

MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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In This Issue:

Trusting Yourself, Trusting Others



TRUST INVITES US INTO MYSTERY-II
A PLACE REVISITED
ONE CAN NEVER REPEAT
A STATE OF MIND.
EVERLASTINGLY A BEGINNER.

I Have Won

And on cold November midnights
when my mind is not my own
But an object of some twisted
angel's compassion
I should deal with demons.

A whispered cry in the deep of night
is not a curse
But rather a release of therapeutic
proportions
The fears of a sordid past
And the tears of a long-ago little girl
Swirl in the void that is my soul,
But neither can overcome
The reality that constitutes my
waking hours.
Neither can degrade
What I have fought so hard to hold.

I am but human and subject to
frailties
But the inner strength of some
guardian cherub
Protects the fragments of childhood
That I have assimilated into
adulthood
They never told me how to be—
They simply told me.
But I examined intelligence
And learned how to survive.

I can deal with demons
Because I have won.

By Beverly H.

MV

Panic Attacks

By Dorothy and her People

There is, stalking about in this world today, a very strange malady or illness, if you will. It affects young and old, men and women, people in all walks of life, sparing none and striking where it will and when it wants to. It is extremely unpredictable and appears to attack out of nowhere.

On a crisp autumn afternoon, I drove to the nearest supermarket to do my weekly shopping. I had reached the Deli when I felt a sharp pain in my chest. All of a sudden I felt faint.

Everything is closing in on me. I realize I am sweating as I open my jacket. My face feels like it is on fire. I'm having a hard time to breathe and I can hardly see. There is pain and pressure in my chest. What is wrong with me? My arms and hands are going numb and tingling.

The shelves of canned tomato paste, Campbell's Chunky Beef Soup and Alphabet Noodles seem to spin. I grab the cold shopping cart to try to steady myself. The fluorescent lights are too bright. The loud speakers are booming in my ears. My head feels like it is about to explode. I can't take it anymore. I've got to get out of here. What am I going to do—die? My heart—heart attack? No, not here! My pulse is racing. I feel like I have been running a race. I can't breathe. I can't think. Oh please, please, won't someone help me, I moan, as I try to run out of the store, grabbing my purse and heading for the door. Maybe the cool air will help. I've got to get home.

Have I finally cracked up? Going crazy? Heart attack? My mind is churning constantly, as everything fades into a fog. Everything is so hazy. I hear people's voices. I know someone is holding my hand. I hear a reassuring voice but I don't understand. The ambulance. The hospital. I sense the odor of alcohol, the metal tabs on my chest, the tightness around my left arm hooked up to a cuff of some kind. The doctor's brown eyes peering down at me. My

eyes full of questions as I search his face.

"You are O.K. Just relax, dear. It is not a heart attack. We did an EKG and blood tests. Your blood pressure was a little high but you are going to be all right. Have you been under a lot of stress lately?" asked the doctor as he paused to take my pulse. "You almost passed out in the grocery store, do you remember? You hyper-ventilated or over-breathed. The ambulance brought you here. Take a few deep breaths. Relax. Here, breathe with me. Let me show you."

"Take a deep breath in...Hold it."

"Count to 10."

"Slowly breathe out...Relax."

"It's O.K. Hold your breath and count as long as you can, six is fine."

"Let it out."

"Breathe...Relax."

"Again. Deep breath in, blow it out."

"Relax."

"Calmer, now?"

"Yes," I snapped, "but what happened to me? You are sure it is not a heart attack?"

"Here, Anne Marie, let me explain. Your body and mind have had an overload of stress. Like a faulty smoke alarm. It goes off for no reason. You over-reacted to stress and noise and you couldn't handle it anymore. You need to talk and get out all those bottled-up feelings. We'll give you some medication to help you relax. I'd recommend this treatment plan. Please call Dr. Brown tomorrow. He will help you. He is a psychiatrist. He will be expecting to hear from you. You have just experienced your first panic attack or anxiety attack."

I frowned at him in disbelief.

"No, seriously, you will be fine as soon as you hear how to control it and not let the panic or fear control you. Learn to deal with your feelings. Don't stuff them. O.K.?"

Welcome to the world of panic attacks!

After many visits with Dr. Brown, a therapist I could trust, I began to understand. I had had a lot of losses in my life, and at a young age. I had been hurt a lot, abandoned and abused. I never dealt with any of it, but just shoved all those feelings down deep inside. I had to fight for my life at times.

Instead of accepting sadness, fears or anger, I became numb. I felt nothing. Yet on the inside I was ready to explode. I took on more and more responsibility to try to escape, thinking surely my job and my home life would fulfill me. I over-achieved, ruining my health and my physical stamina. I began to cry—hours at a time. I could not work. I had to resign. And now disability?! Will I let this illness and panic attacks ruin my life forever?

Not on your life! I am learning now to deal with my feelings, whatever they may be.

I find that dealing with my feelings really helps. Now when I have a panic attack, I try to look at what is "bugging" me. What has happened in the last two or three days that I haven't dealt with? Am I angry? Or is it an old feeling surfacing that I never could face before? A memory? Thoughts and feelings to do with the past or present? Some trigger from the past, a story or a resemblance to a person, place or thing? Often it is anger. It is almost always one of the above or a combination, mixed with fear. Once I get to the bottom of these feelings and deal with them, I am panic-free for awhile.

A tea-kettle with no steam valve will soon boil over or explode. My feelings exploded in physical symptoms and emotional problems. I thought I was going to die. This strange malady called panic will not control me forever, I hope.

Disability, panic attacks, mental illness—I will make it yet! It has not been easy but I have come a long way in four years. I have every intention of overcoming my problems. I am a very determined person. I will get well.

A Walk in the Park

I was thinking how life with D.I.D. is a walk in the park. An amusement park, to be specific. Now, before you decide I really *am* crazy let me explain myself.

I just got off a roller coaster—an emotional roller coaster. I have been up and down so many times I feel weak. As I walk along and recover, I notice the merry-go-round. That's a ride where everything else stands still and you go around and around and keep coming back to the same things. Like, "Am I really multiple? I must have made it all up." and "I don't really have amnesia; I just forget things."

No, I don't think I want another ride on that one right now, thank you. I walk along and see the famous House of Mirrors. You know the place: where every time you look in a mirror you see a different self. Turning away from the House of Mirrors I notice an even scarier ride. The place we all dread. The House of Horrors. None of us ever wants to go there but somehow we end up there anyway. It's the place where our darkest fears come to life and we find ourselves terrified all over again as we relive the nightmares of our childhood.

"I'll pass on that one too," I think, as I continue along towards the bumper cars. "Bad idea," I say. I already hear the clamor beginning: "Let me out!" "No, *me!*" and I feel the pushing and bumping as they maneuver for control. Time to move on.

Up ahead is the Whip. You remember the Whip, don't you? That's the one where you get up to go get a soda and just that fast you change direction (and maybe personalities) and head for the mailbox.

Oh! There it is!!! My favorite ride of all. "What is it?" you ask. Why, it is a plain old green park bench where I can sit quietly under a tree and calm down from my walk in the park!

Do you think maybe—just maybe—singletons created amusement parks because they wanted to see what life would be like if they were multiple too? That, perhaps, they're envious of us?

By Roberta L.

MV

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Angels:



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This is a "life mask" of my friend Patrick. [A life mask is where you take a plaster mold (impression) of someone's face and then press a slab of clay into the mold, and you have a mask of their real face.] Patrick is a big part of my safety net. He lets us talk about our MPD stuff or just goes with whoever is "out." When we have a mega panic attack we can page him "911" and he helps us get back to reality. Or if we get suicidal we can tell him and somehow by telling him, it keeps us safe. Patrick was born under the sign of Leo. He is getting a bit thin on the top. We said we would make him with lots of hair, so we made him as a lion.

By Beverly and the Girls.

MV

Courage

Building courage has been a gradual thing and sometimes my courage varies day to day. The way that works best for me is to think of a small step that is scary to take and figure out what I need to take that step. Do I need to break it down into smaller pieces and start there? Do I need to call a friend and get their support and encouragement, and then move forward and take that scary step? Do I need to take a deep breath and remind myself that I've taken steps similar to this before? Once I've taken the scary step, I acknowledge the good work by saying (sometimes in my head, or out loud if I'm alone) "Excellent! Good job! I'm proud of you; we did it!" Another thing that is helping is to write down my/our successes in a special success book that is filled with a lot of hard, scary things we have done and we can see we've made it through them OK.

By S.L.



The one sure thing I know about courage is, if you are waiting to feel courageous before doing something that takes courage, you'll be waiting for a long time! I get told often that I have a lot of courage, or something I did was courageous. Well, when I do something "courageous" I'm usually very panicky and scared to death inside.

I also know that my therapists and doctors have helped me a lot by believing in me, encouraging me, helping me to sort out the situation and "practice" on them how I will handle whatever it is I need to do. Sometimes if you can feel your right to be angry, the anger helps you to feel stronger. We also have to feel our sadness and/or grief over things/situations, but usually I'm not very assertive when I'm feeling that way. I will write down everything I plan to say no matter how simple it may seem. When you are feeling scared big

time, it can be hard to even remember your name(s).

After doing whatever it is that took the courage, keep telling yourselves that you *did* do it! Turn off the voices that say, "Well, you should have done this or said that..." *Don't listen to them!* Just keep telling yourselves *what* you did do right! Feel that good part as much and as long as you can.

I have a concept that I'm working on with myself right now. For starters, I've read in many places that people with MPD (DID) are very creative. Even if you don't think you are, they say that MPD is a very creative way to deal with trauma. And we have these different parts (alters) to do different things in life. This is how we survived. So we just have to find who does what and call on them when it's their turn, which includes finding the one(s) inside who can be courageous.

My example has a before and after: Monday we had to go to the hospital and get an MRI. That is a test where either all or most of your body has to be in a long tube machine. We are very claustrophobic and have panic attacks *big time!* Cathy is the alter that goes to the medical tests, and a lot of the doctor appointments (we have six doctors!) So we tell her about the appointment and the MRI techs have promised us medication to help with the anxiety.

Cathy is the good patient, and will lie there still and sometimes uses dissociation to get through it.

We went to the hospital; we got ready for the test. And then we walked into the MRI room. They had us get up on this narrow table that slides into the machine. There were three techs and one Cathy. She asked about the medicine and they started in with "Well, that will take another twenty minutes, and you won't be in the machine all the way, you'll only be in up to your neck (they were taking pictures of my ankle) and the test doesn't take that long." So Cathy, being the good patient, was too embarrassed to say "You promised me medicine and we need it to do this

test," so she just took in all the panic and dissociated so intensely that we were very anxious and spaced for two days.

After discussing this with our therapist, we now realize that we need to have one of the other girls available to help Cathy be assertive in such a situation. So if there's a next time with the MRI machine, Denise will be around, so if they start intimidating Cathy, Denise will tell them, "Either we get the medicine or we won't do the test, and we will tell our doctor and therapist what you've said or done."

By Beverly and the Girls

MV

Steel Woman

*I have bathed in molten steel
to create an armor
only I will fit
It will keep in the secrets
and keep out the pain
and no one will ever be able
to touch me again
Inside it is dark
and I'm protected from the
garish light of day
Outside it shines from every
angle
and blinds my enemy
My skin is now solid
There will be no response to
the razor
no burn from the flame
no open line for the
anonymous injection
and no orifice to be violated
I will stand tall
There will be no more room
for fear*

By Vickie

MV

Safety

The inside ways we've developed to keep us all safe have evolved over a 2-3 year period as new needs have surfaced. A hint I wish my therapist had told me is this: if you can imagine something inside, then it can be real inside. For example, if you need a sound-proof room for scared little ones to go to so they can play during a therapy session, all you need to do is imagine and create all the details. You also need to test it out before the therapy session to fine-tune any details you may not have thought about. This is one of the more frequent ways my people stay safe inside. We use it for anything too scary for the little ones, like driving in heavy traffic, walking alone in the daytime or nighttime, confrontations at work, flying on airplanes, self sex, or while dealing with gruesome emergency room trauma patients at the hospital where I work. It has decreased how often we are triggered and then overwhelmed by things in the outside. For visits to the doctor where there may be scary body sensations, like having blood drawn, it has worked well to move the sound-proof room to a part of the body that doesn't feel those sensations (for example, one of the arms or legs).

Another similar way to stay safe is for people inside to move away from the outside by (internally) moving back and turning to face away from the outside. When they are paying attention more to the inside, they're less likely to be triggered by things happening outside. For the most safety, people focus *only* on the inside with no input (for them) from the outside at all.

Thanks for listening.

By S.L.



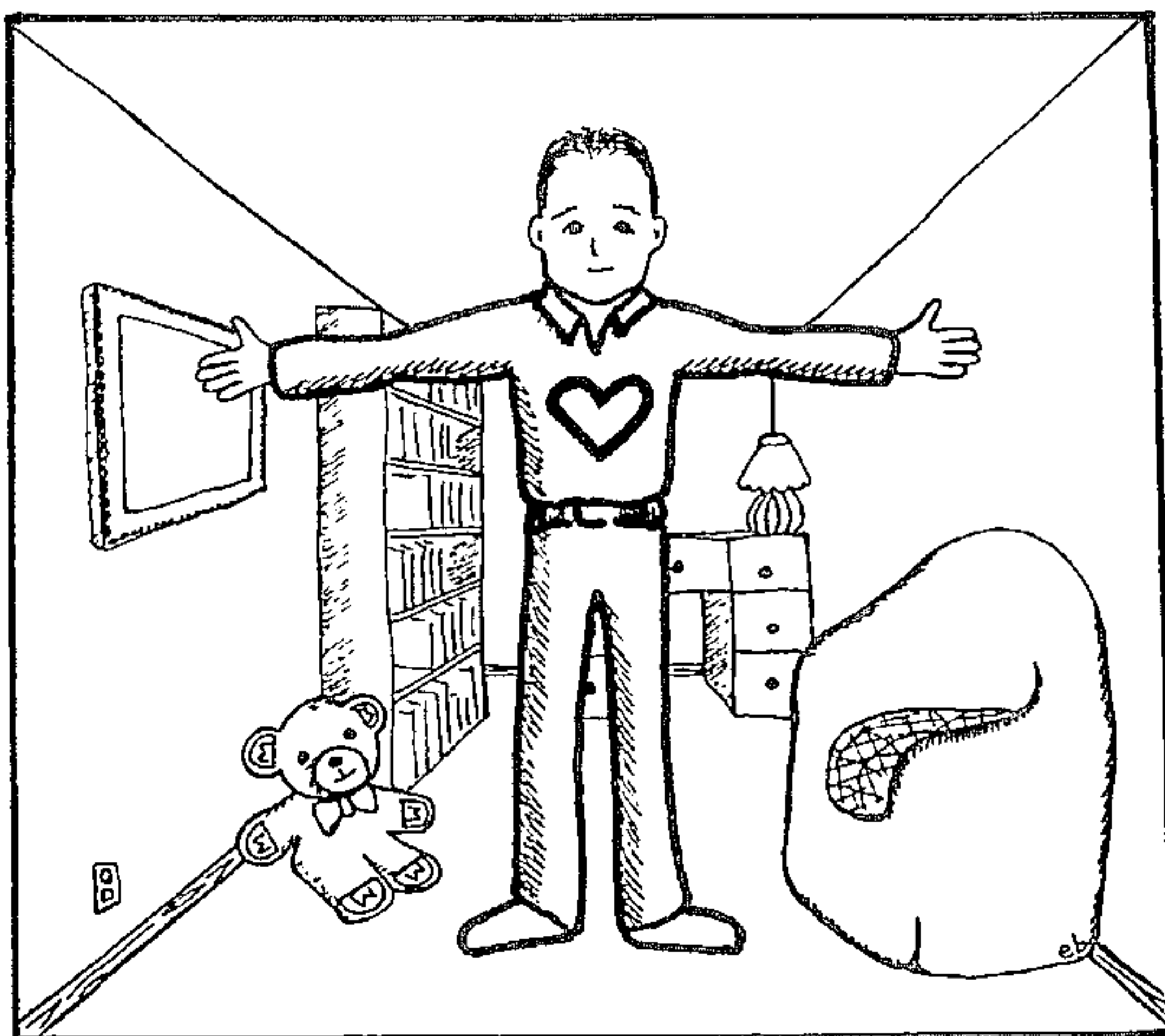
We have several ways to keep ourselves safe, depending on the situation. Our main way is all of the "girls" (alters) have their own room. And if we are going to be in an adult situation or around someone who isn't safe for the "younger girls" then we tell them to go into their rooms and stay there until we let them know it's safe to come out. We usually tell them that it has to do with their safety and not that they have been bad. We also have a

"porch" so that the girls can be "out" but still enclosed for safety.

This visual imagery came from two sources. One was from reading a book by Dr. Robert Mayer, *Through Divided Minds*. The book describes several ways that his MPD patients use visual images to "see" where the alters are when they aren't "out." I began to look at this concept since I had no visual images of the girls. Then I had a dream. I was working on the dream with my therapist and we figured out that all my girls are in a house like the one in my dream. As time went on, sometimes it seemed that the livingroom, etc., would get too crowded. When they argued it really got crazy inside. That is where we came up with the concept for them to each have their own room, so when the fights broke out they could be sent to their rooms to give some peace. It doesn't always work, but it does help. So now if a situation would be hindered by a certain alter, she is told to stay in her room until she is told it's OK to come out.

By Beverly and the Girls

MV



Our ideal place for treatment is with our therapist. It's not the place, it's the person. His "den" (office) is a safe place for us, but only because he makes it that way.

Some of us like the chair in his den, but others (the little ones) like to sit on the floor. One is afraid of the desk. There are a lot of books and stuff to look at. We each like different things.

The understanding eyes that see *all* (and never look away in disgust), the listening ears, the gentle smile and wise words, the open arms and open heart...these are the things that create our ideal place for treatment. He walks alongside and even carries us at times. He gives us encouragement and love. He is patient and accepting. He *believes* us, and because of him, there is strength and hope.

By eb and friends, for Dave

Trust

Trust, I believe, needs to be a two-way street. One must be deserving of the trust, and the other must be willing to try to trust, if only a baby-step at a time. Trust, as in healing, takes time and much patience. There will be times when you are not sure, but taking those baby steps helps turn them into bigger steps.

I have been in a relationship for four years now. We started as friends which turned into the best of friends, which turned into a relationship which for the life of me I had never known. The closeness, the understanding and trust we have for each other has grown with each year. We are both MPDs, we both have physical disabilities (I have MS, she has a severe back injury) but the one thing we strive for each day is our relationship. Now after four years we have successfully put both the boys through therapy for abuse by their father, but we are still in therapy ourselves to become the people we think we may be, and the people we want to be. As for me, I think my significant other has earned my trust, and I will continue to keep earning her trust as well. It has to be a little give and take, but in the long run it is, without a doubt, worth it.

By Sue H.



Trusting yourself. How do you know what a feeling is when you feel it?

I can trust myself when I can trust that what I feel is real. If I'm important enough to me to notice and validate my feelings, I'm learning to trust myself.

How do you know your perceptions are true when they are constantly shifting?

I can trust myself when it's OK to allow different perceptions and perspectives. I do not have to see things exactly the same way every day. Do I?

How do you know you're not lying when you don't remember what you said or did? How can you trust what your truth is? How can you trust yourself when people call you a liar, even though you're really not one?

When I can know what all the different parts know, and remember what they say and do, I can trust myself.

By M.W.



I started therapy in 1992. At that time I was diagnosed with "clinical depression." After a year and a half I had finally admitted to abuse by several people and was in group therapy. The agency changed to emergency services only and the group folded. My first therapist turned out to be homophobic, and also told me that I was trying to be sick enough for disability but well enough to keep my children.

I started my individual therapy again at a different mental health institution and went through four therapists in a matter of a few months. The last one I decided I could trust. She was seeing something in me no one else had. Unfortunately she did a disappearing act on me. One week she was telling me of two bad dreams she had where she was trying to save me and was not successful. I let my trust go with her and gave her everything I had written and drawn over the years of therapy. One week after I had given her my things, she disappeared. I was told it was a short medical leave, and she would be back in two weeks. Well, two weeks turned into three months and I was told she was terminating her employment with the agency. Things had become too difficult for her and she was getting out of the counseling field. It took me another two months to get my writings and drawings back from her supervisor. No one knew where they were.

After some serious talking with my significant other and the supervisor I decided to try one more time at therapy. I ended up at yet another mental health facility and yet another therapist. I had to decide if I was going to trust this person. If she would tell me I was just trying to gain sympathy or maybe I had really imagined the abuse.

I decided I would give it this one last attempt and started trusting her with little bits of information. The trust grew with each visit. She was kind, gentle and compassionate. For me, trust must be proved and earned. She took the information and started helping me. It was not long after that she broke a hole in my wall. She chisels a little each week, promising me that she will not force me into memories or push me to go too fast. She had to go out of town on a seminar one week and before she left she asked me what I needed to stay safe. I thought long and hard, and in our next session I reluctantly asked if she could leave a note letting me know this was not an abandonment issue and she would be back. In the session before she was to leave she gave me a note in a sealed envelope. The note told me that I had survived actual happenings and would survive the memories of these happenings. Also, that she would be back and would see me on the date of our next appointment. She was there, and I am still here. She is the one who helped me see more of me. The "me" I didn't want to even acknowledge. She knew of the little ones, and the teens and the young adults. She also knows the "evil" one and even tries to offer comfort or at least an opportunity to have their say in the whole scheme of things. She has also told me she doesn't know where we will go in this discovery process, but she will not leave me hanging. Her note not only helped me and my little one, as well as the rest of the crowd, but it also helped my significant other who is also MPD and "my best friend."

By Sue & Crowd

Therapeutic Trust Violated

We're torn and devastated. Our therapist recently fired us—with no warning. She said she did not feel safe around us. We were never told what it was all about, or what happened. We were given no chance to process. Once again, as in our "childhood days," that was just the way it was. We had no say and no explanation. We all feel that after being in therapy with us over two years, our therapist should have known that our rage is *always* taken out on our own body.

Abandoned. Again. Isn't therapy supposed to be the one place where we can ultimately feel safe to bring our selves, our issues, our feelings, our memories, our confusion and fears? We were told that it was something that was said which caused our therapist to let us go. But a few weeks later, she told our lover that it was not what was said the week before our last session, it was the "body language through several sessions." (My lover was also her patient...and which is a pisspoor therapeutic boundary the therapist won't take responsibility for. She expected us, the ones who go

there to *learn* boundaries and social skills, to know this already.) By discussing this with our lover she (1) broke confidentiality and (2) discussed with her what she would not even discuss with us. (I don't blame my lover. She is so supporting...and no longer sees this therapist!)

We're seeing a new therapist. We're in a deep depression from the shock and trauma of the whole thing, but when we go to therapy now, all we can do is be numb. It took 1-1/2 years to get to really trust our other therapist. We can't even see trust in sight for our new one. She is nurturing. She has agreed that how we feel from what has happened is very valid. This is somewhat healing. But how can we afford vulnerability again? I feel like a dying child who is not able to go see the doctor. I feel as if I've been emotionally raped again—my confidentiality, in the person I had trusted the most, is broken.

"Don't talk anymore, we'll do fine on our own." *"How could she?"* (crying). *"Don't answer that question."* *"I told you, you were a fool*

to tell..." The voices of myself: angry, hurt, feeling confused and betrayed. I often sit on my bed and wonder why keep going...what's the use. *"We're better off dead,"* one says. *"Think about Ryan"* (our outside son) opposes the other. *"If God is so great, how come this?"* The angry child parts yell out *"Just like father! Nothing could've pleased her..."* One lost teen voice utters *"Shattered. We are shattered. Again."*

How many times can betrayal occur? How many times can one soul or spirit be broken before it is beyond repair? It happened also two years ago when someone in our life revealed information and talked to others about us. How many times before we die?

If anyone can relate or has experienced similar retraumatization in therapy, feel free (please do!) to write. How did you survive again? What kept and keeps you from giving up? (*"As if it F—king matters what anyone says..."*)

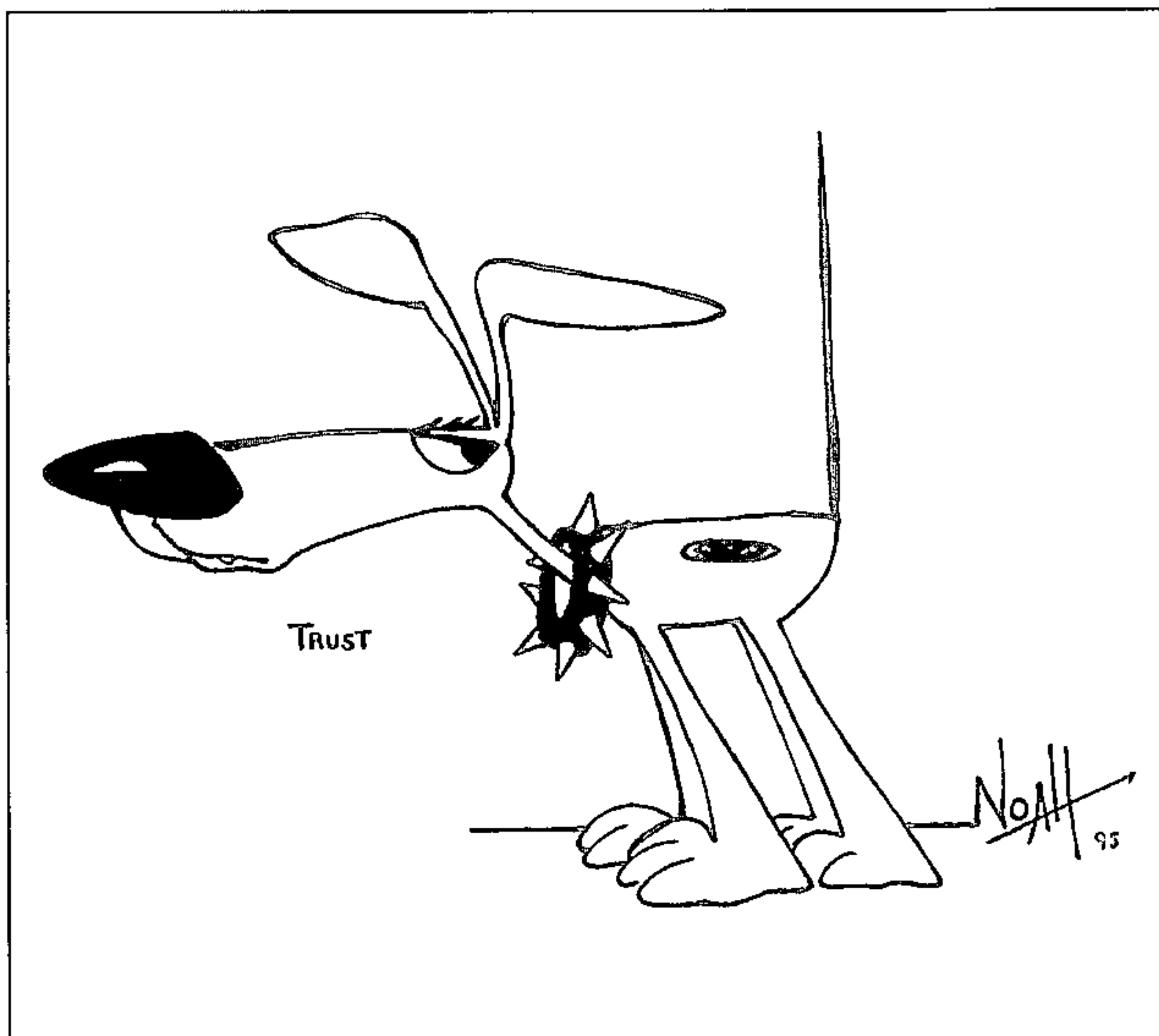
By a Shattered Tribe

MV

Acceptance

Still the fear that lies
just beneath
the surface.
Comfort the ache
that burdens
the heart.
Quiet the voices
that cry out
for help.
Dry the tears
that weep
in pain.
Heal the wounds
that scar
the soul.
Accept and acknowledge
that memories
will fade.
Know in your heart
there will be
peace at last.

By Cherie K.



Therapist's Page

By Margy Stewart, Psy.D.

Dr. Margy (Marguerite) Stewart is the Clinical Director at The Center for Trauma and Dissociation at Columbia-Bethesda Behavior Health in Denver, Colorado. Dr. Stewart has specialized in the treatment of traumatized and dissociative adults and children in hospital and outpatient settings for the past ten years. She is a professional member of ISSD.

FACTORS IN DEVELOPING TRUST IN TREATMENT

Trust is one of those words that everybody talks about, but few can clearly define. What exactly is trust, as it pertains to therapy? What does trust mean to previously-traumatized clients? What does it mean to the therapist? What is the benefit of 'having trust,' in a person or in the world around us? What if 'trust' is built in therapy, then falls apart? Can it come together again? Can one be too 'trusting'? What is different about a client who develops 'healthy trust'? What does that really mean, in terms of behavior and functioning in the world?

I wish I could give you all the answers to those questions. I can't. I'm still working on some of this myself, and, like most other people, I'm learning as I go. But I do have some thoughts about the process of working on trust, in therapeutic situations, which I would like to share.

Let's start first with the definition: what is trust in therapy? What does it mean? To me, trust isn't a 'thing'—it's not an object that is either there or not-there. It is a condition and function of the relationship between client and therapist. It is fluctuating, and it is repeatedly tested. It is the way therapy works between the participants. It can be a cooperative and free-flowing exchange of information, like a wide-open highway that takes one from Point A to Point B without hassle. Or, it can be a road strewn with boulders, barbed-wire fences, ruts and mud.

Most therapy begins with that second, obstacle-ridden state of non-trust. While any two strangers meeting have to build trust in order to work together, there are special problems for clients who have experienced abuse in childhood. This is because the 'good parenting' that is a vital foundation for building normal, healthy trust was probably absent or distorted in ways that prevented the infant and young child from feeling secure and safe in the world. Child development literature has much to teach about how trust is established within a loving environment.

Early lessons in security build confidence in growing children that carries on through life. But when caretakers are not safe or trustworthy, children learn that what they feel inside does not match what they experience outside. Traumatized people experience shattered assumptions about the goodness and meaningfulness of the world, and shattered beliefs about their own self-worth (Janoff-Bulman, 1992).

Obviously, a therapist can't go back and redo the childhood of an adult-client. The old fad of 'reparenting,' complete with diapers, bottles, and 'therapist-as-mommy-or-daddy' proved disastrous. An abusive background creates a real, genuine gap (or in some cases, a chasm) that has to be understood and bridged by other means. This takes time and experience, and both the client and the therapist must work to build trust in their relationship.

This work starts with the very first session, and continues as long as therapy lasts. The establishment of boundaries between personal life and therapy (which some clients—and therapists—see as too-rigid restrictions on behavior) is an important trust-builder. This mutual framework of what is 'Ok' and 'Not-Ok' creates a predictable, safe environment for the later expression of difficult and painful material.

The therapy schedule and its structure are essential factors in creating trust. Is the therapist on time for the session? Is the client on time? Is there a pattern for the introduction of material, the processing of material? While there are exceptions, many of my clients prefer to have a warning signal before the treatment session ends, so there is a period of closure and 'coming-back-to-normal' before leaving. These subjects should be discussed initially, and reintroduced by either the client or the therapist when deviations become uncomfortable.

Other relevant factors:

The payment system needs to be clarified up-front, so both are clear on how that is going to work.

The physical space where therapy occurs is another subject for discussion. This is very subjective. When the client comes into the room, does she feel comfortable or uncomfortable? Is the physical distance between client and therapist appropriate? Is the therapist too close, or too far away?

Expectations about telephone calls can provoke trust issues on both sides. Differences between routine and emergency calls, what hours to call, whether the client should call the therapist at home, and special numbers to call in emergencies are details that can be talked about in advance, or clarified in appropriate ways when they come up.

Consistency is primarily the therapist's responsibility, especially at the beginning. It is referred to in some theoretical literature as 'constancy,' though that means not only consistency and reliability but also the capacity for the therapist to remain steady, even and emotionally available to the client throughout the exploration of material.

Learning consistency takes practice. I think clients help the trust relationship improve by offering the consistency they can, by coming to therapy on time, and by following through on the concrete aspects of the treatment contract. If they aren't following the agreed-upon guidelines, the therapist's trust in them is compromised. And it's probably a signal that there is something amiss in the relationship. So lapses should be promptly addressed.

Another important point: Therapists are real people, just as clients are. Therapists make mistakes. Maybe personal material will be revealed, or some other inconsistency. My thought is that it is possible for very good treatment to come out of these events, if the mistake is acknowledged and well-handled.

However, we therapists may not always recognize our mistakes unless we are told. Ideally, the client feels safe and trusting enough in the relationship to tell the therapist about an uncomfortable inconsistency. Ideally, the therapist will return to the basic principles, listening to what the client thinks about what

happened. Some therapists are very good at being able to hear such material from a patient, and some can't. Some close it down, change the subject, tell the client they shouldn't really be angry, etc. All of that leads to difficulties.

A client who *feels* angry, but hears "Don't be angry" from a therapist she's starting to trust is in a terrible bind. Hopefully, the client will not give up trying to explain how she feels. It is very scary for many clients to bring up complaints or confusions in therapy. In evaluating a therapy relationship, ask "Is the client invited to discuss personal feelings about the therapist or the therapist's approach?" Even with an invitation, sometimes the client won't express feelings about therapy. In the strict psychoanalytic world, the therapist waits until the patient says something. In my practice, there have been times when I changed a subject or otherwise interrupted a client's process. When I notice what I've done, I say "You were discussing this, and I think I got in your way." I sometimes point out my mistake, because with people who've been severely abused, it might take years for them to bring it up.

How anger is externalized by the client, and what the therapist does about this, is another trust factor. A lot of people use anger as a defense. It takes skill for a therapist to help clients look at the emotional experience going on under the anger. Also, there is a difference between the necessary expression of anger and rage, and the issue of abusive behavior. This is where limits come in. There are abusive behaviors by therapists, and there are abusive behaviors by clients. If limits on abusive behavior have been mutually determined and mutually understood early on, or when the first signs of discomfort arise, there is a better opportunity to enhance trust and have a successful therapy.

Trust also depends on the client's willingness to take responsibility for safety, and a personal role in treatment. By being responsible, the client gains trust in self, and the therapist gains trust that the client can keep a bargain and really wants to recover. This mutual trust energizes the therapy and brings comfort during the rough patches that inevitably occur.

Mutual respect is another important element of trust building. In early therapy, a client may be awed by the therapist, or suspicious of the therapist, but genuine

respect grows slowly, by the experience of being treated respectfully, being heard. This is a very unusual situation for a previously-abused person to be in. Abuse is essentially equal to *disrespect*. The client may not know what respect feels like, or how to return it appropriately, for a very long time. The time it takes should be respected, too. After all, the client and therapist are bridging a very deep, very black hole in trust development.

Stable functioning is a common therapeutic goal. Sometimes, chaos has been part of the client's life for years. Other times, the client has functioned on the surface as if everything was fine, ignoring bad feelings inside, until "the lid blew off" by some external traumatic event. Exposing the full depth of past abuse too quickly disrupts functioning and shakes the client's self-trust to its core. The capacity for the client to take risks and push a little when anxious, or stay with safe material, is hugely dependent on feeling "safe." If the client is feeling a lot of fear, a trust-building therapist will consider how to decrease the fear to process the emotional experience, while simultaneously avoiding a push that might flood the client with too much emotion. This therapist encourages communication about the effect therapy has on basic life issues: partners, outside children, school, employment, and the client's overall ability to cope. The therapist who promotes empowerment, functioning at one's best, enables trust.

Each step into new material involves reevaluating the level of trust. A client may look at me before saying something that feels risky. I think those moments of looking up to see if I'm paying attention are an unspoken process of evaluating whether they can trust me enough, so they can say the next word. Sometimes both parties wonder, *How is this going to go? How is this person going to react? How am I going to react?*

A healthy sense of security and trust is certainly not the development of a capacity to take needless risks, or a sense that one "deserves" to have all wants and desires fulfilled by the therapist, friends, family or employers. It is not about becoming "too trusting" or gullible, compliant, or accommodating to abusers. The development of trust is not turning oneself over completely to someone else. It's becoming able to find a good security within oneself to make judgments.

As trust is gradually established, month by month, step by step, in a therapeutic environment, the client will, even more gradually, take the experiences of trust that have been tested in therapy and test them gingerly in the "outside" world. Thus, in very small, slow experiments of trusting, clients learn to create for themselves the sense of security that was damaged or destroyed by early abuse.

The abusive past remains real, but the new lessons of constancy, consistency, and predictable behavior and validation are able to bridge over the early desolation. Given time and patience, formerly-abused clients do cross this bridge to cope successfully with the future challenges of living.

In the process of writing this article, I realized I'd like to know more about what helps people feel trusting in therapy. I would really appreciate hearing what worked for you. Please send your experiences with trust to me at the address below. Thanks! —Margy

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References: Janoff-Bulman, R (1992) Shattered Assumptions: Towards a New Psychology of Trauma. Simon & Schuster, New York.

MV

Therapashrink

What a word that is!
It is not mine, just borrowed
To use for a moment,
While waiting to go for treatment.

I often wonder what will happen
when I go
And then I remember,
I don't remember too, often,
sometimes!
How do you say what I mean?

I know I am I,
But the We of Me
Is too!

No wonder I need
A
Therapashrink!

By Irene Fraley

MV

Poison Ivy

By Julia Mary Griffiths

As I was gardening, I saw some poison ivy. Even though I've never been allergic to it, I put on rubber gloves, then scrubbed my whole body with soap and hot water. A week passed before the spots appeared. They itched and were scary to the little kids, but we've been in therapy a long time. We knew how to help the kids and managed not to have a crisis over it. In fact, we have come to see it as a helpful metaphor for our life.

After eight days of "moderate" poison ivy, we awakened *covered* with bumps, sores, and welts of all sizes. We couldn't understand it. We felt guilty and as if we were to blame, though we knew we had taken every possible precaution to treat the condition and to prevent its spread.

The doctor told us it was "systemic." She thought it happened because we had a deep scratch where the poison was able to hide. She told us we had not spread the infection; we were not at fault or bad.

"Systemic" = "The System." To my doctor the word meant inside my organism's body and bloodstream. To me, "The System" means our collective self/ves, the term for all of who we are.

We realized that just as our body was not bad because poison ivy invaded it and we were not to blame for the pain and itches and awful-looking marks, we are also not bad and not to blame for being multiple. We arrived at where we are—a system rather than a self—because things from outside invaded us. Abusive actions and words leading to beliefs in our badness, feelings of worthlessness, disconfirmation, never measuring up, criticism, blame...all this and more came from outside and entered into us, into our "System," like a poisonous infection.

The results are sometimes not pretty to see nor easy to bear...there is strange behavior at times, there are scars, despair, and so much confusion...just like the blisters of

poison ivy are not pretty to look at and are hard to cope with. But we are not the infection—not the behavior, nor the scars, nor the confusion—any more than the organism is the blisters and infection and raw skin.

We need to be able to separate *the host*, the selves we are, from *the invaders*, the bad things that have infected us (including any introjects inside). We need to get on with learning and affirming who we are, as we repel the invaders and drive them away for good. We need to give urgent first aid to the alters who are infected, as much as to the ankle which is infected.

Cortisone, antibiotics, antihistamines, anti-itch creams...and time...are the ways to get rid of our systemic poison ivy. It's easier, simpler, and cheaper than getting rid of our psychic infection! But, in the long run, less important.

Therapy, understanding, affirmation of the goodness of the organism, all activities which are healing...is the way out of psychic infection. Getting rid of a psychic infection is very hard and it takes a long time, but, increasingly, we understand that it is worth the effort. We begin to hope that *we* are worth the effort.

As we look at our disfigured arms and legs, we are trying a new healing strategy. Instead of blaming ourselves for our stupidity in getting poison ivy or thinking our body is bad, we are trying to affirm the goodness of the underlying body. We are trying to use this negative experience of catching poison ivy as a way of re-connecting with the organism we have so long ignored, hated, and scorned.

Our body is not the red Mercedes convertible we wish it were; it's more like an old rusted-out pick-up truck. But it is *our* pick-up truck. It is the one way we have of expressing ourselves in the world. The only way we have to sing and dance and laugh and run and speak and move and do all the other things we would like to do and occasionally actually manage.

We've fought many years to begin to believe that expressing ourselves in the world could have value, because most of our life the people around us have misunderstood and attacked our efforts at self-expression, above all else.

But if we have a self (even a fragmented one) to express, and if we have a body with which to express it, doesn't that logically mean that we have it in order to express it? That God who gave us the body and made the soul that it was a good thing to be and to express our being? This seems reasonable to us at last.

So when the poison ivy itches, we are trying very hard to let only Patty rub it, because she alone can rub so gently that it helps and doesn't escalate the itch and scratch to the point of damage. And then we do something which *amazes* us. We say, "I *bless* you, arm, because you let me hold a baby and pick up a package. Because of you I can sew and type..." "I *bless* you, leg, for holding me up and letting me walk. Because of you I can go interesting places and do many things..."

We are learning to let our poison ivy teach us how to accept the body better.

I think I'm glad I got poison ivy!

MV



Joy Comes in the Mourning

By Judith Merriel Godschild

She curled up in a ball, knees to her chest, hands held in tight fists in front of her mouth, mewling like a kitten and crying out "I want my Mommy...I want my Mommy..."

An agony of longing knotted her stomach. Fear and panic caused her arm muscles to tense painfully and her hands to tremble. She was two years old. Shivering on the floor of a dark room, she hurt everywhere, inside and out. So little, so alone, so lost and confused and so longing to be rescued, she desperately needed comforting arms to enfold her and soothing words to reassure her. "Where is Mommy? Why did Daddy do that to me?"

As image upon image filled her mind, jagged-edged sobs spilled over one another in an endless cry of despair. She had no words to describe her feelings of rejection and abandonment—she could only feel—and what she felt was unbearable. Her hands reached up to cover her eyes and she shook her head "no" in an effort to chase away the face of her attacker from her mind.

Seeing the panic in her eyes, he reminded her that she is safe now. The bad man is long gone now. It will never happen again. His words wrapped around her like loving arms. "You're safe now. You're here with me. It's just a memory. You were a very brave girl. You wanted your Mommy to come and hold you but Mommy didn't come, so you had to hold yourself and all your pain and feelings. You did well...You were very brave."

She followed his soothing gentle voice back to the present, to the room with the couch and the kind man she was beginning to trust. Ever so slowly her breathing returned to normal and she began to relax. She was six years old again, though she lived in the body of a 43-year-old woman. She began to talk with her "friend" about her terrible loneliness and the dreadful fear she had that if he made her "go away" someday, she would once again be

invisible and alone, just like that time and so many others when her father hurt her and left her crying in the dark.

She admitted she wanted him to adopt her and take her home to his house so he could be her Daddy and make up for everything that went wrong with her real parents. He helped her to see that, while he could understand her desire, it wasn't possible for anyone to make up for the past—that he could help her, but he couldn't be her Daddy.

She wrestled with her feelings of fear and anger and, in the end, she tested his loyalty and commitment by asking him to hold her hand. As she grasped his hand tightly in her own, she drew strength from his presence and his words as he reminded her that Judy would always be with her. She need never be alone again.

Listening to a voice within, she said she had to go for now. She looked lovingly into his eyes for a few moments, and then dropping her eyes, she nodded her head and she was gone. In her place, Judy appeared. I'm Judy. I had stayed close throughout the little girl's memory work this time, sharing in the experience as much as I dared, and supporting her with words of comfort and encouragement.

Touching my face with my fingertips to ground myself to my surroundings, I sat in silent reflection, allowing the feelings and the memories to rise within me. The overwhelming desire for an eternal, rescuing love, and the grief in knowing that desire must go unfulfilled, flooded over my body, soul and spirit. Wracking sobs rose in my throat and I let them come. I faced the feelings and I owned them. That gaping black hole of rejection and abandonment, of love hunger, of endless longing, belonged to me.

There was no running away from it now. No blessed relief of dissociation. The little girl had carried it alone for many years, and in recent months, I had been able to feel deep empathy for her, but today it became *my* burden, *my* reality. I felt it as deeply as I would

have felt it 40 years ago, if I hadn't run away in my mind.

Today I stayed. Today I was a brave girl. Today I took one more significant step toward healing and wholeness. Today I began to mourn. As I attend to every painful thought, feeling and sensation, as I look intently into each one, I mourn. I mourn the loss of innocence. I mourn the carefree childhood I never had. I mourn for the fantasy father and mother and all that they represent. I enter the swirling vortex of darkness and pain, embrace the truth I find there, and I mourn.

To my surprise I discover at the bottom of the black hole, beneath the sorrow, the anger and the shame, is a fountain. Buried underneath the layers of unacknowledged, unmourned pain is a fountain of life and hope and joy and laughter that *also* belongs to me—a hidden treasure. Somehow learning how to feel the sorrow, to mourn the tragedy in my life, is setting me free to feel the hope and experience the laughter in my life. I can rejoice in the midst of such suffering because I have discovered that joy comes in the mourning.

MV

I cannot tell you

I cannot tell you
(Though know, you must
If ever we to share)
About the me I cannot love.

Yet not your responsibility
(Still I stupidly await
A miracle of freindship)
To take care of my aching heart.

At least some openness—a door
(Lest again I appear to sign
That I reject *you*!)
To slip out past the mirror of my
world.

By Marj and Gloria

PARTNER'S PAGE

THE NEED FOR A SUPPORT GROUP

By Richard

Every Thursday night, a group of tough people get together in Washington, D.C. They talk about their battles, how they won or lost, how they got hurt, and how they healed. They advise each other on how to win next time, and how to heal faster.

A martial arts school? No, it's the *Supportive Others of Adult Survivors of Abuse* group in the Psychiatric Institute of Washington (PIW). We are people who have chosen the long, hard road of loving survivors.

I recommend that anyone who loves and supports a survivor (especially a multiple) find a support group. The wisdom and support I've found in our group is a big reason why my wife and I have made it this far.

The following are the major elements that make our group a good survival tool. Every support group is different, but this may help you evaluate the support group you find.

Drop-in group. Our group doesn't have a fixed membership or commitment for a certain number of visits. People drop in as necessary. We have people who have been regulars for years, and others who came only a few times, as long as they needed our support. Other support groups may have much stricter attendance rules.

Professional group leadership. Every group needs a trained, professional leader. Otherwise it's the blind leading the blind. Most of the input and guidance comes from group members, but the group leader is vital for keeping discussions on track, preventing one person from monopolizing our time, and providing technical knowledge when necessary.

"I think the real benefit of a support group is in dispelling loneliness," said Ed Honnold, our group leader. Ed is a psychotherapist in private practice, and former Director of the Day Treatment Program for Dissociative Disorders at PIW. "It's natural to get cut off to some extent because these are

relationship problems that aren't easy to discuss with outsiders. So connecting with others is important. Having a chance to get closer to real feelings is also important. One person's feelings can spark another's in a group like this."

"I don't have friends I can talk to in total candor, so the group is good for that," said Dan. (Group member names have been changed to protect privacy.) "We need explicit talk with people about what we're going through."

Check-in. Each week we start by going around the circle and each person takes a few minutes to tell what has happened to him or her in the past week. The check-in is important for "venting," and emotions expressed around the circle often shape the discussion for the rest of the evening.

Education. Although we minimize the technical stuff, education is vital for a group dealing with something as esoteric as dissociative disorders. Ed injects this into the discussion as necessary.

"This is all very new to me," said Charlie. "I've never been interested in the subject, and suddenly I find myself *immersed* in it! It's good to have other people's experience to better understand what's going on. And it avoids fights. If I'm coming to group, my wife can't say I'm not doing anything."

Open discussion. Each person in our group is free to react or add to anything that is said. We share our experience, strength, and hope.

"Support is the most important thing I get here, a place to go for a reality check," said Scott. "Things happen with our partners that are crazy. You need someplace to go to talk about that and get tips on how to deal with it."

Anonymity. Most of us know each other only by first names, and we usually refer to our partners in generic terms, like wife, boyfriend, daughter, etc. It's part of our way of making it safer to open up. And, incidentally, what

is said in group stays *inside* those four walls.

"This group validates the experience for me," said Mark. "I say things here that I can't say anywhere else. I can talk about the way I feel. I can call a spade a spade."

"What have you done for yourself?" This is probably unique to our group, but it's one of the most important things we do. Every person is asked this question during check-in.

Multiples are a never-ending drama of needs and issues that can dominate a relationship. If you love and support a multiple, it is tragically easy to get lost in their drama and have nothing left for you.

Doing something for yourself might be as simple as taking a walk alone, or eating an ice cream cone just for you, or seeing a movie, or even working some overtime to feel more secure in your job. But each support person *needs* to find (or demand) some time for himself or herself — something to recharge your batteries and reconnect with who you are.

A NOTE TO FEMALE SUPPORT PEOPLE:

For reasons not fully understood, disassociative disorders affect far more women than men. Estimates state that three-to-10 times as many women as men are multiples.

So, if you are a woman who loves a survivor, be aware that any support group you find will probably be mostly male and mostly heterosexual. I sense that our group's masculine atmosphere has scared off a few women who visited once or twice, then vanished.

However...

Women are welcome in our group, and I suspect the same would hold true in any similar group.

In the six-or-so years our group has existed, we have had two mothers, a few lesbian partners, a daughter dealing with her mother *and* her sister, and three wives married to male

Partner's Page, cont'd

multiples. Their experiences matched those of the male group members. They gained and gave support in our group, and the feminine perspective was an important addition to our collective wisdom.

Please don't let the masculine atmosphere of a support group keep you from getting the help you need. It's a reflection of how childhood sexual abuse and Dissociative Identity Disorder affects society. Give the guys a chance. You'll find their experiences are similar to yours, and they have a lot of hard-won empathy and wisdom to offer.

MV**To our Therapist, "Maurine"**

As a small child
I would pretend
The moonbeams
To be loving hands
That would come
Through my window
At night and hold me
I remember the feeling
Of the silvery blue light
In my eyes and on my skin
I remember the feeling
Of the tears as they flowed
From my eyes
For what a wonderful feeling
It was to be held by the hands
Of the night — In the light
And as my eyes grew heavy
I could hear a melody
That filled me from within
Like a breeze that passed through me
I felt full—I felt comforted
I knew that though the sun
shone through me
The moon would see me
And hold me and sing me to sleep
What I find to be true now
Is that I no longer have to pretend
I no longer have to conjure up images
To make me feel safe
For there is a Real person in the world
Who knows about all the parts of my-self
Who holds me with her words and love
Someone who has stepped into my
darkness
And has filled it with her light
I am no longer alone and afraid
This aching feeling I have in my heart
Comes from learning how to trust again
It comes from being truly loved and loving
No longer is it a reminder of all my pain
That has filled my life with such shame
It's okay that I have many, many names
She walks with me on this journey
Just the same...

*From Pamela and
all the other parts of the self*

Letters

I am preparing, in some of my therapy sessions, to go back to the dentist to take care of my teeth. It's been over two years since I've been there and I have a crown that came unglued. Because of triggers involving my mouth, it's very scary to go back to the dentist and it seems impossible that I can go there and not have flashbacks. Anyone who has similar triggers and have successfully gone to the dentist (or gynecologist) please share with me how you did it. Thanks.

By SL

Two months ago I was diagnosed with D.I.D. I am having a hard time with the title even though I have known for years about everyone inside. My big problem now is I have been seeing a therapist at my local Crime Victim Services for 14 months. They usually only see people for a year. My therapist at CVS has kindly agreed to see me until my therapist at the local Irene Stacy Center has been changed and is able to see me weekly. I feel guilty that I could be holding someone else back from seeing the CVS therapist. And at the same time I don't want to leave her because she is the first person in five years I have trusted, and I have grown very attached to her. So has everyone inside. I know this is a common problem, but how do you handle it? I am really scared I will never see her again, since she lives a good 1-1/2 hours away and I don't get over to where she lives much. I am not obsessed with her, but she is the only person besides my daughter (3 years old) I have in my life. Can anyone offer suggestions?

By K.A.B.

I'm looking for answers from within and all around. I wonder—where did it all go wrong, what caused the dysfunction I live? Flashbacks, little bits and pieces are seeping through the walls. I wonder as this information pops out in my mind—am I really going insane? The filthy feelings and shame I feel, I know "it's only a normal" reaction. Then the disgusting thoughts come forth: "How could I do that? And why do I get the overwhelming sense that I must have enjoyed it or I wouldn't have taken part?" Then the filth returns. I'm stuck. I'm scared to death of what this leads to. At this point I can only remember things I feel I willingly took part in. So I question—why? Where does this all lead to? When does it end? And will it really be considered healing to relive all the terror? I pray for help and guidance and the strength to deal with all of this.

The Frightened Wee Ones

I have two requests. First, I'm searching for articles, books, or other resources that deal with the effect of new physical disabilities or traumatic injuries on pre-existing psychological disorders (specifically D.I.D. or MPD.) If anyone knows of any good resources, your help would be appreciated.

Second, I am currently a graduate student in counseling and am now facing my fieldwork and internship in the next two semesters. I have begun to wonder how this work will affect my dissociation or vice versa and have, in general, started to doubt my abilities. I would like to hear from any professionals who also have MPD, who may have words of encouragement or know of ways to "protect oneself." - Thanks for your help.

*By L.A.M.*MV

Finding Solace in Meditation

By Cathy and Echo for the Coalition for Joy

During the first two years of therapy for D.I.D., facing memories led to nearly crippling insomnia and panic attacks. Just getting up in the morning seemed impossible. Looking back, I don't know how I managed to keep a full-time professional job. Sometime during the first year of therapy, a psychiatrist suggested relaxation training to help me learn survival techniques when fear seemed overwhelming, and to teach me how to relax my mind and body enough to sleep.

Relaxation training advanced my healing dramatically, but not in the way we expected. With the new understanding of dissociation came recognition of alters. The meditation and relaxation strategies eased the mental and physical tension enough that we dropped some of the protective barriers among us; elimination of barriers let us slip into flashbacks or confrontational co-conscious episodes. Although meeting each other has been therapeutic, at times we were not prepared to meet each other outside of therapy; we certainly were not comfortable enough with each other to relax together.

We continued to search for serenity by trying many meditation tapes with different types of imagery, sound or music. Most relaxation tapes provide some mental focus through instruction on muscle relaxation, guided imagery, and conscious breathing. For us these types of exercises provided diversion; however, not enough to allow anything close to complete relaxation. While some of us relaxed, other alters wandered mentally into unwanted memories. Still searching for visual imagery or soothing music on which we could center our focus, we continued to try various recordings.

My search for serenity led to flutist, Kay Gardner's recording and a book, *Sounding the Inner Landscape*. Gardner's tape begins with a chakra meditation that includes visual imagery of focusing swirling colored light on the body's seven major energy centers.

Gardner combines color and light imagery with olfactory images and vocalization of vowel sounds accompanied by an alto flute. With reminders to relax, breathe, and slow down, the artist incorporates a little something for each alter.

Gardner moves quickly through the meditation, too rapidly for a novice at meditation. Keeping time with the notes of her flute is difficult without the breath training of a flutist, but with practice even a beginner can learn to coordinate the physical, color and olfactory imagery and keep vocal time with the flute.

In spite of the difficulty a beginner may face when trying to coordinate with the recording, persons with Dissociative Disorders may achieve more than simple relaxation from this meditative exercise. The very complexity of the tape which makes it difficult for the novice, offers dissociatives the unique opportunity to share the exercise among alters. Everyone benefits from the talents and perspectives each alter brings. This meditation offers us the opportunity to honor each other's abilities.

The second part of Gardner's recording is a guided imagery entitled "Lay Down Your Burden"; this imagery takes the listener on a restful woodland walk, carrying an imagined back pack filled with a burden, problem, concern or illness. Little alters can really get into the excitement of the hike up to the chasm where one empties the backpack and throws the burden over the side. This is a peaceful and very controlled exercise, but I suggest that, if possible, all alters participate in selecting the burden to be heaved over the edge. On our first attempt, one alter saw a second alter as a burden; it was all we could do to convince her that she could not stuff one of us in a pack and dump her over a chasm. She assumed disposing of a problem alter was easier than dealing with conflicts through therapy.

The last part of Gardner's *Sounding the Inner Landscape*, the entire

second half of the tape, is a joy for multiples. The artist uses instruments to induce a light state of meditation; she encourages the listener to open oneself to the "healing energy of the music." Following the beginning relaxation exercise, Gardner begins playing a series of harmonies and melodies of various musical styles. She encourages the listener to "see where your imagination goes with each change in the musical patterns."

Although Gardner's voice narrating the changes in the harmonies and styles is intrusive, the different patterns and tones are evocative. By sharing the emotions and fantasies different music triggered in each of us, we came to understand better each other's perspectives. A new awareness of how to communicate came while we were free-flowing through the musical selections.

Gardner ends the meditation with the composition, "Rondo," which winds itself in an uplifting spiral and holds all the healing ingredients which were dealt out piecemeal in previous parts of the recording. By this point in the meditation, without narration, I find us *all* relaxed, involved and willing to share in the mental spiral that connects us to the music. This is truly a journey. As an adjunct to therapy, Gardner's "Rondo" has helped us to recognize ourselves in each other. In "Rondo" we meet ourselves around each loop of the spiral, and we feel safe and supported as the musical spiral twists and turns, bringing us face to face with each other.

MV



Shelter Rock

Far away and across the wide oceans
There is a secret and special bit of island.
The place is not easily found by humans
Because it doesn't appear on any maps.

But all living things in the water
and in the air
Know it exists and named it Shelter Rock.
The place has tall craggy peaks
that shelter from harsh winds,
And gentle slopes where small creatures
can easily climb up.

One side of the island has sandy beaches
and little inlets
With warm pools of water where tadpoles
grow and feed.
Creatures come from all over the world
And abundant new life greets the world
at Shelter Rock.

Turtles sun themselves on the low rocks or
come to lay eggs,
So many little turtles are hatched in this
very spot.
On a sunny day, if you could visit this
place, you'd see
Schools of dolphins and even whales
swimming together in the surf.

Up above Shelter Rock, there are always
all kinds of birds
Circling the island, or landing
on the rocky cliffs.
Sandpipers run along the water's
edge...Pelicans and seagulls
Perch on the highest crags and enjoy the
spectacle.

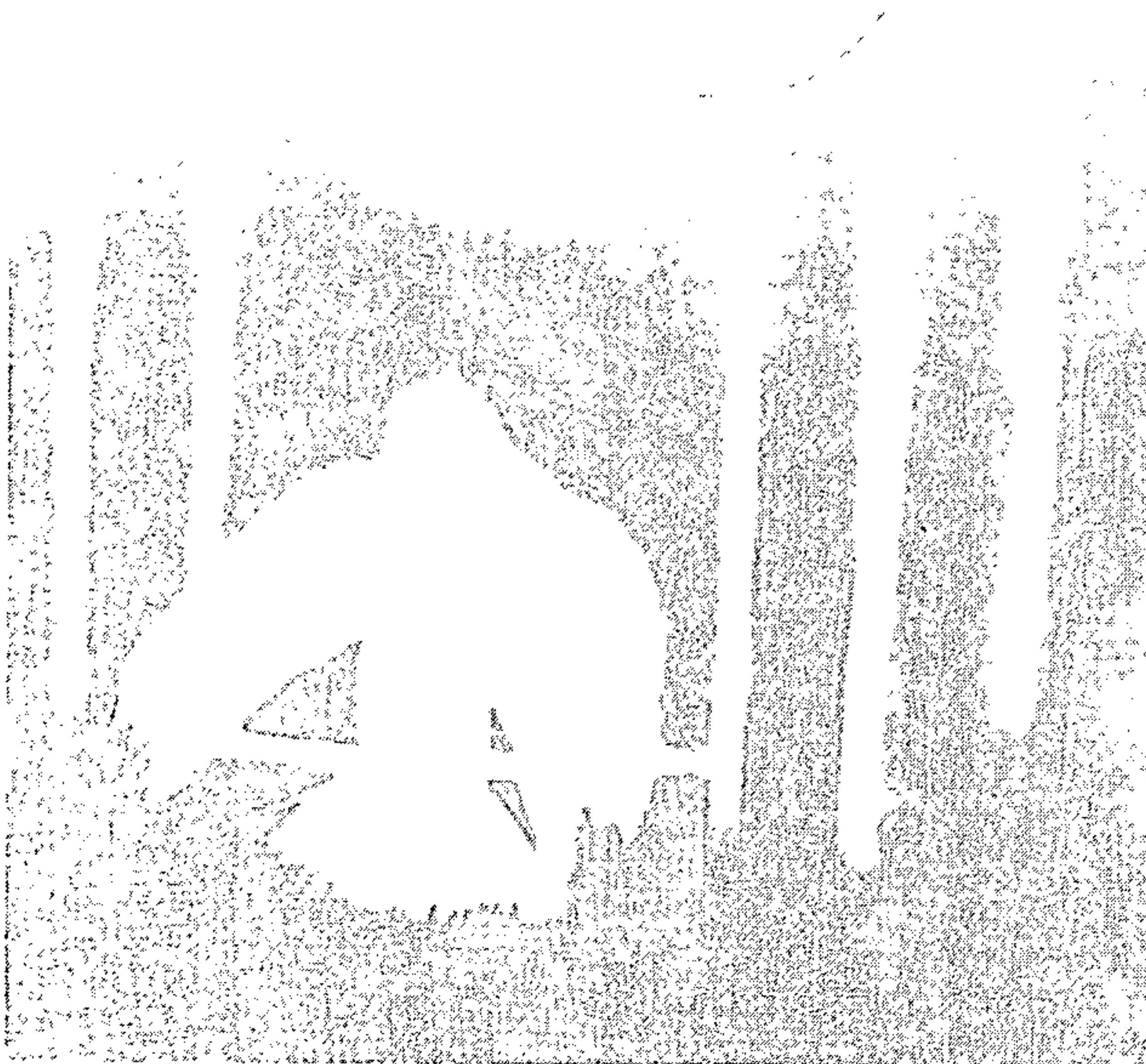
Once in a great while, a family of walruses
arrives
And finds themselves among
the sea lions and seals
Who call Shelter Rock home.
The gentle manatee is welcomed.
The porpoises come here to rest
after long journeys.

In the Spring, sweet new grasses grow on
the lower slopes,
Sheltering lizards with beautiful green and
brown coloration.
In the colder months, flocks of penguins
begin to arrive
and soon Shelter Rock is crowded with
penguin chicks.

Here all life is sacred and safe from harm
No matter where they come from,
all are at peace
Coming together or going along their ways,
After being reborn, again and again.

By Patricia F.

MV



The bird sits looking out from what looks like a cage—yet it has no door and actually the bars are disappearing. (But she does not see this.) The bird is being summoned by the grace and freedom and encouragement of the other birds from beyond the bars.

She looks at her wings and spreads them out, stretching, testing her wings. She wonders if her wings will ever be strong enough to support her, to be strong enough to ever fly out into the outside world one day, after so many years of non-use...but then she turns away from watching the other birds, somehow knowing it doesn't matter anyway to wish on such a dream...her home is the cage, not the outside world.

Then one morning as the Cover was lifted from the cage as usual, the bird looked to the sunrise with new understanding...the cage has no door, it has always been open, and the sky is there to explore. I could leave right now, just take off into the big blue sky. She felt a little shaky at first from this realization, this new understanding.

A part of the bird knew it was natural to be shaky at the thought of leaving her cage, but knew this was her dream.

Another part of the bird was ready to let it all overshadow her opportunity to experience flight for the first time and backed as far away from the opening of the cage as possible.

So for now she sits with the sweetness and gentleness of seeing the opening in her cage, of the understanding and awareness of it all. She feels the fluttering within as she hears, "You are free from the cage. You can open your wings. The whole sky is yours to fly free. Just drop clinging to this cage, move out of the cage and the whole sky is yours." (Inside she thinks...but it looks too big, I'll get lost.) "Open your wings and fly across the sun. In the Inner World but also in the sky is where freedom has its highest value! There are thousands of flowers, uncountable, but they all become possible...in the climate of freedom." (Her thoughts continue...I'm afraid of freedom, I'm safe in my cage, my cage has a new view where I can see the other free birds and flowers—that's good enough for me...)

But she keeps her thoughts silent as she looks out and once more stretches her wings, holds them open, and feels the breeze...

MV

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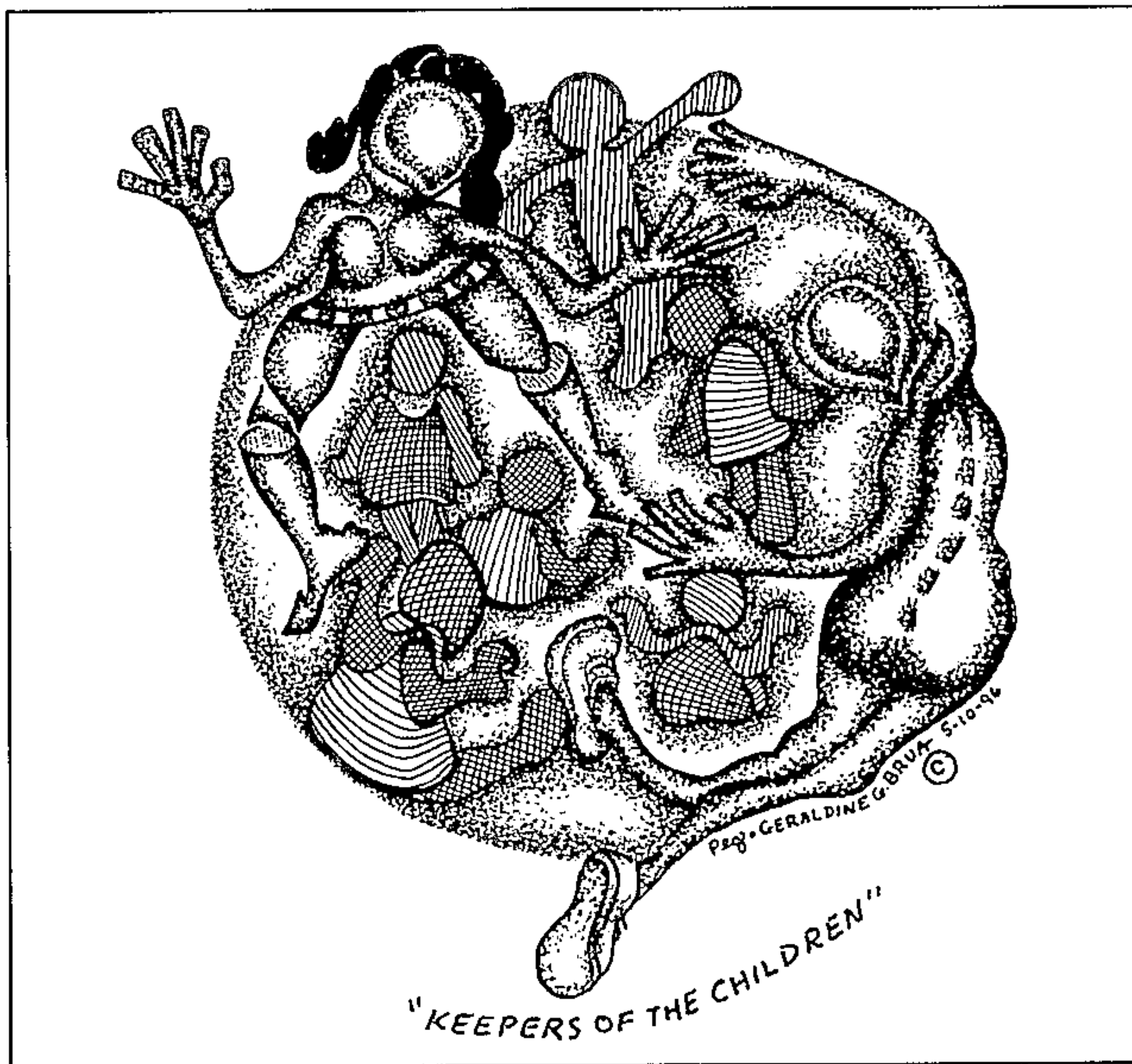
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