

MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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SUMMERTIME!

- * *Funniest Experiences in Therapy*
- * *Light Reading Selections*
- * *Therapists' Comment on Boundaries*



February 1995

What do you do when you're "tired of therapy", "don't trust", etc. Is this resistance? Denial? Or are you in unhelpful therapy? How do you tell the difference? ART: The therapeutic dance. DEADLINE: Dec. 1, 1994.

April 1995

The wide continuum of dissociation...What are your most troublesome dissociative symptoms, and what are you doing to solve them? ART: Your internal communication system. DEADLINE: Feb. 1, 1995.

June 1995

Triggers and abreactions. How you cope with sudden memories and keep flashbacks contained. Memory and doubt. ART: Draw the release & resolution of a difficult memory. DEADLINE: April 1, 1995.

August 1995

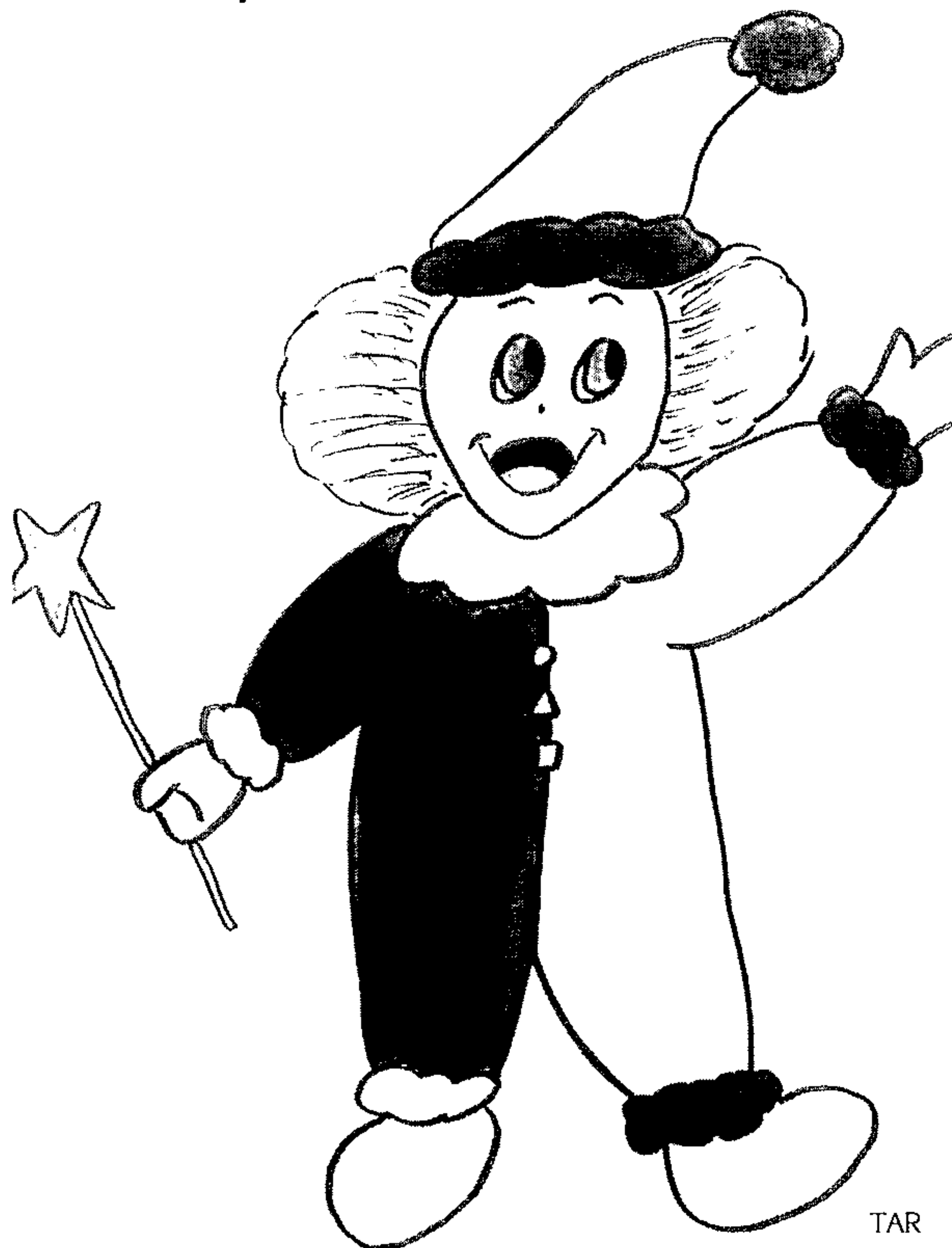
Getting to know your body. Physical awareness and healing techniques. Encouraging healthy sleep patterns. ART: Draw yourself physically connected and strong. DEADLINE: June 1, 1995.

October 1995

Grief and loss. How to ask for help and preserve hope. Can you help friends who are suicidal without being a "rescuer"? ART: Draw something you hope for. DEADLINE: August 1, 1994.

December 1995

Is wholeness worth it? Post-integration reports. (Partial-integration comments included.) ART: Treating your self(ves) with love. DEADLINE: October 1, 1994.



TAR
1/4/94

Little Terry says, "It's time to play!" She reminds all of us that we should take joy and laughter just as we take on the pain of recovery. Celebrate success!

Therapists... You can't live with them, can't live without them

By Estelle of ARTWORKS

Multiple's Choice:

1. If your therapist asks you what you see in an inkblot, is she:

A. Looking for clues about deeply buried traumatic material.

B. Not sure what an inkblot should look like.

C. Stalling for time 'cause her next client isn't due for 45 minutes & you've sent out the kid who won't talk.

2. How many therapists does it take to screw in a light bulb?

A. One- she was raised in a proper home.

B. 1/2 - because her right brain is on vacation.

C. 50 - she's a multiple in disguise.

D. None of the above. Office maintenance does it.

3. If you did something you know you're gonna catch Hell for, and your therapist is asking you to talk to the one who did it, do you:

A. Send out one of the Brats who you know won't tell on you.

B. Come out, give somebody else's name, and confess.

C. Come out, say who you are and say you saw somebody else do it. (This works fine unless your system has an actual alter named Somebody Else.)

D. Suddenly pretend you've come down with a memory.

E. Come out, whip out an invitation to the body's parents' house and say "We have to put this topic on hold because this invitation is a *real* crisis in the making!"

4. If you find yourself in an "educate the therapist" session while interviewing a new therapist, do you:

A. Ask to be paid at the end of the session.

B. Offer to loan out some of your books on dissociation.

C. Abandon whoever's out and hope the therapist doesn't catch on.

D. Tell the therapist you were diagnosed dissociative once, but you were really just making it up.

5. Why did the therapist cross the road?

A. To get to the other side.

B. Because Freud said to.

C. Because Bradshaw said to.

D. None of the above. They finally started an Alanon meeting with simplified steps, and it's on the other side of the street.

6. What do you do if you suspect your therapist is on to you?

A. Go for counter-transference and play it for all it's worth.

B. Suggest to your therapist that your lover *really* needs a session with her.

C. Tell your therapist that this miracle happened and you're just sure you've all integrated.

D. Tell her you're losing time and you think she should try to find the new alter.

E. Go in and say "Oh my God, I think I really am dissociative!" Then you can deal with denial for a few sessions, and with the time you've bought, call up the body's parents. A body-parent crisis should be good for at least a year or so.

7. If you should accidentally stumble onto a therapist who by some miracle of nature knows what she's doing, do you:

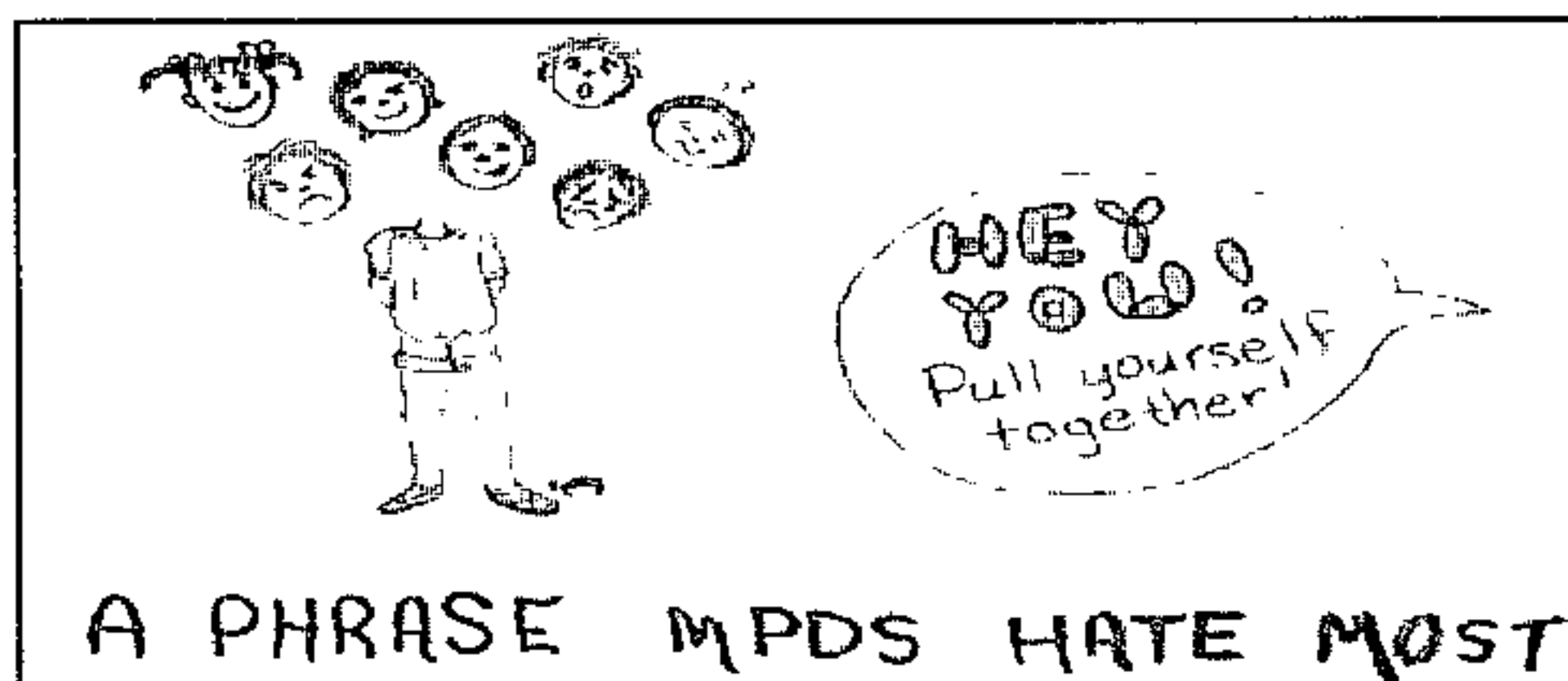
A. Stay with it as long as you can to hone your skills.

B. Watch her like a hawk and see if you can pick up some new tricks.

C. Stay too long, learn to love her, and accidentally get well.

I wrote this awhile back for my therapist Judie. I hated parents and therapists 'cause I've been hurt by both. I was starting to love Judie and I was scared. I couldn't stand to think of her as a therapist. I had to call her my friend. I trust her with most things now because she's trustworthy. I'm also starting to see that not all therapists are bad. Things are still pretty hard; I'm still sarcastic when I'm hurt and I can't cry yet, but it's getting better.

MV



Searching for the Light

By Vickie

I started so small, just a tiny speck, really. Finding a warm, dark, and moist space I looked for something to help me grow. I searched and searched and there it was — a spectacular glowing light. Surging toward it, with a speed I had never known, I took root and tried my best to reach it. One dark day there was a storm. I was whipped about but I wasn't broken. There were many days like that. Finally another part pushed through and it was as if there were two of me, but I was only one. Days and then months passed by me and I grew into many parts, so many that I gave up trying to count them all.

As time passed, a small bud appeared. I wasn't sure what to do with it so I just left it alone to grow and find its own way. This happened so often I stopped counting them, too. Many storms came and parts broke loose. I didn't know where they landed. We were scattered, each growing our own buds and then leaves.

Growing and growing I began to forget about the others. As I filled myself with life, I blossomed. Finally my light began to disappear as the storms came more often. Each storm left us in more pieces — damaged, broken, and hurting. As I matured I learned to hold on more tightly during the storms, trying to see the light I so desperately needed. I began to change to dark brown and couldn't see the others anymore.

Alienating myself I grew darker, smaller, and began to hate the storms even more. Eventually I was buried beneath the trash around and above me. Then another part brushed on top of me, clearing a path for the light. Despising my appearance, I hid from the life-giving force. Yet the light was so strong, it nourished me none the less. Other parts grew around me and fed me from their existence. After a long while I opened my eyes and I saw a tree, large and shady. A place to heal. Today I saw a bud.

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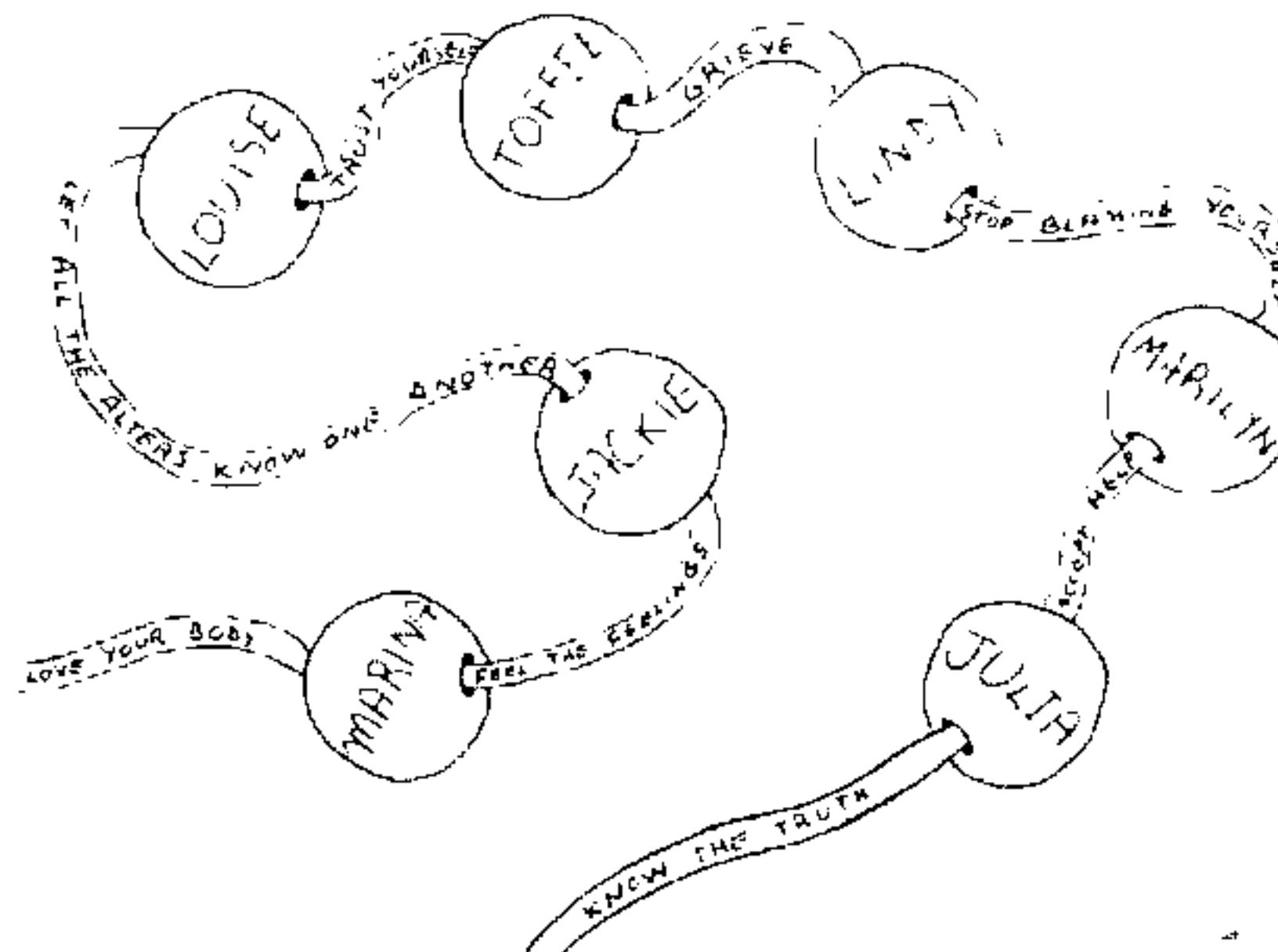
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Therapists' Page

By Joyce H. Vesper, Ph.D.

Joyce H. Vesper, Ph. D. is a therapist in private practice in Scottsdale, Arizona. She has worked in the field of Dissociative Disorders for 15 years, and is a member of ISSMP&D and chair of her local study group. Dr. Vesper has presented at conferences and also performs forensic duties in both criminal and civil cases where dissociation is involved.

It should be no surprise that the issue of boundaries is often filled with tension and conflict in treating survivors of childhood abuse. And yet learning how to establish and maintain healthy boundaries is difficult since individuals from violent and abusive families are used to having their privacy violated. Personal property, treasured items, and even one's body are treated as family possessions. There is no allowance for a separate identity. In essence, the child of abuse is expected to rely upon the family for everything. Failure to do so results in arguments, silent treatments, and/or abuse. Faced with these options, the child quickly learns to suppress any expression of individuality. The development of healthy self-esteem is curtailed leaving the young child confused about the nature of relationships.

The confusion leads to difficulties in accepting one's behavior as unique and independent of other's needs or demands. It also leads to the expectation that other people will perceive events or interactions in the same manner as the survivor.

Unfortunately this orientation does not allow for individual differences. Consequently the survivor inadvertently recreates the same fused relationships with friends, acquaintances, and significant others that existed in the family of abuse. When this occurs, the adult survivor may encounter problems such as revictimization, intimacy disturbances, and even perpetration of others.

These difficulties make it hard for the survivor to select individuals who respect and acknowledge their boundaries. Therefore the survivor is at risk for developing codependent and exploitive relationships. Although it feels wonderful to have someone pay attention and respond to every personal need, the survivor who bonds

with a codependent (therapist or friend) learns that there are unspoken requirements that must be met to keep the relationship alive. For example, the survivor must remain somewhat debilitated so that the codependent feels needed and acknowledged as a caring person. On the other hand, the survivor who connects with an exploitive individual is revictimized in ways similar to those in the family of abuse. Likewise the survivor may become personally codependent or exploitive in an attempt to perpetuate the dysfunctional lifestyle. These orientations take on primary significance in the therapeutic relationship.

There is the excitement of finding oneself the object of another person's interest and/or fascination. Multiplicity is certainly a different form of psychological problem than those seen by most therapists. Consequently, treaters who experience their first multiple become enthralled with the alters, amused with the witty adolescents, and entranced with the children. However if the therapist dwells on the alters' antics and does not deal with the resolution of the trauma experienced by the alter, the therapist can unwittingly prolong treatment and reinforce the acting-out behavior.

Such situations occur when a therapist permits a client who is experiencing financial hardship to continue treatment without paying for sessions. Although this act of kindness seems generous, the therapist has created an unrealistic situation that within a short time can deteriorate into resentment on the part of the therapist and exploitation or guilt on the part of the client. An even worse scenario occurs when the therapist allows the client to participate in the therapist's family activities, such as going to church or attending family gatherings.

Some therapists explain this boundary violation as their attempt to be a better parent than the ones who victimized the client; other therapists rationalize their actions as techniques designed to facilitate a socialization or normalizing experience. In other words, the therapist believes that the client can develop social skills by interacting in the therapist's family situations.

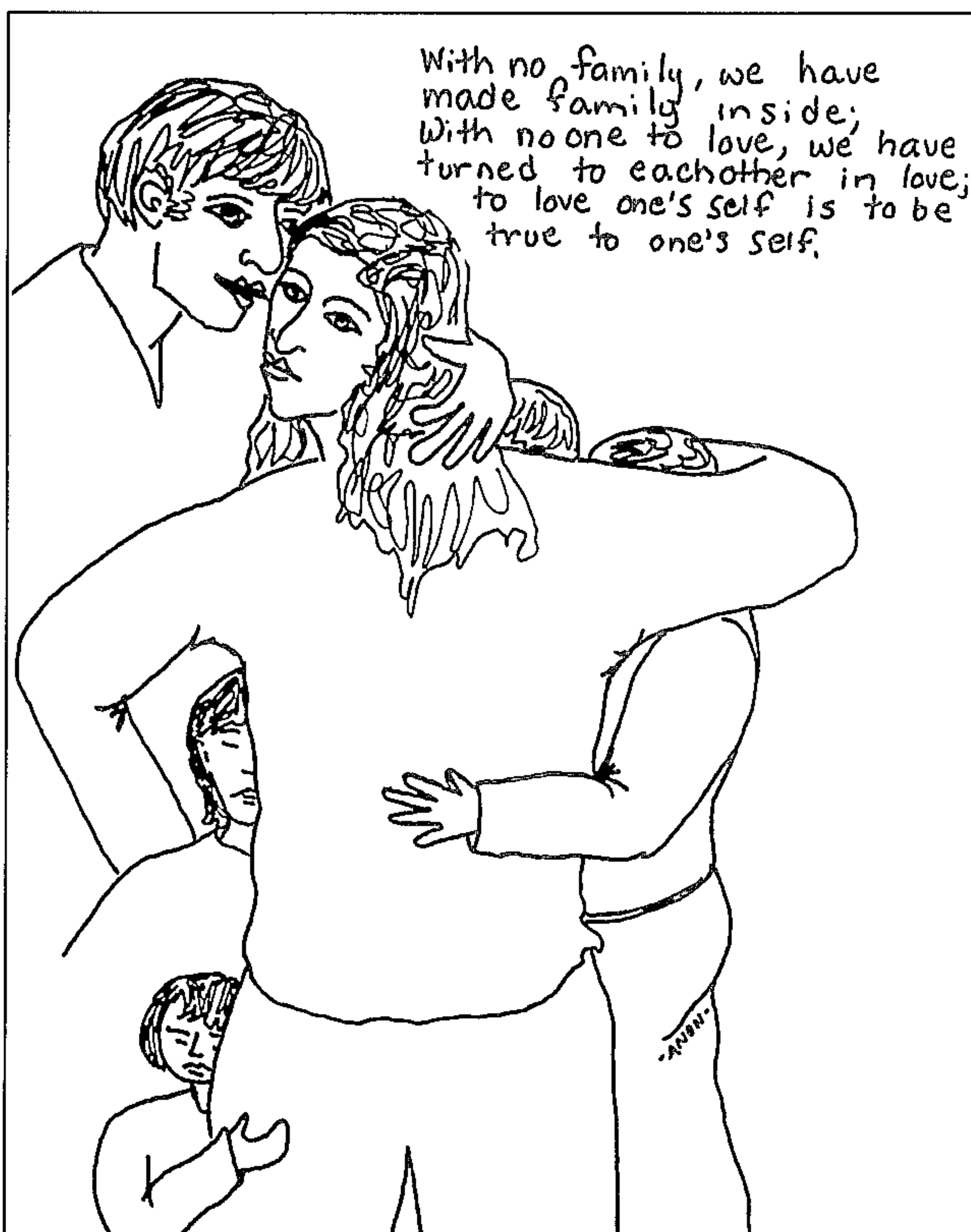
The fallacy in this belief is that the client is not a member or friend of the family, but a person seeking treatment; and the therapist is not a friend or colleague but a treater who has a therapeutic relationship with the client. In both of these situations, boundary violations are rampant. The therapist has confused the treater role with that of *rescuer* and is preventing the client from developing problem-solving skills that are essential for daily living. The client is depending upon the therapist for problem resolution and is permitting the therapist to shoulder the burden of the client's inability to manage his/her personal responsibilities. Finally, the therapist's attempt to be a better parent or parental substitute for the client inhibits the client's need to grapple with the failed parental relationship and raises false hopes that a parental relationship with the therapist is possible.

Clients with sexual abuse histories are prime targets for sexual exploitation from therapists. Instead of viewing the client-therapist interactions as a reliving of past encounters in the family of abuse, the exploiting therapist persuades the client that the sexualized feelings are genuine and need to be expressed in the therapeutic relationship. What usually occurs in these situations is that the therapist grows weary of the relationship, rejects the client, and may even abandon the relationship entirely. Thus the client is left to deal with yet another lost

relationship from what was supposed to be a "loving" relationship. In reality, the therapist has colluded with the client to recreate a situation reminiscent of the family of abuse. Once again the patient is left to struggle with problems of helplessness and psychological control by an authority/parental figure.

Limit-setting issues arise constantly throughout the course of treatment for dissociation. They come up between alters, between client and friends, between client and significant other, and between client and therapist. Because boundaries are an integral part of treatment, both client and therapist will encounter problems as they work toward psychological resolution of the traumatic past. Successful treatment requires that these issues be addressed openly. When boundaries blur, it is the therapist's responsibility to reinstate the appropriate patient-therapist limits. However, both client and therapist can learn from the errors or problems that result from crossed boundaries. Increased communication, cooperation between therapist and client, and resolution of boundary transgressions are essential tools in the recovery process. Building healthy boundaries develops a sense of identity that is necessary in the development of healthy interpersonal relationships.

MV



MPD Classified Ads

By Kay et al & Diana et al

WANTED-SWF wants to trade an introject who thinks he is Satan for one who thinks he is God.

WANTED- SWM who desires a ready-made family, including 5 kids, 1 domestic female, 1 sensuous female, and 1 grandmother.

WANTED - one ISH desperately needed to replace integrated ISH. Gender and age unimportant.

WANTED - one babysitter to work 10pm to 7am to help keep kids in bed while host tries to sleep.

WANTED - SWF needs one protector alter to fight off abusive husband.

WANTED- one humorous alter to entertain 10 kids. Gender and age unimportant.

WANTED - one veterinarian to check on special inside animals.

WANTED - one personnel manager/mediator to help organize a council of alters.

WANTED - anyone who is willing to answer children's questions of "why" on a 24-hour basis.

WILL PAY - big \$\$\$ for information leading to the whereabouts of the proverbial magic wand.

WANTED - male adolescent alter to help keep adolescent female alter with raging hormones occupied and out of trouble.

WANTED, one full time or part time nurse to take care of elderly alter who is developing dementia.

WANTED- desperately needs alter who loves to eat. Host and system are anorexic at this time. Please help.

WANTED - one full-time chauffeur so I won't get lost and not know where I am.

WANTED - full time secretary to schedule and organize a multiple's multiple appointments.

MV

Humor Helps Us Through

I'd like to share a humorous anecdote. Recently I celebrated the third anniversary of beginning work with my current therapist. This therapist is very special to me, and I believe she was truly sent to me by the spirits. (We are incredibly well-matched, and she has helped me improve my level of functioning from being on disability to getting through graduate school.)

Because my inside family wanted the celebration to be special, I stopped on the way to therapy and picked up an ice-cream cake. My inside kids love to eat cake with their "mom" (our therapist) and they were really looking forward to it. Unfortunately, our adults forgot to pick up napkins and utensils at the cake shop. So we were counting on our therapist to solve the how-do-we-cut-and-eat-the-cake problem.

We walked into our therapist's office a little anxious, because we were late (and we hate being late). The first thing we said to her was "Have you got a knife?" She must have seen the worried look on our face, but not the cake in our hands. She looked aghast at us and blurted out, "What does a ritual abuse survivor want with a knife?" We cracked up laughing and replied, "You've seen too many clients today." Then she saw the cake and started laughing too.

Looking back at the 'cakeknife incident', I'm grateful that I've worked through enough yucky ritual abuse memories that I can now appreciate the humorous side of life, even when that humorous side concerns knives. By the way, my therapist *did* have a knife and forks, and we each ate two big pieces of chocolate chip cake. It was very yummy.

By Debbie



We laugh a lot in therapy even though nothing is really that funny. My current therapist uses humor to bring us back to the reality of the present. As

I try to recall exactly what we laugh about, I find that it's very vague. But I remember one time an alter was describing how our abusers wanted us to kidnap a child and bring him/her back by a certain date. As this alter talked about how ashamed she was when she couldn't fulfill their order and was punished, the therapist made a sound of exasperation. At first we were scared that he was mad at us, but then he said, "What the hell were you supposed to do? Find one in the Yellow Pages?" When we understood his feeling, we burst out laughing because we had never thought of it that way. It immediately brought the memory into perspective, better than if he had explained it for hours. All we could picture mentally was us at age 12, thumbing through the phone book trying to find a child who was willing to be abused.

My therapist plays therapy games with our inside kids, and they can really get going. Once a game card said to "stick out your tongue." My kids were terrified of doing so because it was rude, so the therapist stuck out *his* tongue which got them laughing enough so they could "break the rule" themselves. For our hurt kids who don't remember anyone ever playing nice with them, this is a wonderful way to let them experience good things in the present. It helps build rapport for the harder work of memories, too.

One child alter got through the abuse by playing practical jokes on the abusers. For instance: stuffing stepfather's pipe with paper so it wouldn't light, stuffing an uncle's bowling ball with paper, unscrewing and undoing every electrical appliance so it appeared to be a blackout, chewing grape bubble gum (which the stepfather hated) when there were other people around to avoid getting in trouble, and so on. Our mother was good at this too. She put paper in the stepfather's sandwich and he didn't even notice! He ate it whole!

One alter is called "Laughter" and he juggles, acts, and does all sorts of stage stuff for the inside kids and

sometimes for outside kids. He helps us keep our ability to speak when things get hard by laughing until we can talk again.

We can definitely say that humor is part of our everyday lives and we relish it from almost any source. Good taste and a healthy attitude towards the subject helps to make the jokes funny.

By JUSTUS



Perhaps a sense of humor is one of the many prerequisites for dissociative disorder inner work. It's also important to have others with whom you can share the humorous incidents!

Before I realized that the conversations I held within myself were with dissociated others, there often was this paradoxical dialogue: "If I were you, I would..."

"But you *are* me, so what's the problem?"

Now I laugh at the confusion that such conversations portrayed.

I always chuckle in social situations when one of those "we-everything" people comes along and asks, "And how are *we* today?" I would love to reply, "Well, Theresa is still extremely depressed, but Margie and Jerry are doing a little bit better. Marian, however..."

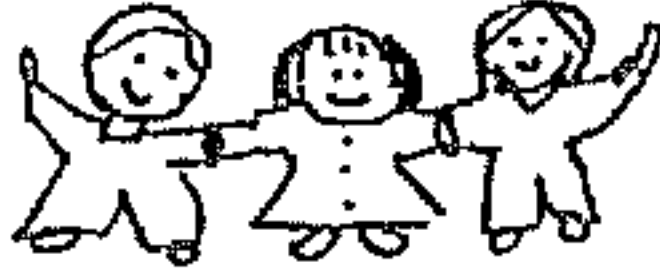
When I do share the somber news of my abuse and of the resulting numerous alter states with a trusted friend, I find it so helpful to lighten up the conversation before moving on, by closing with the overused but appropriate statement, "Please excuse me now, as I have places to go and people *to be!*"

Often the working through times with other "personalities" is too tense to appreciate the humor that is also part and parcel. I remember the time that I, the core person, came back in therapy after a child had cried very hard and long. Without thinking, I reached for some tissue and said, "I wish she would at least blow her own

nose!"

Also, the contract made by all the alter states not to hurt anyone or anything was not all-inclusive enough for Bobbie. I would like to have a video-tape of the time she threw a glass of cold water on us! Luckily it was a warm day.

By Marj W.



The funniest thing that ever happened to me in therapy was the first time I swapped out and took control during a session. I had been observing this therapy process for seven months. Spring had burst forth, I'd been "out to lunch" since the summer before, and I wanted to say 'Howdy' to the man she called 'her therapist'. She's forty-something, I'm sixteen; she's married, I'm not; she's serious and intellectual, I'm wild, petulant, and seductive. You can imagine how shocked and embarrassed she was when I jumped out and started 'analyzing' her therapist! I didn't do anything bad — I just had a little fun with the guy.

For a long time she was angry about that and didn't know whether to blame her therapist, herself, or me. In an effort to control such swap-outs in the future, she started taping the sessions. That didn't work to well though, because listening to the tapes later upset the whole system. We don't tape therapy sessions anymore, and we're more tolerant and accepting of one another these days.

By S.Q.



Accepting the dissociative diagnosis hasn't been easy, even though it was given almost three years ago. I deal with it better now, but every so often I go through a strong phase of denial. One of the last times this happened, I decided to get tested by an expert for schizophrenia, Attention Deficit Disorder, and several other things that could explain the dissociative characteristics.

The first test was the MPPI-2. I sat in a small office alone to take it, and when finished, attempted to stand up, but found my shoelaces tied to the table legs. That was someone's ever-so-subtle way of telling me to *wake up!* Fortunately no one witnessed this. Of course, it took three 2+hour appointments to complete their tests. They couldn't write up the results for the ink blot test because "I saw too many things, and then couldn't remember saying that I saw some of them."

My previous DID (MPD) diagnosis had not been disclosed to them, so their findings were amusing, though not at the time. I'm not schizophrenic and do not have ADD, but the testers suggested I see a specialist in Dissociative Disorders because, although they could not make a definite diagnosis, they felt sure that's what I had. I did explain afterwards my reasons for being tested and not revealing all information about me, which fortunately they seemed to understand. The moral of this story: Denial costs a fortune!

By D.



Usually, our party interacts with each other, as though through an intercom. But Karen, the sarcastic pleaser, just shuts the door! We can never hear when she's "on". She rarely comes out and we try to keep it that way. But recently she would not leave, hogging the entire session with Dr. Smith. When Dr. Smith said, "Well, I have to run", which meant the session was over, it triggered the rest of us out of our somber sleep. We were dormant one minute and adamant the next, saying we hadn't gotten to speak with him! We played back the tape on our way home and realized we'd missed our therapy session (again). Dr. Smith and our party have come to find this quite expensively humorous. Only *we* could be there, and miss our own session!

By The Writer



One of the funniest things that happened to us in therapy was when Mr. Jim met Nathan for the first time. Usually we are very talkative in session, but on this particular day we came in, sat down, and said nothing. Mr. Jim was asking questions ("How was your weekend," etc.) but Nathan just sat there quietly, politely listening and not saying a word. Finally, Mr. Jim stopped talking and they both just sat there. After a little while, Mr. Jim asked, "giving me the silent treatment, eh?" But Nathan just stared at him. After a minute or two more of silence, Mr. Jim asked "Or can you not talk?" To which Nathan calmly replied, "I can talk perfectly." Only Mr. Jim could hear nothing of what he just said, because to the Outside, Nathan is mute! We hear him telepathically, so we heard what he said and everyone just cracked up! It was total bedlam inside for about 5 minutes, while Nathan sat there calmly waiting for us to finish, and Mr. Jim sat there, totally unaware of what had just happened! We laughed about it for days afterward.

By Heather Rose & the People



The funniest thing that happened as a result of my dissociation happened at home. It was a Saturday. Sometimes I'm aware of what happens when an alter is out, and sometimes I'm not. My husband does not always check now to see if I know what occurred. He just assumes I know because there is very good internal communication.

Before we got out of bed, one of my young alters and my husband made plans to go someplace that day.

Later that morning as we were leaving, (I was aware that we were going someplace) my husband asked if I could drive. I got to the point of putting the key in the ignition before I realized that I did not know where we were going. I laughed and jokingly accused my husband of conspiring to make me look silly. He thought that I had been privy to his earlier conversation with Four and knew where we were going. Then I heard her giggling inside. I knew that she got me.

Continued on Page 8

HUMOR, Cont'd.

The little ones inside keep trying to get our therapist to laugh by saying some pretty outrageous things. I suspect that some older preteens or teenagers sometimes put them up to it. In pursuit of this game, Four told Pat, our therapist, about the broken horse that she saw. We go past several places that have horses. One of the male horses had his penis hanging out. Four was very concerned that the horse was broken. She was anxious to tell our husband when he got home so that he could tell the people to fix their horse. He very gently explained that there was nothing wrong with the horse. For some reason his "boy potty thing" was hanging out and he would pull it back inside later.

I suspect that some older ones told her that it would be funny to tell Pat all about the horse, that Pat would laugh. At our next session, Four described in detail the horse and his condition. When Pat didn't laugh, she told what was really wrong with the horse. Since that day it has been a game to try to get Pat to laugh.

By Gretel

MV*Who's There?*

By Angie

An Experience With Tai Chi

By Heather Rose & The People

Sometime after Christmas we heard a "knowing" handed down from our #1 ISH, the Time Goddess, that we must learn Tai Chi. Now all we knew about Tai Chi was that it was something like Karate, so one day Amber went to the local Karate gym and asked about it. The lady there was abrupt, and kept saying "We teach *power* here!" which was a real turn-off for us. We stopped our search after that, but the strong inner urge never left. One day at a friend's house, we saw a paper from the local college listing continuing ed courses. April was leafing through it distractedly, until her attention was suddenly grabbed by a headline: *Tai Chi Chuan* it said, in bold letters. We signed up immediately. Right away things started happening. Amber felt energetic again and began cleaning the house. After just three weeks of class, Lisa, one of our most traumatized Little Ones,

realized she was no longer in the barn with the father and grandfather torturing her. This happened during an intense thunderstorm at night, a time when she typically would be very frightened. Our best friend, Jimmy, was there. He held her and kept telling her that she was safe now. After what seemed like two hours, she finally believed him and *went to sleep!* She now knows "no more barn", and that she has a new "daddy". Lisa has come a long way since that night. She has heard music for the first time (jazz), discovered windows, and even rode in the car for a moment. Her new daddy (Jimmy) has been reading her bedtime stories each night, and she now knows the colors blue, orange, white, pink, green, yellow, and purple...where before she only knew black (hate) and red (pain). We are so very proud of her!

We would recommend Tai Chi to anyone who is ready to deepen

co-consciousness or who wants to see amazing healing within. One word of caution: You *must* take it slowly, or you may get overwhelmed by the *many* things that happen. We only listed two, but many more things occurred. Our system avoided overload by not being able to recall any but the first moves; the rest were removed from memory.

For those who are asking "But just *what* is Tai Chi anyway?" — Tai Chi is a series of slow moves that resemble martial art. (It reminds us of "The Karate Kid" where Pat Morita is on the beach doing those "weird" moves. Maybe he was doing Tai Chi.) Its emphasis is on a calm and peaceful mind and a relaxed, healthy body. Our instructor uses Yoga to stretch our muscles out before we start. When you get a whole room of people doing it at the same time, it looks very much like a dance.

MV

Recovering

By Rita M.

Q: Is it ethical for a therapist to adopt a client, bring that client into the therapist's home, continue with therapy and act as a parent...then decide after six months to discontinue the relationship of therapy and parent, and offer the client a choice to move out, or stay and work on establishing a friendship...and when that doesn't work, force the client to leave and refuse to return her personal belongings? This happened to me and my inside family. We are struggling with feelings of betrayal, guilt, hurt, and confusion. We need validation that this kind of behavior from a therapist is unethical and damaging to a client's well-being. What are your thoughts on this? — Marie et al

A: Dear Marie et al,

I find your letter disturbing. I am not quite sure how to answer it. I have heard of many instances where therapists have tried very hard to help a dissociative client, and in doing so, engage in caretaking activities that end up sabotaging the therapeutic relationship. I've heard this from both the therapists and the clients. In fact, some of the leading therapists in the field of DD made these kinds of mistakes early in learning about treating such cases. The client presents so much pain, and often is so needy and unable to function, that it really tugs at the therapist's heartstrings, and some therapists lose sight of the need to maintain the necessary therapeutic neutrality.

Therapists must recognize their limits in treating severely abused people. Parenting, or reparenting, in the manner you describe is

inappropriate. As therapists, we cannot fix or correct the client's pain/loss of healthy parents. However we can serve as a role model of a healthy, supporting and loving person by maintaining firm and appropriate boundaries at all times. It is never appropriate for a client to move in with a therapist or to have a relationship outside of the therapy where the client and therapist are "friends" while treatment continues. The ethics boards of many mental health professions frown on any "outside" relationship with a client until at least one year after treatment is terminated. Having a friendship causes a blurring of boundaries (a primary characteristic in abusive families!) and contaminates/dilutes the therapeutic process. The goal of therapy is to work through your childhood abuse and get well (learn how to function), not make a friend. In my experience, many of my clients have attempted to be "friends" with me, and the behavior is a smokescreen to avoid focusing on themselves and their issues. It is the therapist's responsibility to recognize this and reflect it back to the client, to keep the therapy on track.

I am not advocating a sterile and rigid therapeutic stance, lacking warmth and support. However, it is crucial that appropriate emotional boundaries be maintained, or the therapy will be severely undermined. I would ask you to examine your own behavior, and look back over your actions and motivations. You also have a responsibility for your choices. Did you want to move in with the therapist? Did you feel comfortable? Did you feel uneasy? Was there a contract about how this was going to work (ie,

expectations each of you had, etc.)? I think you need to do some soul-searching to sort out what past experience you were reenacting so you can learn from this painful experience.

You don't mention in your letter if you are continuing in therapy with this therapist, or if you are in therapy with anyone else at this time. You also don't mention any action you have taken to get this issue resolved with the therapist. Most non-MD therapists have a supervisor of some sort who could serve as a mediator and help both of you sort out and get a resolution. If the therapist acted in this manner, you certainly would have the right to file a complaint with the therapist's licensing board. There are bad apples in every field, and psychotherapy is no exception. Bad therapists should be held accountable. Licensing boards will investigate every complaint fairly. Be prepared to have facts to back up your claim. However, many complaints are invalid, made by disgruntled clients for a variety of reasons — most often representing the client's displaced, transference rage at abusive parents. It is very painful to be wrongfully accused of misconduct, so I would ask you to be very sure you are looking at this experience objectively (rather than from your painful reservoir of abusive experiences), and to exhaust all other avenues of conflict-resolution before pursuing any action against the therapist.

I sincerely hope that you are able to find some peace about this experience, and can hear and understand the issue from both sides, without feeling invalidated. Good luck.

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

Favorite Books of MV Friends

Because I'm a teacher, my inner children get many opportunities to hear children's stories. Their latest favorite book is *Dreamcatcher* by Audrey Osofky. It tells what everyday life was like of the Ojibway Indians. An older sister makes a dreamcatcher for the baby. It follows the baby's day as she naps on her cradleboard. At the end it tells how the dreamcatcher catches the bad dreams and lets good dreams return to the dreamer. Now I feel that all my inner children have dreamcatchers. The littlest ones identify with the baby. The young ones identify with the sister. The older ones identify with the sister and enjoy learning more about Indians. The illustrations are wonderful and may win a Caldecott award.

My children also like anything by Shel Silverstein. They think he is so funny. I sometimes suspect he has an inner child who helps him write his poems. He is so outrageous. (His poem about the nose snail talks about picking your nose.)

Another poetry favorite is *Hailstones and Halibut Bones*. It is a series of poems about colors...not just about how we see them, but their texture, taste, sound, smell, and the emotions they generate. My inner family loves to hear me read them aloud. Their favorite is "Black". They watch my class when I read "The sound of black is BOOM! BOOM! BOOM!" They love to watch the class react to the teacher yelling in class.

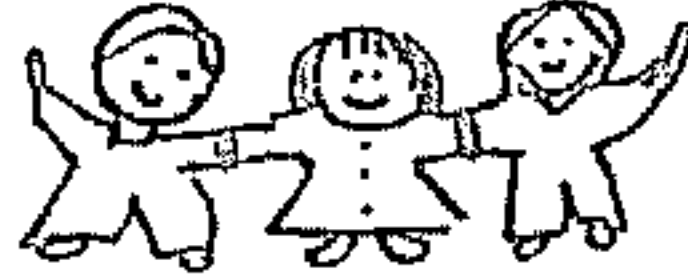
Other favorites include *The Secret Garden* and the books in the *Indian in the Cupboard* series. They like stories with "safe" magic. They also like any story where I use voices to read, like *B'rer Rabbit*. They also like reading *Ranger Rick* and *National Geographic World*. Both have articles about real kids doing good things for the world.

By Joy



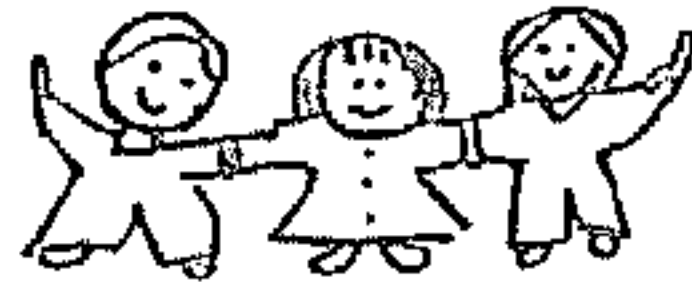
We highly recommend reading *Meditations For Cats Who Do Too Much* by Michael Cader (\$4.95 paperback) A nine-life recovery program for cats learning to take things one life at a time.

By Syl



My most favorite book is *The Whale's Song* that Dyan Sheldon wrote. Lilly is a special little girl because her Grandmother loves her and tells her a good story about the mysterious whales that might come to you if you give them a special gift and they like you. It's a great bed-time book. We found it at the library.

By D7



I used to read a lot of self-help books, but after I was diagnosed with MPD/DD and started working with more of my different people inside, these books became too triggering and not good to read anymore. Now I read to distract myself from the memories that are too overwhelming, and as a break from all the energy and focus it takes to care for everyone inside. Some of the kids like to color and some like to read kid's books. The boys inside like to read the *Hardy Boys* books about teenage brother detectives (by Franklin W. Dixon). They always find the bad guys and the Hardy boys always win! They are smart and clever and know karate to defend themselves. These stories give me hope for learning how to defend myself in therapy and in real life, against the bad guys.

Another good book is *The Wizard of Earthsea* by Ursula K. LeGuin. It's about facing things that scare you, and winning over them with the help of others.

Also, we've really enjoyed Ann McCaffrey's *Dragonsong*; *Dragonsinger*; and all her books about telepathic dragons who fly and

sometimes sing. It's fun to meet the different dragons and their riders, and see all the challenges they get into, and how resourceful both the riders and dragons are. We read these books for fun, and learn neat things too.

By S.L.



My book list:

ADULTS:

I'm Good Enough, I'm Smart Enough, And Doggone it, People Like Me! By Stuart Smalley (really Al Franken). This is a light-hearted look and gentle poking fun at 12-step groups.

Perry Mason books by Erle Stanley Gardner. There are over 80 of these; fairly light reading, not a lot of gore. Perry Mason and his sidekicks, Della Street and Paul Drake are clever in a sophisticated way.

Biographies of people, historical or obscure. I find it helpful to read of other people who accomplished a lot despite adversity, or who lived in a difficult period of time, such as the Middle Ages.

Most books by Dean Koontz. If this guy isn't dissociative, most of his characters seem to be. There is quite a bit of gore and/or scary parts but they usually feature a strong, stay-together-until-the-end couple.

The *Spenser* novels by Robert Parker. Quick reads with a good mystery. Spenser is a humorous private detective who is as loyal as a faithful dog. I like the loyalty and dedication he and his friends have for each other.

Readers' Digest. This is the epitome of light reading. I find this especially good for panic attacks. There are several sections of humor and some helpful, interesting, or trivial articles.





KIDS:

Any Little House book by Laura Ingalls Wilder. A little girl growing up in a very loving family in the mid-1800's. I especially like the loving family.

Pollyanna by Eleanor Porter. A great little book about seeing the best in everything and everybody. Very wholesome and innocent, with touches of humor. A book for all alters to read together.

Five Children and It by E. Nesbit. This is a great story about a group of children who find a sand fairy who grants them a wish a day. The children find out that getting their wishes isn't always the best thing. Very funny. Kid alters who hang out

together will share in the relationship of these brothers and sisters.

James and the Giant Peach by Roald Dahl. Great story about a kid who had a happy home and loving parents until they got eaten by an escaped zoo animal on an outing. The kid is sent to live with his mean, cruel aunts on an isolated hilltop. One day a magical being gives him some magic seeds. The seeds accidentally get spilled and the rest of the story is a nice, funny surprise with a happy ending. Great book for all alters to share as it is a group journey that leads to the happy ending.

The fairy books by Andrew Lang...good read-aloud books for before bedtime.

Some of these books have been made into movies that you can rent and play on a VCR. Disney movies are also a great distraction.

By Barb

MV

Conferences

V.O.I.C.E.S. in Action, Inc. presents its 12th International Conference for survivors and pro-survivors, **Aug. 4-7** at the North Shore Sheraton Hotel, Northbrook, IL, near Chicago. For information, call (708) 893-7656.

Canadian Chippewas of Nawash First Nation are presenting a Holistic Healing Conference for survivors of all types of abuse, at Cape Croker Park, **Aug. 8-12**. *Honoring and Empowering Survivors of All Nations* will include Native and Traditional Healers in wholistic healing workshops; sunrise ceremonies, healing sweats, etc. The **Neyaashiingmiing Survivors Healing Centre** also seeks financial contributions to assist in the expenses of the Healing Conference. For information, write to the Healing Centre at R.R. #5, Warton, Ontario, N0H 2T0 Canada, or call (519) 534-3761.

Wisconsin Coalition Against Sexual Assault is sponsoring a Fall conference, *Beyond Survival to Prevention, Ending Sexual Violence Against Teens and Young Adults*, **Sept. 7-9** in Wisconsin Rapids. For information, call, fax or write WCASA, 1400 East Washington Ave. Suite 148, Madison WI 53703. (608) 257-1516.

A conference for survivors of sexual abuse will be held Saturday, **Sept. 10** in the Amphitheatre at California State University, Hayward. Survivor authors and therapists will be among the speakers. No charge. For more info, send self-addressed stamped envelope to Ann Cambra, PO Box 55554, Hayward, CA 94545-0554.

The **National Criminal Justice Task Force Inc.** will present a *National Conference on Crimes Against Children & Gang Violence*, **Sept. 22-25, 1994** in Washington DC. For info, call (404) 484-0201.

The **Eleventh International Conference on Multiple Personality and Dissociative States** will be held **Nov. 3-5, 1994** at the Marriott Hotel Downtown, Chicago, IL. Sponsored by Rush-Presbyterian-St. Luke's Medical Center, the conference is held in conjunction with the annual business meeting of the International Society for the Study of Dissociation (formerly ISSMP&D). Scientific program and numerous workshops. For info call Sela Brown at (708) 933-6685.

For Survivors Only! Conference, sponsored by the Mungadze Association, **Nov. 12 & 13, 1994** at the Harvey Hotel Dallas/Ft. Worth Airport. Includes talent show and artwork display. For information call (817) 354-1389.

Call for papers. *The Seventh Annual Eastern Regional Conference on Abuse, Trauma, and Dissociation* will be held **June 8-12, 1995** in Alexandria, VA. A limited number of papers on practical treatment topics will be accepted for presentation. Call for complete information on submitting your abstract. 1-800-934-3724. Deadline, Sept. 1, 1994.

Once Upon a Time

Once upon a time there was a little girl who loved turtles and kittens and climbed trees without falling and ran like a jackrabbit. Her mother was pretty. Her father was strong like Dick and Jane's family in her brother's first grade book. Everyone could see they loved their little Sally happily ever after... They bought her dolls and ruffled dresses and no one ever asked about the bruises. They went to the zoo and on family vacations and no one ever asked about the blood or why she hid when grown-ups came.

Look, Dick.

Look, Jane.

See Sally.

Oh, Oh, see Sally run!

By C.J.

Look, Wanda! I must have integrated. My mood ring hasn't changed in 3 hrs!



RS.

Censuring an Unethical Therapist

By Kathy

A few years ago I first went to a therapist because I totally lost my hearing and the specialist thought it may be caused by a suppressed psychological problem. I suspected it might have been due to the child abuse I suffered. The therapist was an ordained preacher as well as a psychologist. Everything went smoothly for about a year, then all Hell broke loose.

Every session was started and ended by a hug. I was uncomfortable because at that time I didn't know I was dissociative. I shrank at each hug.

To make a long story short (and to save me from switching) I'll just say it got worse from there. I got flowers, wine, phone calls etc. One session he actually crawled on his knees toward me and held both my hands. He even told me that he often fantasized that he was married to me! He said everything would be OK because he was an ordained minister. I tried to leave his practice several times, but he would always threaten me with calling the police and sending me to the State Hospital.

One day I finally had enough. I called him from home and told him I was never going to him again. That's when he started calling me constantly, crying for me to come back. I couldn't take it anymore. I called my gynecologist and he put me on Xanax. I went without a therapist for a few months until I could get my nerve to call another one.

I searched the phone book for somebody, *anybody*, to hear my story. I finally called the State Mental Health Dept. and they told me where to write. And did I write! I wrote about everything from the hugs and fantasizing to the erection. I also wrote how, because he couldn't take *me* to motels, he used my friend, his receptionist, for his little affairs. He actually said he was using her as a substitute for me! The guy had gall, if nothing else.

I got a letter about two months after I had sent mine. I was to appear for a

hearing on the case in another city, with two members of the Board. Get this...they wanted to know if I wanted him present during the hearing!

So I went to this hearing, taking the afternoon off from my job at a doctor's office. The hearing was held at the office of the male Board member, but a woman was there as well, for the sake of having an unbiased report.

The hearing lasted three hours. They asked all sorts of grueling questions. At one point, I thought I was going to have a nervous breakdown right there in front of them! *Did he have actual sex with you? What exactly did he do? Why did you continue to see him? He said you went to him for marriage counseling...is that true?* Of course not! But if I had to continue to see this therapist, I would be divorced by now. (Can you imagine what happened one Valentine's Day, when my husband and I arrived home simultaneously...me toting the flowers the therapist gave me, and my husband with a smaller bouquet?)

Questions at the hearing flowed endlessly, like a dirty river. I got so upset, I was crying through my answers. I am surprised they even understood what I was saying.

When it was over and time for me to go, I could barely walk. My legs dis-owned me. I was like a rag-doll that had all her stuffing pulled out. When I got to my car, I really cut loose. I was crying hysterically. I know they saw me, but no one ever came out to offer me assistance. I sat there and cried for a full hour. I had to compose myself before I started the forty-mile rush-hour traffic ride to the office to pick up my paycheck.

When I got to the office, everyone saw that I was in bad shape. Since it was Friday and near closing hours, one of the doctors took me to his office, and the dam burst again. I still had another thirteen miles of stop-and-go traffic to contend with. They would not let me go! I wanted to be alone at this point and, although I

appreciated their efforts, I needed to go.

I thought matters couldn't get any worse. After my friend told me about her relationship with this therapist, I thought our friendship was over and done with. No. She would call me constantly, and ask me questions about what was going on. Ole Stupidity here would tell her everything. Damn Dissociation! To make matters worse, she got a job in the office where I worked! I had her at my throat every day...a constant reminder of what went on.

It took forever before I got any results from the hearing...about four or five months. I figured they would never believe a sniffing, blubbing female patient with psychiatric problems. To my surprise, he got the highest "punishment" due a therapist before losing his license! I told the two investigators that I didn't want this episode advertised. Now I regret my decision. Maybe more female patients would come forward and disclose, as I did.

To add irony to the situation...when a patient didn't go along with his little acts, I found out he'd send them across the street to another therapist. Can you imagine how I felt two years ago when I read in the local paper that *this* doctor received the same censure that *my* doctor did? (And *my* doctor wanted *me* to go there!)

Since being diagnosed as dissociative about seven years ago, I have been through many therapists. The article in *MV* some time back helped me to accept this. You *do* go through therapists till you find one that fits. It is sort of like having an old pair of shoes wear out and having to get a new pair. You have to keep on trying till you get a pair that fits just right.

Now I have a wonderful psychiatrist whom I see on a monthly basis, and an even-more-wonderful therapist who knows dissociation inside-out. She laughs at my silliness with me and keeps her distance when I'm having

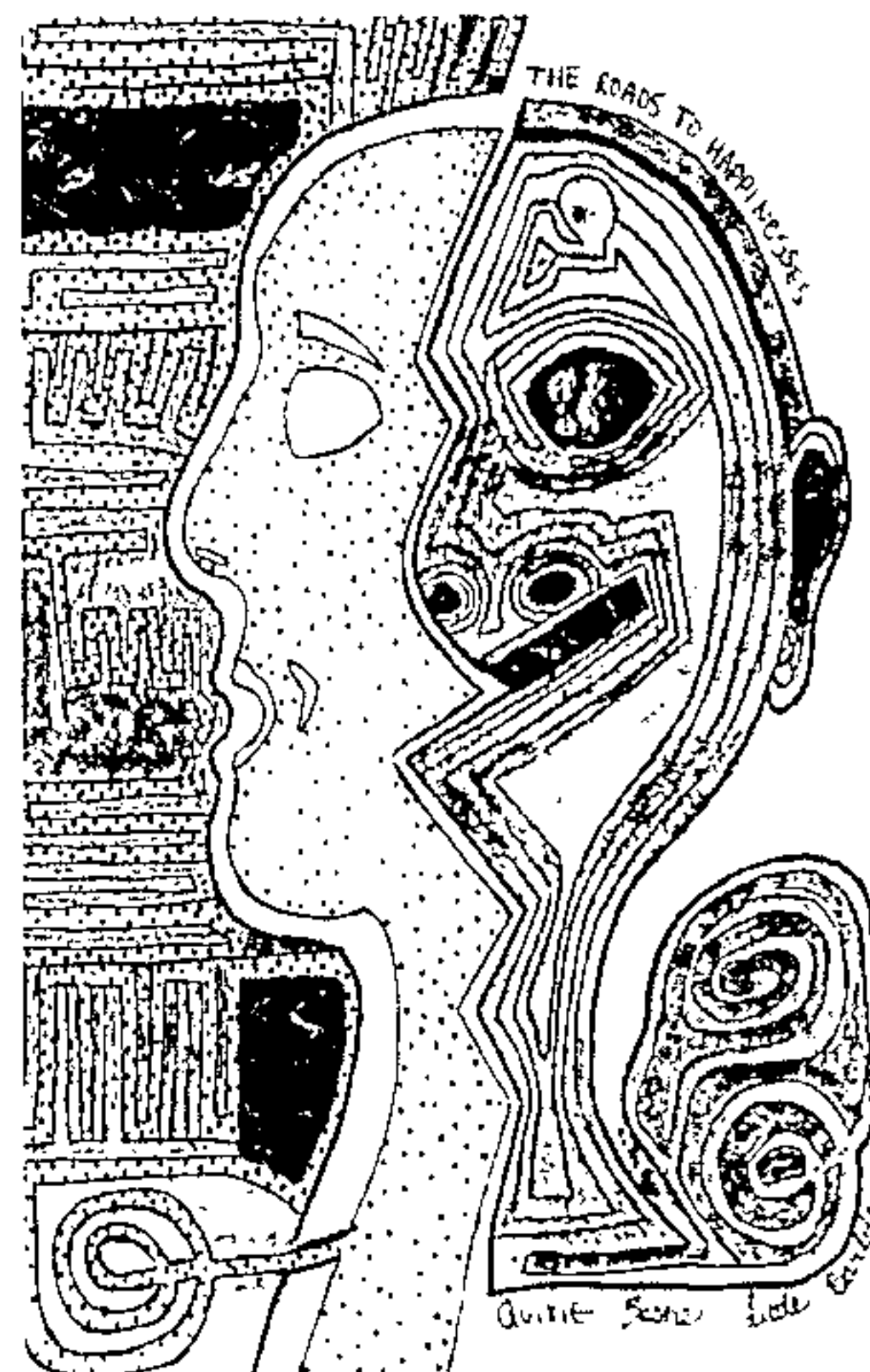
problems dealing with sexual issues. She knows the doctor I turned in and said she is amazed that he's still in business — that he's a good snake oil salesman!

I have problems with my psychiatrist (and any other male doctor) but we are working on it one day at a time. There are times when I'll go in there completely deaf and have to lipread what he says. When he has to come near me, he makes all movements slow and deliberate. He also tells me what he is going to do so I won't have to worry. Regardless of his warnings, I still curl into a little ball until he moves. I have the same problem going to the

doctor's office when I'm ill. He too, makes deliberate moves and talks me through things.

My problem with the unethical therapist had nothing to do with me becoming dissociative. I had every kind of abuse you can think of while I was growing up. He just added to it. Anyway, I want you to know how it feels to be on the reporting side of turning a therapist in to the ethics board. It's rough, but I would do it again in a heartbeat if what happened then *ever* happens to me again. I know who to talk to now, and don't have to go through that pain.

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Tape Reviews

By Ann V.

Out From the Shadows — Interview with an Integrated Multiple

With Thomas G. Tudor, PhD © 1993. Sidran Press, 2328 West Joppa Rd., Suite 15, Lutherville, MD 21093. 45 minutes, \$11.95. Cassette audiotape.

Out From the Shadows is an absorbing conversation between a therapist and a woman who achieved integration of her multiple personalities. The woman shares her journey of childhood abuse, anorexia, hospitalization, incorrect diagnoses, and inappropriate medications. Once she received an accurate diagnosis of DD, the woman describes the stages of her therapy, fusions of her personalities, and what her life is like after integration. The woman stresses how she worked to stabilize and change her outside life as she was managing her inside world.

Never having met or spoken to a multiple who has integrated, we approached this tape with apprehension. We found the tape to be helpful in giving the perspectives of someone who has successfully completed therapy and is approaching life as One.

Answers Within for Survivors of Trauma

By Mirabye A Boone, MSW DCH ©1994. Answers Within, PO Box 3004, Vancouver, WA 98668. \$12.95 plus \$3 shipping. Cassette audiotape.

This tape is intended to be used as a self-help tool or as an adjunct to therapy. Side One addresses how various types of trauma affect an individual. Boone explains trauma, repressed memories, flashbacks, triggers, nightmares, and dreams. She talks of understanding your unconscious mind as many parts of yourself, and communicating with the parts as a way to process information. Side Two presents relaxation and self-hypnotic suggestions for creating a safe place and a rainbow of promise and rebirth. Using imagery, she tells how to work with flashbacks, triggers, nightmares, and memories. This tape was informative and effective in helping us connect with ourselves. Boone's imagery, questions, and techniques were presented in a gentle and calm manner which both our younger and older selves appreciate.

Multiples of One

By Jenai Green © 1993 Wee-Bee Music, PO Box 990593, Redding CA 96099-0593. \$10 plus \$2.50 postage. Cassette audiotape.

Accompanied by piano, strings, cello, flute and other instruments, Jenai sings of her experiences as a person with multiple personalities. Jenai tells of her inner world, her people, her memories and her life through songs such as *Our Song*, *One of Many*, *To the Child*, *So Goes our Days*, *Memories*, and *The Gate Men*. She descriptively expresses pain, sorrow, terror, comfort, strength and love.

Personally, we identified with Jenai's lyrics at many different levels within our system. We found the tape to be powerful and affirming in the different facets of multiplicity Jenai portrayed. We recommend this quality tape to survivors or anyone who wants to better understand dissociation.

MV

Candle Meditation

By Walker D.

Sometimes when I sit at my altar, I am still and silent. Sometimes I pray like I was taught as a child, and sometimes I sing, while other times, I read. I know that I have more people living in my body besides myself. I often use my meditation to communicate with my other people.

On the altar there are four blue candles, because four is the symbolic number of completeness and wholeness in the universe. I light these candles first. Also there are candles for each of my people, and one for myself. Beside my altar there is a child's rocking chair. When I speak of each of these people, they are welcome to sit in the comfort of the red rocker. I light each candle, and as I do I take time to honor the work of each of these persons, who helped me to be the person I am today. I try to give them each encouragement. I make a wish for each of them. I chose candles to match each person's favorite color.

I light a pink candle and speak to Little Catherine. I sing lullabies to her

and rock her back and forth. I congratulate her on being so brave and tell her that it's safe to cry now.

I light a purple candle and speak with Catherine and thank her for watching over me when I was small. I thank her for helping keep things orderly and remind her that in our new safe house, we'll never get in trouble if things are out of place.

I light a green candle and speak with Houseplant. I cry and cry to hear of Houseplant's pain and torture. I sometimes cry for a long time, and this shows Houseplant that this is a safe place and an honest place.

I light a red candle and pay my respects to Grandma, with her wonderful encouraging spirit.

I light a sky blue candle and speak to Horse in nice, soft, gentle ways. Horse had never heard calm words until I started to speak with him. I hope that someday he is able to see the privileges of speaking kindly.

I light a deep blue candle and speak to the elves and their messengers, the

goats. They have always been so kind to tuck me into bed every night. I thank them.

I light a brown candle and speak to Scout. I tell Scout that there are ways in which to be angry and show anger without being mean, without hurting our body. I tell her I am trying to learn these safe ways. I honor her for having done such a big job for such a long time.

I light a white candle and don't say anything at all, because Stanley is vision only. I look at all of the things on my altar and remember.

I light a green candle and speak to the artist. I caress my hands and delight in how beautiful they are. I honor them to have such beauty pass through them.

And then I light my own green candle. I hold myself with the promise that I will continue to do this frightening, challenging work to find the whole of me.

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The Weight Loss Program for MPD's and DD's

By Protector for Charity & Co.

Everyone knows that physical fitness cannot be attained by dieting alone. And like so many people, I particularly hate to exercise, but I find that I exercise everyday without even trying to. Calories can be burned off by the hundreds by engaging in strenuous exercises common to most everyone dealing with DID (MPD) or another Dissociative Disorder.

The following is a list of exercises along with the number of calories burned per hour:

EXERCISE

Calories burned per hour

1. Jogging your memory - 650
(one of the more difficult exercises)

2. Beating around the bush (to avoid jogging your memory) - 1,000
3. Beating your head against the wall
(A new form of treatment at the State Hospital) - 300
4. Abreacting - 900
5. Avoiding Abreactive work during therapy - 2,000
6. Nightmares - 1,000
7. Staying awake to avoid the nightmare exercise - 1,500
8. Balancing the check book
(when "the others" are writing your checks) - 700
9. Keeping "little ones" inside while driving by Toys-R-Us - 650

10. Deciding on what to wear
(depending on how many alters are involved) - 50- 400
11. Spinning your wheels because your head is spinning too fast to think - 300
12. Getting to therapy - 1,100
13. Deciding how you feel
(depending on how many alters are on the surface) - 50-550
14. Surviving a cult holiday
(depending on which holiday it is) - 500-1,000
15. Switching -200
16. Acting normal -12,000

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Resources

A research project to find faster ways to diagnose dissociative disorders continues. To help, write to Alice Neuman, PhD, PsyCare, 843 Boardman-Canfield Rd., Boardman, OH 44512.

The organization, **S.A.F.E.**, (Survivors Army Fighting Evil) has formed to speak up against the backlash via phone, fax, and e-mail (rather than through the media they believe is biased in favor of abusers). For info, send \$1 and a self-addressed, stamped envelope to S.A.F.E. Headquarters, 4339 Balboa St., Suite #1, San Francisco, CA 94121.

Chico, CA. Special Support Groups (not therapy groups) for survivors of extreme abuse and their significant others. Sponsored by Survivors Reaching Out. Call Gail Tavis, 868-5771 for info.

Portland, OR area newsletter, *Gathering Together*, is available for S.A.S.E. sent to 65 SW Yamhill, 2nd Floor, Portland OR 97204.

Food Issues, For The Hungry Heart. is an 8-pg quarterly newsletter about recovering from eating disorders. \$12 to PO Box 54, Chelmsford MA 01824.

MKs in Recovery, for those abused in mission communities. Write to Sharon Koon, PO Box 531, Reynoldsburg OH 43068-0531 or call (614) 861-8512.

Canadian Newsletters:

Multiple Care Unit is a humorous quarterly newsletter about dissociation. You never know what surprises they'll have in store. (The last issue featured instructions for a paper airplane). Subscriptions are \$16 (US or CAN). Multiple Care Unit, PO Box 82, Montreal, Quebec H4A 3P4 Canada.

The Crowded House is a bimonthly newsletter for survivors and support people published in connection with the Lambton Assoc. of Multiple Personalities. Subscriptions are \$15 (US or CAN). Send check to L.A.M.P. Newsletter, PO Box 20015, Lambton Mall Postal Outlet, Sarnia, ONT N7S 6J3.

Lynn W.'s Reading Suggestion:

The Journal of Psychohistory

I recently "discovered" this remarkable journal, and I'm sorry it took me so long. I've never seen so much solid, research-based information on child abuse in one place. Edited and published by Lloyd deMause for some 21 years, *The Journal of Psychohistory* is full of readable articles by academics and clinicians investigating the impact of child abuse on past and present civilization. The writers pull no punches, and back their opinions up with lists of citations from original sources. I was eager to receive the Spring '94 issue: *Cult Abuse of Children, Witch Hunt or Reality?* True to its promise, *The Journal of Psychohistory* tackles the quandaries head-on. The lead article by David Lotto presents the stance of those who believe cult accusations are the result of manipulative therapists and vulnerable, gullible clients. Subsequent articles either counter that theory with documented specifics, or make an effort to present both sides of the controversy. I was delighted to see that deMause accepted the challenge to present this complex subject in all its ramifications. There's a fascinating article by Roland Summit about the discovery of tunnels under the McMartin Preschool...and the coverup of their existence. The whole issue is well-worth reading.

I urge you to take advantage of this excellent source of information while the \$24 half-price rate is still in effect. You'll receive the special issue on Cult Abuse, a *bonus* issue on The Sexual Abuse of Children (absolutely excellent!) and three more issues.) You may not agree with everything written here, but I'm sure you'll have plenty to think about. Call the Toll-free number: 1-800-445-2268. You can use Visa or Mastercard. (Tell them you read about it in MV.)

BOOKS

When It's Safe To Tell

by Abigail Collins. \$10.95 preorder price includes shipping. © 1994. Crystal River Press, PO Box 1382, Healdsburg, CA 95448.

A book to be used by therapists and Christian counselors working with children who may have been abused. Collins used her experience as SRA victim and counselor to create this helpful guide.

Multiple Personality and Dissociation, Understanding Incest, Abuse and MPD

by David L. Calof with Mary LeLoo ©1993. \$7.95 from Parkside Publishing Corp., 205 W. Touhy Ave., Park Ridge, IL 60068.

This book is part of the Parkside Interview series. It's a small but important work, thanks to its clarity and sensible approach to the process of therapy and keeping people functional as they heal.

My Mom is Different

by Deborah Sessions, illustrated by Susan Chalkley, © 1994. \$8.95 from The Sidran Press, 2328 West Joppa Rd. Suite 15, Lutherville, MD 21093.

This book offers a 32-page picture-book format for children with a dissociative parent. Told from the child's viewpoint, it candidly expresses the embarrassment, frustration and anger felt when a parent is healing from trauma and dissociation. (Deborah Sessions is both survivor and mother.)

Someone I Know Has Multiple Personalities

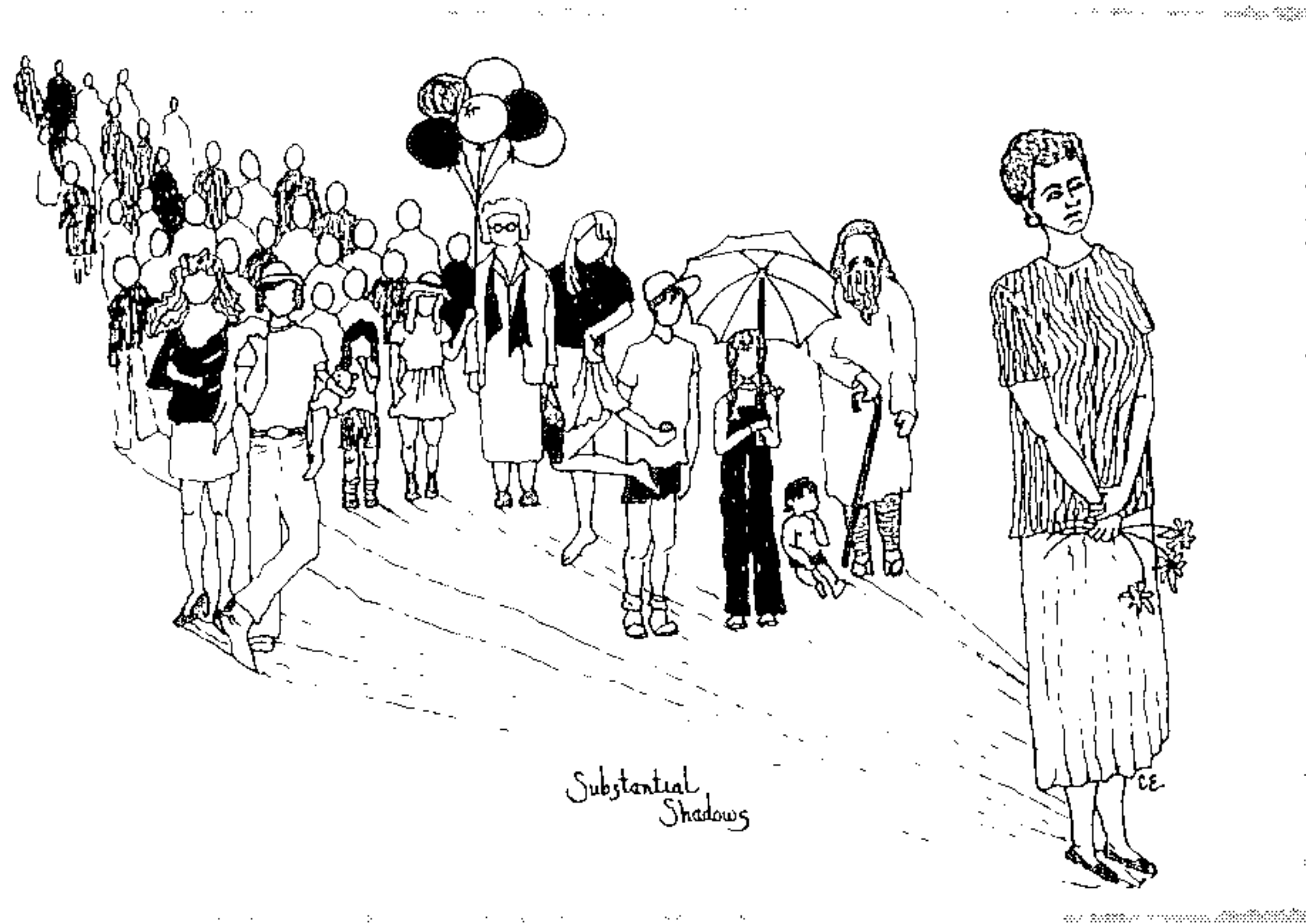
by Sandra Hocking. © 1994. \$7 from Launch Press, PO Box 5629, Rockville, MD 20855. 1-800-321-9167.

A much-needed aid for partners of multiples. Practical suggestions for understanding and relating to people who have dissociative conditions.

The Courage To Heal

by Ellen Bass & Laura Davis (Third Edition - Revised & Updated) © 1994. \$22.50 from HarperPerennial div. of HarperCollins Publishers NY NY (Avail. in bookstores).

600+ pgs and an invaluable resource, this new edition adds a chapter called "*Honoring the Truth*", which addresses the controversy about "recovered memories" and the FMSF.



THANK YOU, Friends!

For your wonderful ideas on topics for 1995! Your creative talents help others to survive and grow, through **MANY VOICES**. Keep sending material! We love it!

October 1994

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

December 1994

Double-topic issue: Dealing with the health-care system (All facets). **ALSO:** Reducing dissociation in stressful situations. ART: A gift you'd like to give yourself, a friend, or the world.
DEADLINE: October 1, 1994

Share with us!

Prose, poetry, and art are accepted on upcoming issue themes, (and even on NON-themes, if it's really great.) **DO** send humor, cartoons, good ideas, and whatever is useful to you. Please limit prose to about 4 typed double-spaced pages. Line drawings (black on white) are best. We can't possibly print everything. Some pieces will be condensed, but we'll print as much as we can. Please enclose a self-addressed, stamped envelope for return of your originals and a note giving us permission to publish and/or edit or excerpt your work.

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