINE for submissions: April 1, 1992

**August 1992**

Memories: are they all real? Does it matter? Retrieving and processing memories safely. ART: Draw memory-containment or pacing images that reduce overloading your system. DEADLINE for submissions: June 1, 1992.

**October 1992**

Employment and dissociative disorders. Keeping a job or getting one while in therapy. Strategies to improve selves-control. ART: New Fall Styles in defensive barriers for the workplace. DEADLINE for submissions: August 1, 1992.

**December 1992**

How to build a safe support system, with peers or "normals" or both. Info list of support groups/resources. ART: Draw your connections with society, as they are or will become, with healing. DEADLINE for submissions: October 1, 1992



**Share with us!**

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