

MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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Dreamwork

Sleep Disturbances

How To Get A Good Night's Sleep

Angels' Touch

Think not you dwell in darkness —
with no hand to hold the gate latch as
you pass.

Think not you bide in blackness —
with no heart to lift at sound of your
sweet voice.

Think not you suffer sorrow — with
no shoulder where to press your tear
streaked face.

Think not you ache with pity — with
no soul to bless the goodness of your
grace.

Think not your cares unnoticed —
with no one there to countenance
your call.

Think not your thoughts are thankless
— with no song behind the meanest
of them all.

Think not your drive undaunted —
though the pace seem sluggish, stiff
through frozen snow.

Think not your giving to ever be
unlauded — though purposeless it
seems, pointless, slow.

For there are hearts and minds and
spirits round us,

We sense them not, who know our
very Name.

Great gentleness and kindness rest
about us

Though oft we cannot feel this
through the rain.

For love is stronger than the longest
winter

It is surer than the rising of the sun.

It will enfold us when all the rest is over

It will be of us when all the rest is
done!

Then it will show us, in its stillness
and brightness,

As we are of It, it has all just begun!

By Margaret W.



“Sleep that Knits the Raveled Skein of Care”

By Hannah and clan

Remember that old song, “John Jacob Jingle Himershimdt?” It was in summer Girl Scout Camp that I first learned to sing it, and each time as we repetitiously bellowed it out we would omit another “last” word of the song until we were down to “John Jacob,” then “John,” then open mouth and no sound. That’s the image the subject “sleep” brings to my mind. I have struggled with sleep and the “how to” do it since I was a very small child and lay awake, then as now, afraid to move, afraid of the dark, afraid of the “monster” anticipating me as I waited in terror for it.

As the years progressed, I buried my nighttime terrors and sleeplessness, first through over-achievement at college — graduating cum laude — by studying into the wee hours, taking NoDoz to stay awake so I could study, washed down with lavish doses of coffee. It wasn’t that I had a sleeping problem. I was *choosing* to use sleeping hours for studying! I was a good student! Then marriage — honeymoons are not for sleeping. And babies — well, everyone knows mothers sleep lightly so that they will hear the slightest whimper of need or distress

The babies are grown and gone now, the husband is gone, and now again I sleep alone with no one to need me — neither for passion nor a dry diaper. Only my cat needs my comfort now, and he does not have a sleep problem. My excuses for sleeplessness have dried up. An eight-hour sleep is a miracle, aided by sleeping pills washed down by a cup of warm milk; five hours is a good night’s sleep, and three hours is not uncommon. And this is with nine hours of lying hopefully in my bed.

So what has this got to do with John Jacob Jingle Himerschmidt? When I started researching “how to sleep” methods, once I had acknowledged

that I had a slight sleep problem, I applied my usual scientific procedure to it. Explore and test all the reasonably acceptable ideas and see which works. One by one I discarded methods from warm baths, to a glass of wine, to soothing music or reading. Nothing alleviated my sleepless nights. Panic time! I then tried over-the-counter sleeping pills, but I’m wary of medication as my body and mind over-react to many drugs, and I didn’t like feeling more dopey than usual the following day. My list of possibilities was growing shorter, John Jacob was down to merely his name and a lot of silence — wakeful silence. I now admitted to myself that I had more than a slight sleep problem — I had a *big* sleep problem.

It was about this time that I fell into therapy, bruised and battered by life, loss of a beloved job, loss of most everything I held dear. I had touched bottom — not reached it flat-out yet, but touched it, and I knew I needed help. In therapy I discovered my inner family, acknowledged my life long sleeping problem, and threw out all simplistic techniques of “getting a good night’s sleep.” For whether I sleep or not any given night depends much upon which part is the neediest that night, which part has been neglected or hurt the preceding day, which part is dreading tomorrow, which part is “remembering,” etc.

I think the big change came (not the number of hours of sleep — that is still up for grabs nightly) when I stopped believing I had to make it better, that I had to find the answer to sleep, apply it, and get an A+. I now do what seems most needful on any given night to simply get through the dark hours. It’s kind of like having young children, hearing a nighttime wail, discerning which child and what need and hurrying to lovingly meet that need.

Sometimes today I write in my journal in the wee hours — all the inner ones communicate with me and each other through writing; sometimes I read an engrossing SF novel, full of dragons, heroes, and monsters; sometimes I get a cup of warm milk and curl up with my stuffed woolly mammoth and, yes, sometimes I just lay in the dark and hurt. There are no panaceas, no over-the-counter cures, no more today than when I was a very small child. But at least now I understand better why I often can’t sleep. I have compassion on all my sleepless parts, and I simply try to meet needs and fears as they arise. And arise they do. If there are too many bad nights in a row, I start the night with a sleeping pill, simply because my body demands rest even when my mind is in its squirrel-cage mode.

So John Jacob Jingle Himerschmidt, you may *keep* your name. I have stopped discarding words right and left. I love it when I get a good night’s sleep; I accept it when I don’t. I honor my parts, wherever they are any given night and I’ll keep striving to meet their needs in the wee hours when the “ghoulies and ghosties” prowl unimpeded.

Oh, one last “method” I tried, and it helps! Try positioning your bed in a north-south direction. It has to do with the magnetic poles. Flow with them, just like you flow with your inner family’s needs. It really helps in normal times. (Right now, I’ve just moved and am in a very chaotically transitional, abnormal state and nothing helps.) More peaceful hours of sleep can be racked up. Isn’t it wonderful when you wake up and look at your clock and it’s 4 AM instead of midnight?

Goodnight, J.J.J.H., pleasant dreams, and please forgive me if I spelled your name wrong.

I Never Told Anyone

There is a secret place
inside of me
that is as unique and precious
as a snowflake before it breaks
its fall on surfaces of
ice and glass.

There is a secret place
inside of me
that is untouched, white,
starched,
delicate, as carefully bleached
as Irish linen and lace.

There is a secret place
inside of me
that is holy, as in highest,
virgin, as in olive oil,
pure as the Ivory coast,
naive as a newborn,
fresh as a daisy,
spanking new.

Vital, flourishing, unspoiled,
bejeweled,
it has not been lost in time
travel,
left behind in hotel rooms,
nor buried in excess baggage.

It roams free,
has escaped wear, tears, and
fatigue,
has remained
hidden, pure, secure, attached
inside of me.

By Ann M. F.

MV

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Angels:



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DISSOCIATION**
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By Ann B.

Sleep and Dreams

Hi! A lot of us who can't sleep is kids like me. My idea is to play bedtime with dolls or bears. The kids is the *good* big people. The doll is the little people. We tuck the little people (doll) in with hugs and kisses. We tell them a story. Have a snack. This shows everyone it is safe to go to bed. Even big people. My favorite time is when they play *Teddybear's Picnic* for us on the tape player. We always fall asleep after the teddy bear song. — *Cindy M.*



Recently we have started to sleep better, via a combination of new meds and new ideas that we spent a lot of time and effort on. There is also an old game from our past that we sometimes use. We called it the *Dream Game*. The purpose is to direct the conscious mind until you fall asleep. It's like a movie or a play. People get a role and you play until sleep takes over. We often end up dreaming the game and avoiding another nightmare.

I believe (myself within...not all share my theory) that the reason we can't fall asleep or stay asleep is because you give control of the conscious mind to others, so you feel unprotected. Thinking this, I gather others to help me to have control at bedtime. I try new things or go back to old ones that had once worked. Lately, headphones and comforting music helps. The headphones, because the sensation of the music being that close intensifies itself, filtering some background noise, yet letting you still be aware so you don't feel vulnerable.

Most of us (you and myself) had visits to our bedroom and sleep by incestors. Mine were not parents, but babysitters...my Godparents...we loved and trusted them...that makes it really hard to sleep. A long time ago I realized that we woke up almost exactly the same time every night, not

changing with the Daylight Savings Time...just always at this time. So we took it to therapy and talked it out and figured out why the night visits. Then we gave it to God.

Most of the time it doesn't bother us anymore, and we know how to comfort each other when we do wake up. When it crops up again we write them or journal or pray inside before bed so our mind will be clear and free of excessively disgusting stuff. When we write a letter to an abuser, that gets some of the junk out and makes room for healthy skills to use and cope creatively. We then decide how to rid ourselves of this written product of pain. We decide if we want to keep it as part of my journal or to rip it up into tiny little bits and pieces. The ripping can really help vent the frustrations and anger. While you do this, speak to your Higher Power and ask Him to heal you of this wound. Everytime you do this, the Lord will respond and give you grace to be strengthened.

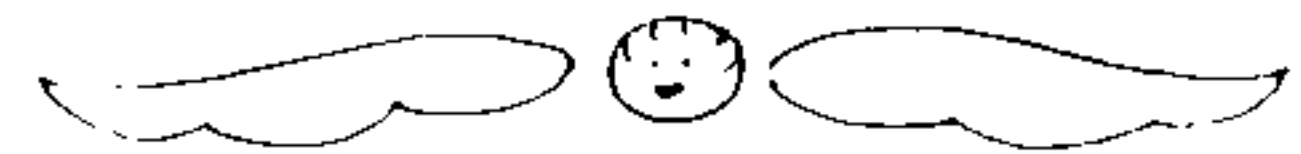
We often can't tell if we are asleep or awake. That gets confusing, to say the least, so we fought all picture images in our mind, awake or asleep. Now that we have a better grip on the awareness of wakefulness and sleep, it is not as easy to fight the images in our co-conscious area of the head. Dreams...the dreams of vivid color and sensations are confusing us a lot. Our new med influences dreams and causes nightmares. But even so they benefit us, because we can actually sleep and not wake up a zillion times a night. The bad dreams are not permanent, and may in the end help with other dreams. We are scared of the pictures we have fought for years, fought to keep locked out. We call the flashbacks "daymares" sometimes. On bad days they tip the scales to skip bedtime.

We're trying to form some consistent bedtime activities. It is very difficult. We try to take care of all age groups, have a prayer time, a story time, snacks so you don't wake up needing to eat, bears. We even sleep with a flashlight,

or a Bible, or a cherished toy, or even a cookie treat. We journal to clear the head, and take it to therapy. It stops the tornado inside our minds, thus allowing sleep to become easier.

Sometimes there are no words to express the feelings inside. That's when crude little drawings can make a difference. They need not be works of art. The action of putting a pen to paper helps displace the pain out of selves. It takes some of the burden off. New things work for different inside people, so don't be afraid to try something you think of, even if it seems silly. You never know until you try it out. Think "Peace." Write a poem or prayer to use each night at bedtime. Take back the night from the abusers. Be sure to tell the kids inside that the abusers are not there, and that they cannot find them, because you hide and protect the kids inside. When you start to sleep better you will have a better chance for a good day, and will be better able to handle crisis situations.

By Anon F.



One of the best things we do in recovery is to let our inside kids have a sleep-over party with other survivors:

Party ideas...

1. Put up a tent in the backyard, if you have one, and invite everybody to bring sleeping bags. (Some tents can be put up inside!)
2. Have plenty of food, like maybe a pot-luck barbeque. And definitely include SomeMores (ask any Scout how to make them.)
3. Have games available. My favorite is a word game: say four things about yourself. Three can be true and one false, or three false and one true. Everybody tries to guess which are true and which are false.

4. Outside, look up at the stars and make up great stories about the wonderful, incredible adventures of kids.

5. Make the adults do all the clean-up.

6. Let everybody sleep in late the next morning.

Have fun!

By Debbie's kids and helping friends.



My thoughts on Dreams...

Dreams help us pass from one reality to the next. They are the stop gap measure that keeps us going when life is difficult and the place where we are seems unbearable.

A dreaming soul is one who has not yet achieved, but clings to dreams and hopes of what will be.

By Cathy and Echo for the Coalition of Joy

MV

Arms

So very like an octopus my nightmares snare me. As I fight off one tentacle another pulls me ever deeper into fear, into terror, into unrefutable knowing of abuse, of incest, of rape. Unless I develop gills and learn to breathe through them surely I must wake only to relive them night upon night. Yet if I trust myself enough to relive them willingly and totally at last even the nightmares will sleep.

By Rosemarie W.

MV

Dreamwork

By Beverly and the Girls

A few things I've learned about dreamwork:

1. Seldom does the dream mean what it first appears. So if the dream feels scary to your awake mind it could turn out to be not scary at all.

2. Everything in the dream is yours. You just have to find out what that item or person means to you. One dream I had featured a special doctor. In working on the dream I found out I really had an inner healer all my own!

3. Something that is special to you will show up a lot in your dreams. I often have cats in my dreams. My musician friend saw (animated) harps in his dreams.

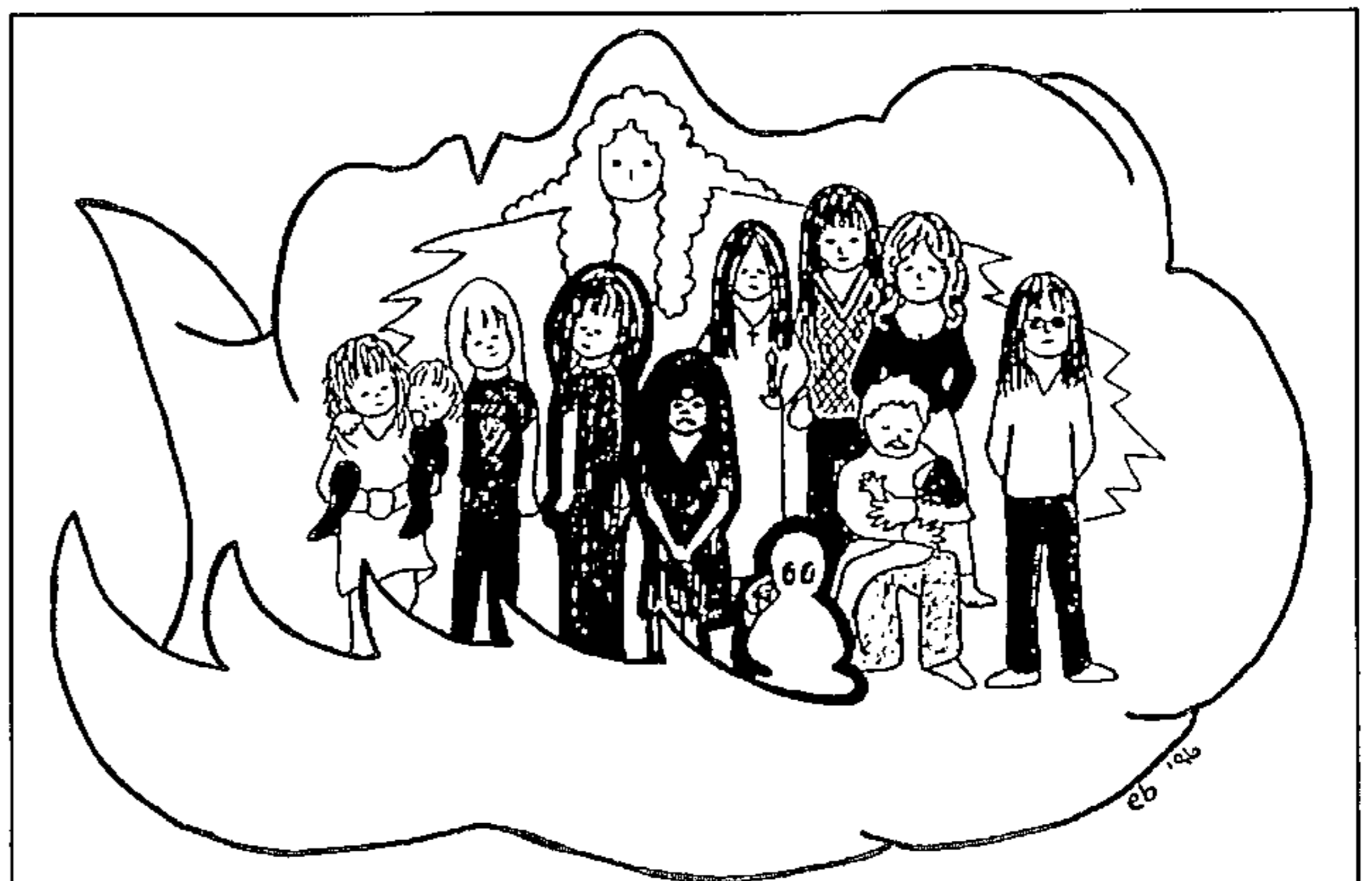
4. I have found out that the houses in my dreams usually represent my state of mind. Some say it means your body, but for me it's my state of mind. I have all different kinds of houses: some have mazelike narrow hallways going to many small rooms; others have big doors, or many locks on the door. Some houses have four or five stories, each level older and more dusty than the other.

5. If you have a recurrent scary dream, get someone to help you look at the dream to find its meaning. Usually after studying the dream, you won't have it any more.

6. You may say you can't remember your dreams. Try to relax before you sleep. Ask your subconscious to let you have a dream. The very moment you wake up, write down anything you remember. When you are more awake, look at your notes and rewrite it. Many times you'll remember a few more details. If you continue to do this, you'll get more and more details from your dreams. It can be an interesting and positive process.

7. Once I heard a way to process your dream is to explain each item detail as if you were explaining it to someone from Mars. (You can do this with a friend, therapist, or by journaling.) You will be surprised by what you find. Try explaining chewing gum to someone who's never seen or heard of it! Sometimes it's the little details that tell you a lot.

MV



We close our eyes and lie very still, but sleep is elusive. The watchers and protectors strain to hear the sound of impending danger. It is very crowded in our head and conversation refuses to be squelched. Restful, peaceful, consistent sleep...is only a day dream.

By Ellie's Family

Therapist's Page

By Jean M. Goodwin M.D., M.P.H.

Jean M. Goodwin M.D., M.P.H., is a Professor in the Department of Psychiatry and Behavioral Sciences at the University of Texas Medical Branch at Galveston. Her books include *Sexual Abuse: Incest Victims and their Families* and *Rediscovering Childhood Trauma*. She is a fellow of the American Psychiatric Association and the International Society for the Study of Dissociation and a board-certified forensic psychiatrist. She has consulted to protective services and social workers around issues of child abuse since the mid 1970's.

Listening to dreams

"I've dreamt in my life dreams that have stayed with me ever after, and changed my ideas. They've gone through and through me, like wine through water, and altered the color of my mind" (Emily Bronte)

"My nights are often busy. I have anxious dreams, amusing dreams, symbolic dreams. There are, however, dreams that are all business and go straight to the point. I suppose we get the dreams we deserve, and they may even be prepared in secret." (Saul Bellow, *The Bellarosa Collection*.)

Dreams are the small work of art that keep us going on this planet that sometimes seems so indifferent to our fate.

For me, dreams mark the epochs of my life. The first dream I recall vividly is a nightmare from about age 6. The extended family were all gathered at the homestead, except one by one we were being taken out to the back yard and chopped into little pieces. This was my first clear clue that some people in my family might be seriously angry, like, for example, me.

Later, when I was in college and beginning to get interested in guys I dreamed that a film about aliens was playing at the local cinema, and that the aliens had come to promote the film. One of them was carrying a sign, "We are from the planet of Diana." I remember drawing the alien (and could draw him again today), and being reminded of the Greek man who long ago burned down the temple of Diana, one of the seven wonders of the ancient world, so he would be famous forever. (I, for one, have always refused on principle to remember his name.) I thought, too, about the Greek goddess Diana who, like me, was more or less a

tomboy and liked to spend time with her girlfriends, and tended to freak out when guys turned up. Working with the dream, I realized that I was a little afraid of men, (this being perhaps related to all those angry Texas relatives from the first dream), and that seeing them as dangerous came before seeing them as weird and alien, and that I was going to have to learn at all levels that they were the same species as me inhabiting the same planet.

One more example, this time from adulthood: At the beginning of the backlash against the rediscovery of child abuse I dreamed that I was building a bridge of glass. A wrecking ball came and systematically began to smash it. In the dream I thought that perhaps, even so, some one someday might be able to imagine from the ruins what it had been like. When I woke up I thought about Gawain and all those other Round Table guys looking for the Grail. One of the hazards in their path had been having to cross a bridge made of glass. It seems that when one takes this route, the Grail route, rough terrain is part of the journey.

So hearing me talk about these three dreams you know a lot about me, how I see myself, how I see the world, what stories I like to tell myself. You can probably guess with some accuracy about how I work with dreams. I see them as central for understanding the particularities and the human-ness of any situation, and I also see learning to grapple with our dreams as core practice for grappling with other aspects of ourselves. If our aim is to respond to our selves with loving curiosity, treating our dreams in that way is a good place to start. Practically, the work with dreams becomes a prototype for work with certain symptoms, with traumatic mental

images and reenactments, and with daydreams and other stress-relievers, especially those that have become repetitive or compulsive. I see dream work as needing to happen over a long period of time (with some dreams all one's life long). Some dream images become part of the private language of a psychotherapy so that the chopping up or the space aliens or the glass bridge would be used again and again as metaphors to describe particular aspects of a person's private internal theatre. I like to work with series of dreams; several versions of a recurrent dream, or as above, dreams occurring at different developmental phases, or dreams happening at different moments in the recovery process.

When there has been a great deal of adversity in childhood, sleep and dreaming are often disrupted so badly that it is a long-term process just to detoxify that area enough so that the good magic of dreaming sleep, the healing beauty and the truth that can be found there, become accessible. Traumatic triggers need to be identified. I worked with one woman who was still sleeping in the bed in which she remembered being physically and sexually abused as a child. Getting a new bed was an important step. Often there are specific sleep disorders which require specific treatments — but you and your physician may need to grapple (even wrestle) with insurers to get funding for an all-night sleep study to identify those problems. In the meantime, medication is often a help in reducing to a dull roar overwhelming and terrifying dreams so one can begin to find and build on gentler images. Fortunately, almost every medication that helps anxiety or depression will also reduce dreaming. We still don't

Continued on next page

Therapist's Page, Cont'd.

know enough about the long-term effects of these medication impacts on dreaming sleep, but for people suffering post-traumatic nightmares, having fewer of them is usually a help.

I also try to teach basic rules of sleep hygiene. Like swallowing and touching, sleep is one of the first things we learn, and in chaotic families it is hard to learn, and if sleep is out of kilter every aspect of body-mind functioning suffers. My sleep rules are:

1. Wake up at the same time every morning (weekends and holidays, too.)
2. Don't toss and turn more than 20 minutes; get up and do something restful and fun for at least an hour, then try again.
3. Don't sleep in the daytime.

One good thing about having only three rules is that there are many things you don't have to worry about, like when to go to bed or how many hours to sleep. Over the years people have given me many reasons why these three rules feel impossible, but my experience is that if one tries to approach step-by-step this way of sleeping, that days and nights start to feel less disrupted and more welcoming. Dreams are one of the easiest ways to journal; (lists are my other favorite simple journal entry). The dream journal also becomes, for many, an enduring tool for maintaining recovery in the years after formal psychotherapy is no longer needed.

MV

Letters

Has anyone else dealt with the sudden, unexpected death of their therapist?

I lost my therapist of ten years, Jack Johnson, two-and-a-half years ago. I saw him as his last patient for the day on a Friday. He had a massive heart attack on Saturday morning. I miss him so much. There are no therapists in my Kentucky hometown who will take me as a patient. All I have now is a group therapy, once a week, at the mental health clinic. None of their therapists want to work with me because I have finished recovering memories and now need to move on to the next stage of therapy. They say simply that they don't know what to do with me. They have never seen anyone this far along — this well — in therapy. They say most patients quit before they get this far along.

I don't know what comes next. I can't find any information on this stage. I don't dissociate very much, but otherwise I am still not coping with life very well. Any suggestions?

—Susan C.

My problem is this: I am an integrated D.I.D. (MPD) patient. I have been integrated since August 11, 1992. I am also a forensic patient. I can't seem to find any information on the stability of an integrated person. Also, is there a time when a stable,

fully-integrated person can actually be considered "cured"? The word *remission* is thrown around a lot, but is it more or less likely with a person initially diagnosed with D.I.D.?

Does anybody know of any studies that have been done on the length and durability of integration with D.I.D. patients? I really need any and all information that I can obtain, because I have a judge who doesn't believe in integration. He claims there are no studies on it or proof that the integration will hold. Thank you in advance for any help you can give.

—William R.

Does anyone have suggestions on what to do to maintain medical benefits, especially military Champus/Tri-Care Prime, into a remarriage, for a past 20+ years military wife? I was diagnosed prior to divorce finalized, and my attorney did nothing to protect future needs. I've contacted VA and a congressman. I've been told I am uninsurable for additional life insurance — benefits of my existing policy go to my ex! And no coverage for medical is available if I remarry, thus leaving a new spouse and myself unprotected. I'm 46 years old and have numerous medical conditions. Any comments welcomed.

—Clydean

Resources & More

Online Conference! On Dec. 19 at 9 PM EST, CompuServ Survivor's Forum will debunk some of the leading myths about dissociation, including "people with multiple personalities are crazy". Advance materials are available after Dec. 10th from Library 2, "Prevention/Response", file name MYTH.TXT. The conference will be moderated. The panel includes Howard Asher, MS, MFCC; a newly-diagnosed multiple; a dissociative person well into the recovery process; one who has integrated; and a spouse of a multiple. To access The Survivor's Forum on CompuServ, GO SAFEPLACE. (If you

join CompuServ for the first time, you receive five free hours of online time as part of your \$9.95 monthly fee. I can't think of a better place to spend those five free hours!)

South Florida therapy and support is now available from Jean Bratcher, PsyD and Patricia Gobbert, PsyD. Services are offered with sliding scale basis. Most insurances accepted. Address: 8800 N W 38th Dr., #3, Coral Springs FL 33065.

The National Clearinghouse on Child Abuse and Neglect Information offers a catalog of resources for training and more. Write to them at PO Box 1182, Washington DC 20013-1182. (800) FYI-3366.

CONFERENCES

January 18, 1997- Survivorship Winter Conference. For survivors and pro-survivors. Oakland CA. Call (707) 279-1209 for info.

January 27-31, 1997 - San Diego Conference on Responding to Child Maltreatment. For professionals. CEUs available. Call (619) 495-4940 for info.

Jeopardy, a "Multiple Choice" Game Show!

By j.p. grant

Have you ever had a dream, where your mind was working so hard that you woke up totally worn out? I'm tired this morning from a lot of heavy dreaming last night. In my dream, I was on the "Jeopardy" Show with Alex T. The questions were all about MPD. They were questions that we struggle with all the time. There is a lot of stress and energy expended when considering the entire package of MPD issues and in the continual introspection of ourselves. It was impossible to win, even though I knew all the answers. My opponents were my alters. When I would give an answer they would give a different answer and both were correct. In my dream, Jeopardy became a "Multiple Choice" game show. I kept saying, "One has to be right and the other wrong." Alex informed us of the new rules which stated that both could be correct. I suppose that was the point of the dream. We could all be winners! The game went something like this...(not exactly like the game is played on television)

I'll take "Monominds" for \$200, Alex.

The answer/question is: How can you tell a monomind from MP?

Answer: When a monomind gets hurt they say, "OUCH!" and don't hear a voice in their head saying, "Shut up!"

I'll take "MPD Elitist" for \$400, Alex.

Answer/Question: Is MPD a way to cope or a new kind of religion?

It's a defense mechanism, you jerk!
or No one would convert to this kind of life.

or It's a cafeteria-style religion because you can pick and choose what you want.

or Yes, it's a religion, because you always have to apologize for your feelings.

I'll take "Co-consciousness" for \$600.

Answer/Question: Why is co-consciousness between alters important?

Answer: Because kids can never drive home after therapy.

or Because kids will eat Fruit Loops until they are sick.

or Because there is less need to be out when everyone knows what's going on.

or Because secrets can be a bad thing.

I'll take "alters & switching" for \$800.

Answer/Question: Why are some alters "fragments" and not full personalities?

Answer: Because they want to be, you asshole!

or Because they have not personal history.

or Fragments have rights too; they have a purpose, a reason for being.

This went on and on and I felt as if I were on trial. The questions became harder and harder, like trying to trap me having to answer at all, the entire package of MPD.

Finally I said, "Alex, I'll take 'Integration' for \$1000.

Answer/Question: Is the time and place that an MP integrates a Choice?

Answer: We have no choice, it just happens.

or Yes, we have a choice, it's just scary.

or It's not allowed. Blending happens first.

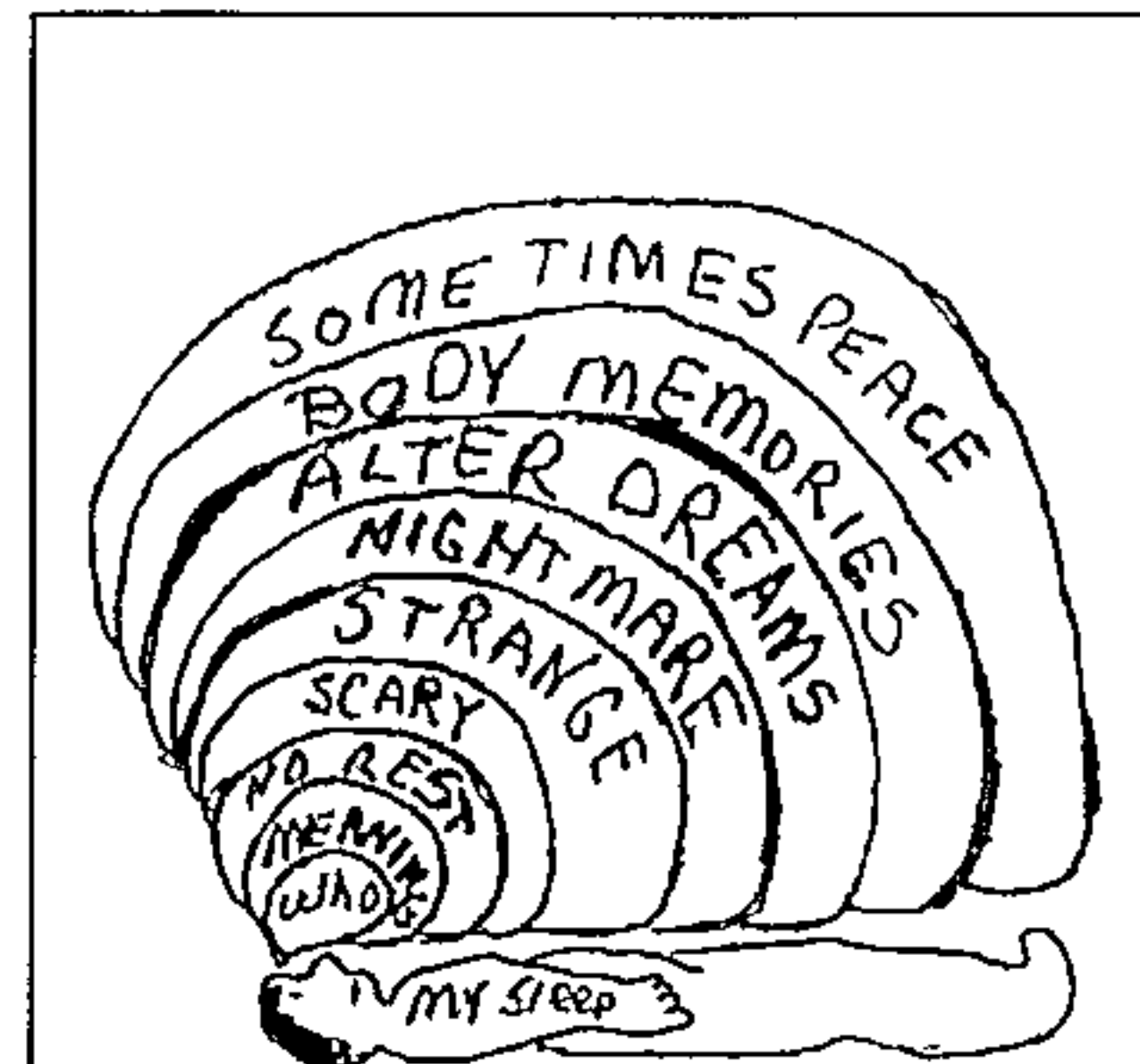
or Your supposed to ask questions that have answers.

or I'm hungry.

or So why don't you choose it and see what happens?

I am still pooped over this dream. So many people watching, and the pressure was incredible. I laughed when I woke up by my frustration level is still very high and the noise in my head is more than usual. Multiples seem to have the ability to find humor in the midst of pain. Who knows, maybe tonight it will be "Wheel of Fortune!" Maybe the grand prize will be integration! Or maybe the questions will get even tougher in order to distract us from our work in therapy. The next question might be, "Is MPD inherited, or should we be blaming the perp?" The networks should really check their ratings, as there are far more people watching than they ever realized!

MV



Dreams can be scary and sometimes seem very real. I sometimes see someone in the dreams who did something wrong or hurt me and I will wake up afraid and seeing things in the shadows. Some of the others dream about winning fights or getting away. Some dreams are not dreams but memories at night or when you're supposed to sleep. Many of my dreams repeat over and over again, just like watching a movie over and over.

By Barry & All

A System for Sleeping

By Trish et al

I have always had difficulty sleeping. When I was younger I was able to arrange my work schedule to work evening or night shift, to avoid my night terrors and nightmares. I wasn't fearful of sleeping during the day, because, during daylight hours, I had always been safe from my perpetrator. He only came to me under cover of dark. So I needed to maintain a hypervigilant watch to guard me and keep me safe. Having to sleep during the day and be awake working at night worked out perfectly, not only because we felt safer, but tending to the tasks of my job kept my mind occupied, and helped me not to think about or remember traumatic events. I had something tangible in the here-and-now to keep the ghosts of the past at bay.

Later I made a mid-life career change. My new profession requires that I function very sharply during the day and get a restful sleep at night so I can be fresh and alert in the morning. This has not worked out well. We're still experimenting with variations of bedtime routines so that we can fall asleep at a somewhat-decent hour, then remain asleep without waking out of disturbing dreams. We try to ensure that all the alters, especially the little ones, remain asleep without getting up in the middle of the night while the "body" is asleep. (They like to make the night hours their play time.)

Recently I have devised a plan for bedtime routine that is the most promising and successful to date. I am on an anti-depressant, Elavil, for depression and pain control for my migraine headaches. The directions are to take 175 mg at bedtime. Additionally, I am prescribed an anti-anxiety medication, Klonopin, for acute panic attacks. I found that if I take these medications, then go right to bed, I stay awake most of the night despite the sedative effect of both these drugs. My doctor then prescribed Ambien 10 mg at bedtime for sleep initiation. Ideally, with this drug, the onset of sleep should occur

within 15 minutes. But I added this medication to the others to no avail.

I finally discovered, through a message from several of my more-trustworthy alters, that being in bed is the trigger to preventing sleep. But, if I start to fall asleep somewhere in the house other than in my bedroom, then move to the bed, I am able to sleep through the night undisturbed. All of us remain in bed all night. So since my usual habit is to watch TV until midnight or 1 A.M. anyway (and our only TV is in the living room) I take the Elavil and Klonopin at 11 PM, make the couch up as a bed, and stretch out with the TV on. About 11:45 PM I take the Ambien, and sometimes, by then, I'm close enough to sleep to go to bed. If not, I remain on the couch/bed and, at some point, I will fall asleep. Then when I wake about 3 AM to go to the bathroom (as is my normal habit) I switch from the couch to the bed.

This routine allows the body to get the appropriate rest. Further, everyone inside feels safe in the living room on the couch, with human voices from the TV as a form of electronic baby-sitter for the children and a tireless night guard to watch over us. Once the sleep cycle kicks in, apparently the effect is strong enough for us to be able to transfer to bed during the night without the warning bells going off throughout the system.

The downside of this routine is that the sleep we get is so deep that everyone is resistant to getting up in the morning. Alters ignore the alarm, get out of bed at the last minute, and then it is a mad rush to get dressed and ready to leave the house. We're always running at least ten to fifteen minutes late. Apparently everyone feels cozy and safe, all bundled up in the covers, with their stuffed animals and comfort toys. We haven't yet found a way to help us be able to get out of bed to function in the real world as an adult, keeping internal issues in the background so we appear normal and appropriate to the outside world. The

little ones, especially, believe that if we adopt a mature functional stance that we'll get stuck there, and somehow there will be no more time for them. They don't understand that the body can function as an adult when necessary and also be flexible enough to allow them time in the evening. We have contracted with them that they will stay safe inside during the day to let us do what needs doing. In return, they get their special time in the evening and on weekends. We also guarantee them half of every weekly therapy session. They get down on the floor of the therapist's office and have their special time with Candace, who is so wonderfully nurturing, warm, understanding and loving. Her investment in them helps them feel more secure, and this warmth stays with them throughout the week until the next session. The maternal nurturing goes a long way toward alleviating the fears and panic we usually experience at night. We feel safe because we know she loves us and that love sees us through the hard times.

Finally, the last step in getting us to sleep in bed is the routine of playing especially selected lullaby and relaxation tapes, turning them on as soon as we get into bed. The tapes soothe us into sleep and, because they are set to continue playing even after we fall asleep, they help to keep us asleep.

One thing that makes getting out of bed somewhat easier is playing upbeat tapes when the alarm goes off. One particularly effective one for the adults is called "Launching your Day." Then, there are lively silly, play and sing-along tapes to energize the young ones. These are less effective at waking us up and getting us moving in the morning than the others are for keeping us asleep, but we haven't been using them as long, either. Maybe in time, they will kick in and help everyone inside want to be awake, alert, and willing to enjoy the day now that the nights aren't so scary.

Sleep Disturbances

By Beverly and the Girls

I have two sleep disorders: narcolepsy and P.L.M.S. (periodic limb movements of sleep,) with the daytime condition of R.L.S. (restless leg syndrome).

I have difficulty with all areas of sleep: getting to sleep, staying asleep, and then waking up. I have gone as long as seven days without sleep. But I have learned ways to improve sleep. If you really can't sleep, it's important to allow the body to rest.

One of my most valuable tools is my relaxation tape. I tried a lot of different tapes, but none of them really worked until Dr. G. made a tape for me. I had a good connection with him and felt safe with him. He moved away four years ago and I still use it almost daily. Once you've found that special tape you may have to listen to it over and over and over. Just hang in there until everyone inside starts to settle down.

Then there's always the warm bath. With R.L.S., I have leg cramps that keep me awake. You may want to light candles (in a safe place, like the sink). The lower light helps. Get everything prepared so all you have to do is throw on your nightgown and get into bed once you get sleepy. (I've gotten some of my best sleep in the bathtub but I don't suggest it. What a way to be remembered! *Obit: Found drowned — Naked!*)

If you're having a lot of trouble sleeping, then sleep anywhere you can...the couch, recliner, the dining room floor, etc.

I listen to a radio on low (this also controls some of my narcolepsy symptoms). Some nights I have to sleep with the light on. Normally I have a string of Xmas lights strung across my windows for my "nite lite."

I always sleep better with my cats there. I have a waterbed, and many times I rock myself to sleep. On nights that I wake up every hour, I just get up and walk around a bit, then go back to bed and sleep.

They say if you worry about not sleeping it will only make it worse. Try some light reading or watching TV. Use

any tricks you have to quiet the mind, and the body will usually follow.

If you have a lot of trouble sleeping or waking up, you might need to get checked out for a sleep disorder. Sleep Researchers have identified over 100 different sleep disorders.

According to the National Institute of Mental Health, 40% of those who have insomnia (too little sleep) and 47% of those who have hypersomnia (too much sleep) suffer from a mental disorder. It is estimated 40-80 million Americans suffer from one or more chronic sleep disorders. One symptom of PTSD (post-traumatic stress disorder) is sleep disturbance. Many of us who have MPD/DID also have PTSD.

My experience includes two symptoms of narcolepsy: hypnagogic hallucinations and sleep paralysis. These big words mean having such vivid dreams you can't tell (for several minutes) if it's a dream or real, then waking up (but not sure you're awake) and being unable to move. These dreams are usually very bizarre or like someone is breaking into the house. When I told a doctor this, I was diagnosed with schizophrenia! Even after being diagnosed with narcolepsy, I didn't know these were symptoms of a real disease. I was afraid to tell anyone and feared the dreams were from demons of the cult I was raised in. It wasn't until I look up information in the library that I found out it was just the narcolepsy — no demons!

So if you think you may have a sleep disorder, getting diagnosed is about as easy as being diagnosed with MPD/DID/DD. Here are a few suggestions:

1. Go to the library and check out the books on Sleep Disorders. See if any of this sounds familiar.

2. Call your local hospital(s) to ask if they have a Sleep Disorder lab. They can help you find a doctor who works with sleep disorders.

3. If there's no sleep lab, look up the neurologists in the phone book. Call and ask if they work with sleep disorders. Neurologists diagnose sleep

disorders, but not all are knowledgeable in this area. (Most family doctors and internists know even less.)

4. If none of these put you in touch with help, try some of the resources listed below:

Books:

Narcolepsy: A funny disorder that's no laughing matter, by Marguerite Jones Utley

Sleep Disorders: America's Hidden Nightmare, by Roger Fritz, PhD.

Center of Narcolepsy Research
University of Illinois at Chicago
845 South Damen Ave (M/C 802)
Chicago IL 60612-7350
(312) 996-5176

Narcolepsy Institute
Montefiore Medical Center
111 East 210th St.
Bronx NY 10467
(212) 920-6799

Narcolepsy Network Inc.
Box 1365 FDR Station
New York, NY 10150
(914) 834-2855.

National Sleep Foundation
1367 Connecticut Ave NW Suite 200
Washington DC 20036
(202) 785-2300.

National Narcolepsy Helpline
(415) 581-7884

The American Sleep Apnea Assoc.
2700 East Main St. Suite 206
Columbus OH 43209
(614) 239-4200

The American Sleep Disorders Association
1610 14th St NW Suite 300
Rochester MN 55901
(507) 287-6006

National Sleep Foundation
122 South Robertson Blvd. Suite 201
Los Angeles CA 90048
(213) 288-0466

Partner's Page

(We need more input from partners and significant others! Please share your comments, ideas and concerns! The major piece on the page this issue was written for MV several years ago. It was quite lengthy, so I am condensing it. I no longer have the author's address, but want to thank him for a wonderful job of expressing life with a person who dissociates..and I'm sorry it took so long to get this into print. Please note that even tho this was sent in 1990...the facts about limited treatment options and support for spouses remain essentially the same. That is truly regrettable. — Lynn W.)

My Wife Has Multiple Personality Disorder

By David L. M.

More and more is being written about multiple personality disorder (MPD) from the standpoint of the therapist, psychiatrist, or the patient herself. But as the husband of a bright young woman who has just recently been diagnosed with MPD, I have found very little literature telling me what I am going to experience during the process of my wife's recovery. There are presently only a handful of treatment units nationwide, and practically no support groups for spouses.

I thought it therefore appropriate to discuss some of the issues which I have faced—those which I believe will strike a chord with other spouses of persons with MPD. As with so many other illnesses, diseases, and disorders, it is important to know "you are not alone!"

I remember the second session with my wife's therapist, a few days after she had been diagnosed with MPD. He said, "There is bad news and good news about MPD. The bad news is, it is the most bizarre and scary form of mental disorder. The good news is, it is one of the most treatable disorders, and she can be completely well within a few years. "And he was right! I am grateful to God or fate, or whatever forces brought me to accompany my wife to that first session eight months ago just to see how her MMPI test results came out.

That was when I first saw my wife switch to one of her strong alters, and when I first heard her refer to herself in the third person. It certainly qualified as "bizarre," and I might have had a very difficult time believing the diagnosis if I hadn't watched her switch with my own two eyes. Since that first day, bizarre and scary things have happened, and I have sometimes wondered if she really had MPD at all, or if she was just crazy.

It is likely that, just as the person with MPD has to overcome their own distrust of the diagnosis, the spouse must also have a great deal of trust in the therapist and must overcome any disbelief he might have about her condition. This may be more or less easy, depending on how long she has been in therapy, and how radical her "mood swings" have been in the past.

In my first few dazed days after the initial diagnosis, I forced myself to recall some other things that her doctor had said. MPD

is *not* schizophrenia. It is *not* insanity. She is *not* crazy. That was important for me to hear, not only for myself, but for my wife's sake as well. Because during the next few months, she tried to talk herself out of her diagnosis, explaining to me that she really had made it all up, or that she really had Borderline personality disorder, or that she was crazy.

The thoughts that were going through my mind were, "Why, if she has had this condition all her life, is she just *now* having these strange incidents? Why did she wait until *now* to do things like dye her hair blonde and not remember it? Why is she just *now* starting to switch so blatantly between five different alters all within a few minutes? Why is it just *now* that she can sometimes drive without her thick glasses?" There have been times in the last few months that she wanted to stop seeing her psychologist because she said she'd been lying to us all. It became my responsibility to assure her that she needed to continue the therapy even if she didn't think it applied to her.

In the early days after her diagnosis, we had to decide whom to tell. Should we tell her family? My family? Our friends at church? My wife is a very good bridge player, and often competes in tournaments with other partners. Did we need to tell each partner, just in case she switched during a tournament, and the alter didn't know how to play bridge at all?

We discovered that although there is almost a total misconception on the part of most people about MPD, most of them are genuinely interested and open-minded to learn the truth. Even my wife's mother-in-law (my mother) was interested, and was more concerned than shocked. Still, we found it important to be cautious in deciding whom to divulge the information to.

When I met with our minister to tell him what was going on, and why we had to dropout of some time-consuming activities, I was disappointed with his reaction to her diagnosis. I told him that she had MPD, and that meant she sometimes did things she didn't remember doing. His response was, "That's pretty convenient." Neither I nor my wife think that her condition is at all convenient for

either of us, nor was it convenient for her when she was being abused as a child.

And that, I keep telling her, may be the best reason why I am sure she is not "making it all up to get attention." I can reassure myself, when I have doubts, that nobody would go through the absolute hell of cutting on her arms, of losing friends, of being in the emergency room every month, of being locked into solitary confinement in state mental hospitals, in order to "just get attention."

Coming home alone from another hospital admission, to an empty house, an empty bed, an almost deafening silence, maybe a welcome respite from the turmoil that is typical of an MPD household. But the spouse is left alone to cope with the fears that his wife is entering uncharted territory. He may have seen the look of disbelief on a nurse's face when he admitted her. It said, "Yeah, yeah, you think you have MPD. Well, I'm gonna address you by your *real* name, no matter what you *say* your name is, honey." (Unless the treatment facility specializes in MPD, he may hear yet another psychiatrist tell him, "Well your wife has Atypical Depression with Psychotic Features. We'll keep her here for a while and try some different medications...")

For the spouse of a person with MPD, there are few, if any, simple answers. Her doctor doesn't even know how many alters she has. There may be many layers of personalities. I laugh now at how I used to think my wife had only seven or eight alters. Then it grew to 15 or 20. Then we found out they were organized in entire systems.

It isn't very reassuring to know that most psychiatrists were taught in school that MPD is extremely rare. That's like hearing that only six doctors in the entire country know how to treat your brain tumor, and you are entering surgery tomorrow to have it removed by someone who thinks he knows how to perform the operation because he read about it in a book! If you are unfortunate enough to have to admit your spouse to a hospital on an emergency basis, without any knowledge of their skills in handling MPD, you may be in for a wide range of responses from the hospital staff.

Particularly frightening to a spouse is the medical community's presumption that they automatically know more about your partner than you do, when in fact you know good and well that they probably don't even believe in MPD. How often have I heard responses from nurses in an emergency room or state hospital like, "Just wait out here, Mr. M., we'll have a little talk with your wife and observe her for awhile...", or "You can go on home and we'll call you." A spouse who is committed to his wife's recovery can and should be part of her treatment, and should not be excluded from it on the basis that he's not a professional.

Another aspect of MPD which has been discussed often on television documentaries and in the literature is that, since most people are finally diagnosed with MPD after having been in treatment for many years, their insurance benefits are usually already exhausted. This occurs just at a time when they need to have very large resources. Most of the twenty-or-so families I've met in recent months, dealing with MPD, are in the same predicament: lengthy prior treatment has exhausted their finances, just at a time when they need them most. It is time for a concerted effort to educate insurance companies that nervous and mental limits should be increased to handle this type of treatment. It is time to ask those who have financial resources in this country to set up foundations to provide scholarships to patients who are unable to pay for the lengthy treatment themselves. Often it is a matter of life or death.

The spouse of a person with MPD has to be constantly alert for signs of self-destructiveness as the treatment progresses. Because the treatment involves the recall of traumatic events, and the reversal of amnesia, the patient will get worse before she gets better. There have been several instances when I was watching television and my wife was in the bedroom, and I felt a sudden need to check on her, much as a mother who senses that her children are being "much too quiet." When I go to check, and discover that she is trying to hang herself in the closet, or is cutting herself, or is standing in the corner dissociated, I realize that constant care is required. My first reaction is to get angry that she would attempt to hurt herself. But if I am introspective, I know that I am angry because I am scared that she may succeed in killing herself to alleviate the painful memories, and that I will have lost the best friend I ever had. So I try to comfort her and support her, rather than showing anger.

Because MPD is initially caused by physical or sexual abuse in childhood, there seem to often be child alters who "need" to be abused in order to feel worthy or loved. It would be interesting to find out how many spouses of people with MPD

have been drawn into B&D or Sado-masochistic experiences by their mate, or, indeed, who married that person because they were a willing accomplice to the underlying needs. In our case, once my wife began having flashbacks to her until-then-unknown childhood abuse, we ceased any activities that could be considered abusive, but that seemed to only accelerate her own self-destructiveness. The spouse is then placed in a position of believing that he could remedy her self-damaging behavior by returning to the earlier life-style.

In a "normal" adult relationship, that might be possible, but since child alters are involved, it just sets up more difficult situations. In my wife's case, one of her child alters often appears during lovemaking, which, for anyone with a sense of morality, presents a severe dilemma. Is this just repeating the child's earlier sexual violations, or can I safely ignore the alter, and continue as if she were the real age of her body? It is particularly difficult in light of the fact that the child alter may make sexual advances or attempt to seduce the spouse, because early in life she was taught by an abusive adult that she would be loved only if she did so. The spouse must understand the consequences of keeping the child alter in this behavioral pattern.

Another problem in the relationship is that often, the spouse cannot express anger to the mate with MPD, because she "short-circuits" the expression of anger by taking it out on herself. Because earlier in life she decided that anything that made an adult angry must have been her own fault, now, in her marriage, if her spouse gets angry, she may withdraw and cut on herself or otherwise hurt herself as "punishment." This sets up a vicious circle where the husband learns that it is not OK to express anger to his wife, and so bottles it up. The pent-up anger manifests itself in inappropriate explosions, which only reinforce the MPD patient's feeling of being at fault.

People with MPD may have alters whose sole purpose is to carry out sexual activities. And they do this with single-minded determination. One of my wife's alters named Jeanette has a two-word vocabulary, the first of which is a four-letter word, and the second is "me." But the other alters get upset when I ask for Jeanette to come out, because they think I am taking advantage of her. Knowing an alter's name gives one control, and this power should not be abused just for the spouse's own satisfaction.

Presumably when two people get married, they have some idea of what their mate is going to be like for the rest of his or her life. True, each person changes with time and the spouse must be willing to accept those changes and continue to be committed to his spouse. But in the case where one of the mates has MPD, the

spouse is left with a feeling that he doesn't really know what his wife is going to be like when she "comes out on the other side." What was once a sometimes fearful, sometimes bold, sometimes cautious, sometimes impulsive, sometimes friendly, sometimes cold person, is now a *total* unknown. Will she end up being bold, brash, and impulsive? Will I still like her, or will we no longer be attracted to each other?

In my case, I believe I know the answer. One of these days, the caterpillar that crawled into the cocoon of therapy will emerge a butterfly. What she will look like, I do not know. But I know many of the personalities that make up her system of alters. I have made friends with them, and I feel they trust me. I do not like what some of them have done to her, but I think I understand why they had to do it. I don't hold them responsible for her original pain, and I am glad she had them to rescue her from the torment of her childhood. Now I am waiting for them to all come together, to break out of the cocoon, to put together the puzzle that so many of us, her family and friends, have been anxiously watching.

MV

Hope for Shoshona

A mournful scream of silence
Too scared to voice the fear
A past that had been shattered
A future that's not there

What kind of people are they
Why were they so cruel
Even now their hate and anger
Is still destroying you

Now searching for a purpose
You held the gate so long
But the gate is open
you feel you should be gone

While many lied in the past
We hope that you will hear
There are those who wish you
happiness
And the strength to get you there

The bastards haven't won yet
If only you could see
Your life is far too precious
To give them victory

From those of us who love you
Please trust in us some more
We'll help you look for hope
On this side of the door

By Douglas

Loving Yourself

By Rachel D.

"You need to learn to love yourself into wholeness," my psychiatrist said as he looked out the window — as was his habit when he said something important, when he wanted me to slowly digest the meaning of his words.

The only deep meaning that I could decipher from his pithy saying was that I had found myself a quack of a doctor. How is one supposed to love yourself into wholeness?

Over the last eight months my once fairly-normal life had turned upside town. In the Fall I had a "nervous breakdown" which turned my household topsy-turvy. My husband, a military officer, had to be airlifted off his ship assignment and brought home to take care of our two small children. I was no longer able to care for them. I was hospitalized for a short time, where the residents and attending doctors decided that I was neither schizophrenic nor a bi-polar manic-depressive. Their best surmise was that I was a burned-out housewife bordering on a hysteria of sorts.

From there, I entered into therapy with a doctor who was able to recognize that my anxiety attacks were accompanied by time loss or periods of dissociation. These dissociative periods were being triggered by the ages of my children. There were ugly repressed memories bubbling up to the surface, and in trying to keep those memories repressed, the blanket of repression was also blacking out other facts and memories—things from my daily routine of life, like where I kept my mailbox key, remembering to feed my children, or the first name of my mother-in-law. This was the first time in my thirty-year life span that I had any brush with psychiatry or psycho-analysis of any kind. I found the memory work and discussions intense and heart-wrenching, but even after a few months of hard work, my doctor and I couldn't help but admit that I was still decompensating. So I went back to the hospital, this time on a special ward designed for those people with dissociative disorders. With more hard work, a more complete diagnosis started falling into place. I learned my internal filing system of abusive memories was a little more complicated than most. Sordid memories from child-like alters started to emerge, and it became apparent that I had MPD (DID). The diagnosis seemed to answer a lot of lingering questions, and it brought the overall picture into sharper focus, but there was still a lot of conflict, memories and self-loathing.

All of this activity took place in a space of eight months and my system was left reeling. I still was battling suicidal tendencies, eating disorder and self-mutilation. Yet suddenly the doctor who had been my advocate, my support system, and my ally was looking out the window uttering crafty platitudes, instead of giving good, concrete, much-needed advice.

"You need to learn to love yourself into wholeness," he repeated. I felt like I was in the theatre of the absurd. My alters were barely admitting each other's existence, and when they did, it was with a remarkably high level of hatred. I was finding that a lot of this hatred was focused on a child alter who was bringing up heinous memories—mental pictures that were terribly upsetting. No one wanted this child alter in the system, no one wanted to admit that these pictures she produced were freeze frames of a life I had chosen to forget.

My doctor felt my sour mood. He continued: "You need to remember that all of your alters are in this together. It would be helpful to learn to accept one another and be kind."

More silence from me. He was getting nowhere, and the session was coming to an end.

"For homework, why don't all of your alters find something constructive and nice to say about each other."

I was out of the office in a heartbeat. It seemed apparent to me that my doctor had lived out his usefulness. Perhaps it was time to shop for a new one. I felt his advice was straight from left field—my child alter didn't even talk—if any alter did talk to her, it wouldn't mean a thing to her.

Later that day, while still nursing my wounds, I was blowing up balloons and decorating for my four-year-old's birthday party, and I was imagining her face when she would get to see the cake, her friends and her presents. My daughter would be delighted.

Suddenly, I thought of my child alter. Words would be valueless to her, but every person at every age understands a present and the feeling behind it. That night after my daughter's party my alters had a party of their own to welcome my Little One. They all gave her gifts for her safe place, to help her to grow and become integrated. One alter gave her a teddy bear to hold. One alter gave her a tricycle so she could have a degree of independence, and one alter even gave her a kitten, so this Little One could recognize proper love and care

offered to her, by comparing it to the way she cared for her own kitten.

Since then other situations have arisen that have caused crises, and I guess they always will—but as that group of alters retire to their safe places, they will find reminders of support from other alters. In the gift exchange a small bond was formed, and I know I am on the road to loving myself toward wholeness.

MV

On Self-Respect

Hug yourself and say a prayer
you are loved by special friends
you are held like a favorite puppy
but you are finding the woman
within yourself.

Deep breaths. Remember to breathe
to affirm, to validate, to accept,
to change, to grow, to believe.

Dream uncensored, you may have
peace.

Give to others as you have received
so much kindness and support.

Reinforce the peace, the serenity
Pray for Her will and do it.

Hold tight to integrity and
self-respect.

Acknowledge your hips and your
body.

Express your love, your pain, your
rage.

Live.

By Shari 31



Time Passes

Many days have passed away.
Sleep is troubled and hard to unravel.
Dreams are free and anger filled.
I have learned to rest but not in sleep.

Find that eyes closed offers danger.
Once upon my pillow, the mind
becomes unruly.
No longer can I control the mood of
slumber.
Each day finds me more under the
weather.

I wish for freedom and run from terror.
Giving up my need of rest, I offer it
none.

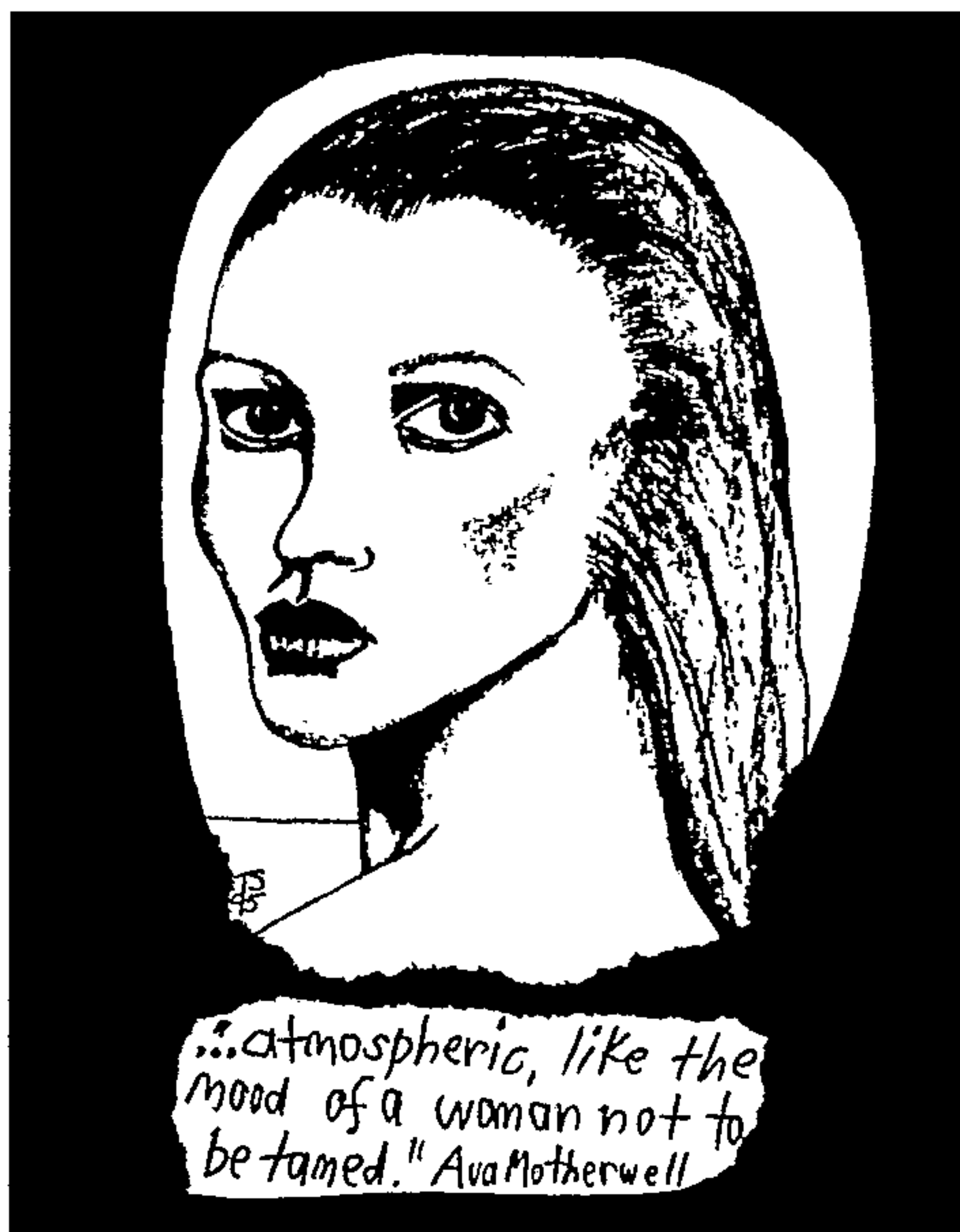
No one here wishes to take it.
Their sleep is no better than my own.

Weary body, loss of energy, we don't
count sheep.

Anyway you look at it, dreams
remember.

I remember as many and as one.
The days continue to follow each by a
tomorrow.

By Beth & the Gang



BOOKS

The Recovered Memory/False Memory Debate

Edited by Kathy Pezdek and William P. Banks. Published by Academic Press Inc., 6277 Sea Harbor Dr., Orlando FL 32821. (800) 321-5068. ©1996. 394 pages. Hardback. \$49.95.

This publication presents a new look at both sides of the controversial subject of traumatic and/or repressed memories, in terms of the scientific research directed at these issues. Overall, it seems to be very balanced. The editors point out that just because symptoms are relieved after a client recovers abuse memories, it doesn't follow that the events "remembered" actually occurred. Also, there is no scientific evidence at this time to verify that memories are sealed intact, to be recovered in vivid and accurate detail years later. On the other hand, those who claim repression of memory doesn't take place ignore the possibility of various types of psychogenic forgetting.

Pezdek and Banks alert readers to

the error of generalizing from individual cases. It has been proven in court and elsewhere that some recovered memories are accurate, and some vivid "memories" are fabricated. In short, this is an exceedingly complex issue, and it is a mistake to oversimplify the evidence, or to let emotional biases pro or con distort what is presented.

Some people with DID are angry that their remembered experiences are questioned at all. Others harbor deep doubts about the validity of their own recollections. And still others cannot seem to "remember" anything of consequence in their upbringing, that would account for their current dissociated coping style. This type of book does not need to be viewed as a threat to those who are rightly concerned about the prevalence of childhood trauma. When people, especially clinicians, carefully consider these subjects, more compelling proof that real abuse *does* happen will come to the surface. More discussion, and more questions, are to me a sign that

the therapeutic community is still alive, interested, and rational in its examination of trauma, dissociation, accurate memory, and distortion. It continues to seek healthy solutions for troubled families and their children. That's a source of hope for us all.

The Enchanted World of Sleep

By Peretz Lavie. Translated from the original Hebrew by Anthony Berris. Published in the US by Yale University Press © 1996. 270 pages. Hardback. \$27.50.

We humans spend about one-third of our lives in sleep. Understanding what happens in the body during sleep has been the focus of Dr. Lavie's career for over 20 years. This is a broad survey of sleep research and sleep medicine, covering the structure of sleep stages, the importance of sleep in good mental and physical health, and what behaviors and conditions can encourage restful sleep. If you are curious about the science of sleep research, this book is a good place to start. —Lynn W.

THANK YOU!

For all the wonderful writing, art, and ideas you share with us. Your support is what keeps MV going! —Lynn W., Editor

February 1997

Healing through Play. What to do outside therapy hours. Getting (and keeping) a Life!

ART: Something Fun.

DEADLINE: Dec. 1, 1996.

April 1997

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