

MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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In This Issue:

Pets and Healing Safe Recovery and the Internet



Renée D. Suhr 3/24/94

Trusting the Process

Something inside me has shifted
Lifting the doom from my chest
There is an easiness within my mind
that has never been here before
At times I question this space
Is it real, Am I numb,
Where has the pain gone,
Who have I become?
Yet each new day I awake in this
place
There has certainly been a shift
inside
Something I can't control, a
knowing of its own
So why does it scare me so
What is it about this place that
makes me unsure
Maybe I'm afraid it won't last and I'll
get blasted
from something hidden in its path
For it could be fatal to fall from
hopes so high
Today I continue to feel renewed
Though my eyes are cloudy and dim
Who is it that now walks within
Are we woven together so I can't
see where you begin and I end...

By The Weaver in Pamela

Please note

MV's new numbers:

Phone: (513) 751-8020

Fax: (513) 751-8060.

Cats

By Phoenix Hunter

The Christmas I was eight years old, I followed a white string all through our house to a meowing kitten in a basket hidden in the front workroom of our basement. I swept her up into my arms and exclaimed, "She's mine! All mine!" Amusement rippled through my family for years over that exclamation. From my perspective, this Calico kitten, who purred in my arms and rubbed her chin against my chin, was the first of anything that truly belonged to me after having my body, mind, talent and accomplishments claimed by others.

I called her Kitty. She reveled in her feline nature, thundering through the house chasing shadows; sleeping in the sun; her curiosity finding toys in Christmas decorations, yarn, pens, catnip mice; snuggling and purring with me as I talked to her, stroked her soft, warm fur.

Kitty listened. She accepted me as I was, as she accepted herself. She demanded nothing of me, and although her claws could scratch deeply, she rarely used them in our play. I learned gentleness from her, independence, and self-containment. At night while I slept, she slept curled against my legs, and I felt protected during that scariest of times. I did my best to protect her from the others in my family, especially from my older brother, who called her "stupid", and would throw her against a wall rather than carry her out of his room.

During my junior high and high school years, Kitty sensed when I was in pain and would leap onto my bed, lay down and purr loudly while staring at me with bright, wide green eyes. No matter what I told her, she purred and never ran away. She purred congratulations when I won English and music prizes at my junior high graduation, in contrast to my family who said little, or talked more about the dress I'd made for the ceremony. As depression took over during high school, she comforted me with her presence and purring, cuddled with me on my bed as I cried, or sat with

me while I watched TV, alone, in the evenings.

When I went to college, Kitty remained at home. I missed her. She greeted me with loud meows and leg rubs when I arrived for vacation visits. I told her about my classes and new friends, the parties and loneliness as she purred in my arms. The autumn of my sophomore year, I received a letter from my mother informing me that one day Kitty could not eat. They took her to the vet who decided to operate. During surgery, he found cancer throughout her body and called my parents. They asked him to put her to sleep. Two weeks later, my mother sent me the letter. I cried alone in the student union restroom.

Over the years since Kitty's death, I've met other cats who belonged to friends and enjoyed their company. I couldn't have my own cat where I live, nor did I want one for a long time. My life was too busy with work and travel and friends and unsuccessful relationships. When my father was diagnosed with cancer, I began another descent into depression which culminated two years after the start of therapy, where I began to learn what is healthy loving and respectful...and that what I'd experienced in my family wasn't healthy, loving and respectful, but abuse.

Four years ago, as part of my healing, I switched to a therapist who could help me with reparenting myself and learning healthy ways of being in the world—a huge, on-going effort. She had a "therapy cat", a 19-year-old black long-haired cat whose background was similar to mine, i.e., we'd both been abused in our childhoods. Her name was Pebbles. We shared a fear of men, of loud noises, and a dislike for surprises. It wasn't long before we were friends.

For three years, once a week, I went to sessions with my therapist and Pebbles. Pebbles waited by the door for me, greeted me when I arrived, and lay next to me on the sofa during my sessions. She purred when I talked to

her, and when I stroked her frail, thin body. My therapist called me Pebbles' "special friend." Occasionally, Pebbles would be in a frisky mood and play, chasing sparkly balls or string tied to the end of a stick. But she was old. Most sessions she lay next to me purring, pushing her paws against my leg in what my therapist called her "pet the kitty" behavior. Pebbles calmed me when I was upset, and I tried to comfort her when she wasn't feeling well. I looked forward to stroking her fur for an hour, hearing her rumbling purr (I called her "rumble kitty"), and feeling her accepting presence next to me.

One November day, I arrived for my session, but Pebbles wasn't waiting for me. My therapist explained that she'd had a hard time waking Pebbles from her nap, and feared that Pebbles may have had a stroke. Pebbles acted disoriented, confused, and had problems walking in a straight line. She was almost 22 years old. For the next eight months, we watched her decline slowly. She occasionally recognized me, but no longer lay next to me as often on the sofa. Then one evening between sessions, my therapist called. She told me that the time had come—Pebbles had barely been eating, and was growing weaker and weaker. At the vet's she mewed once when he inserted the needle and slept peacefully to cat heaven. My therapist and I both knew this day would come, but it was still terribly sad. I cried. At my next session, I took flowers and we talked about our shared loss. For the first time in my life, it was OK to talk about how I felt about a friend's death, and I also talked about Kitty's death, the feelings I'd had that day crying in the student union restroom. For weeks after that session, I still expected Pebbles to appear to greet me when I arrived.

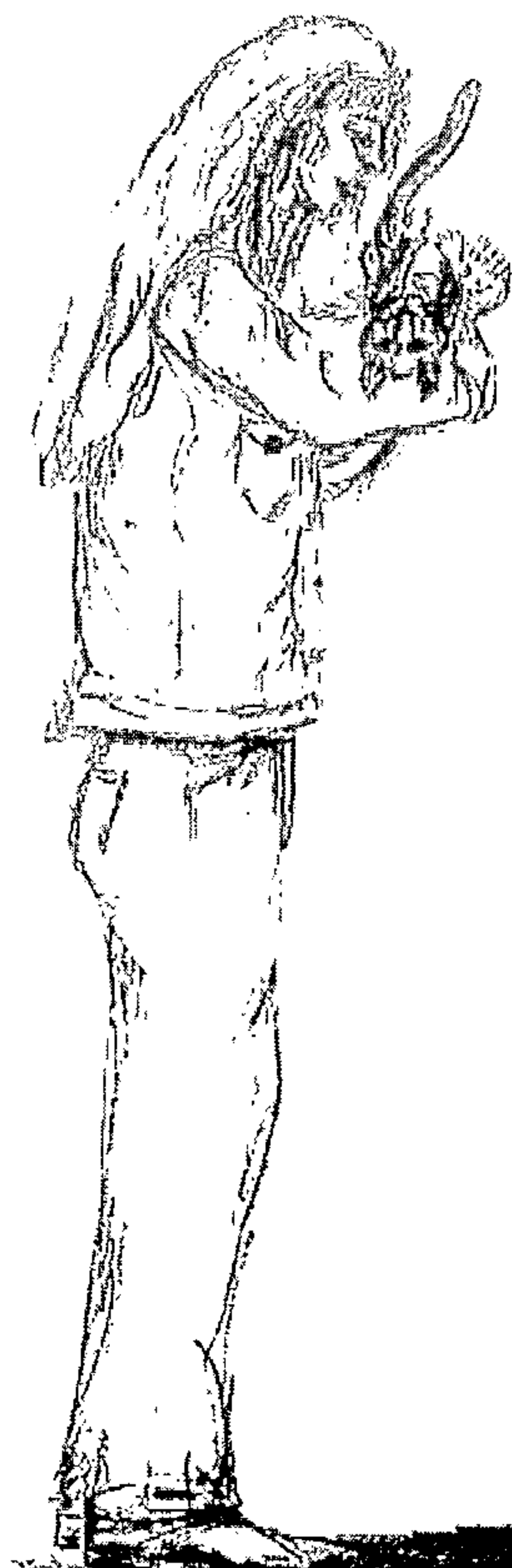
A year after Pebbles' death, my therapist acquired a new "therapy cat." He's about two years old, a zesty Siamese-Tabby mix with a racoon-like ringed tail and slightly crossed blue

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Cats, cont'd.

eyes that make him look a bit goofy. His name is Billy. He's chatty, likes people, and loves to play rather than curl up next to me on the sofa. When I arrive for my session, he perks up and purrs. My therapist calls him a people-pleaser, and there are times when he's playing that I have the feeling he's trying to make us laugh, to entertain us as well as himself. The real pleasure he gives me, though, is that he knows and accepts me, and we are friends.

MV



By Mardic

We regret to inform you that our friends at *THE CENTER FOR TRAUMA AND DISSOCIATION*, in Denver, Colorado, have reluctantly closed their doors, a decision made by Columbia Health System, the new owners. While we feel the loss of these long-time contributors to MV, we are even more concerned about the pain and disruption caused in the lives of clients and therapists who depend upon such treatment facilities to assist in their work of healing.

Unfortunately, this is not an isolated incident. Other fine facilities have also closed, not due to incompetence or "empty beds," but because certain hospital administrators apparently do not understand the importance of such resources to the public they purport to serve. The crisis in mental health services, under so-called "managed care," has been devastating to many who are struggling to recover from years of abuse and neglect. Our April issue is intended to discuss this serious problem, and I hope therapists and people in treatment will share their experiences and concerns with our readers. Confidentiality is assured, and anonymous submissions will be accepted...since jobs and treatment may be at risk if you speak openly.



Thanks again to Margie, Joan, and the dedicated staff at Denver...and to all others who have suffered unwarranted 'termination' and closure of their units in recent years. If there is anything MV can do to help, let us know. — Lynn W.

The following letter was received by Many Voices. I am withholding the last name of the letter writer upon request.-LW

Stanley Banaszak
Columbia Bethesda Campus
4400 E. Iliff Ave.
Denver CO 80222

Dear Stanley,

I was given your name to write to and told that you could forward copies of this letter to those responsible for the closing of the Dissociative Unit at Bethesda. (*Center for Trauma & Dissociation, Denver —Ed*) I can't begin to express the feelings of loss I and others like me are experiencing knowing that this safety net has been yanked out from underneath us. I was expressing my shock at the closure of this fantastic unit to a friend who is a Neurosurgeon, and I told him that all this has happened since Columbia took over and he said that it's been his experience in the past that the first thing to go when Columbia takes over is quality for the sake of finances. What a sad reflection on health care! What an embarrassing reflection on Columbia!! There are so few facilities in the country that specialize in Dissociative Disorders and Bethesda had such a fantastic reputation. The staff was fantastic and the program was a real life saver to me and to many others. Would you please forward copies of this letter to those responsible for this tragic action? Please let them know that I'm also sending a copy of this letter to *Many Voices* for it to be published there. Since they advertised through them I think that it's fitting that those who were offered this safety net should know that Columbia has yanked it out from under them. Maybe with enough pressure they will reconsider.

Thanks!

Sincerely,
Sherry

Pets and Healing

Buster, my big golden-brown Labrador retriever, has helped immensely in my therapy and in my healing journey. Buster goes everywhere with me except work. He is the perfect companion dog who always gives us unconditional love. He sleeps on my bed by my feet and follows me around the house. He never judges or rejects us. He listens to whatever we say.

We started with our fourth therapist in 1994 after some terrible experiences in the hospital and in therapy. Kathy, our therapist, has a dog too. After about a year and a half of a therapy where I was at a certain point and stuck over whether to trust her, she said, "Bring Buster in; I'd like to meet him." Well, I brought Buster in and he and Kathy got along famously. When ME and the little ones saw how comfortable Buster was with Kathy, we relaxed a little bit too, and let her in a little. *"Animals and little ones are afraid of abusers who hurt them...if she's kind to Buster maybe she won't hurt us after all."* This is how our logic went, with Buster showing us the way:

Buster, licking the face as a terrified little one comes out of a memory, on the floor in Kathy's office...

Buster, jumping up on the therapists' couch because he's used to being next to me...

Buster, hiding behind the table as a rageful little one throws pillows around the room...

Buster, who carries his leash in his mouth and walks himself into Kathy's office...

Buster, who always knows when it's time for the session to end, even if the little ones want to stay longer...

Buster...the little ones cry into his fur and hug his warm furry body, solid as a rock.

By C.S.



Obviously, my childhood was probably not much different from any of you reading this newsletter. However, I was fortunate to be allowed

to have some pets who brought companionship and joy along the way. These gentle creatures allowed me to demonstrate to them a love and caring that I so much craved. They in turn filled some of the void and pain in my life with unconditional acceptance, warmth, and frolic. I believe these animal companions were a gift from my Higher Power to help me learn some sense of loving and to become a balm on so many wounds. Following my diagnosis, and along my road to recovery, I was blessed to have another furry creature enrich my life and bequeath lessons only God could devise.

On a Sunday evening in middle September, a mother cat and her two kittens appeared on our deck. Nick, my husband, and I had seen the mother cat a couple of times in previous weeks crossing our yard, and I had left out food for her. The following day I would always find the food eaten.

The mother cat was part Persian, a calico, and one of her kittens had similar markings. The other kitten was white with two black patches on his head. Seeing those three little heads peering up at us was such a sweet sight. I immediately prepared a bowl of milk and some food for them to eat.

The mother, I believe, was once someone's pet, as she seemed to want attention. After a few days, she even allowed me to touch her head. However, the kittens would run at any attempt to approach, and only ate when we were inside and out of sight.

Two weeks later, the kittens were still with us, and still very skittish. The mother cat, whom we called MC, became more affectionate. It was fascinating to watch their behaviors. They were so much like RB, one of my deeply wounded personalities who refused to talk, wanting desperately to trust, yet was terrified of being frightened or harmed again.

One month later we were continuously amazed at how much was being learned about RB and Andi, my autistic two year old, through observing these cats. One of the kittens disappeared, but Mother Cat

and Patches were still with us. MC was becoming more and more affectionate, yet still frightened easily. She also had a quick temper, and would slap her kitten if she ventured to eat her food, or when she tired of his playing with her tail.

I purchased some small, brightly colored foam rubber balls, and MC seemed to be enticed to chase these balls and bat them around the room. Her kitten soon followed his mother's lead.

As the cat and kitten began to enter the house more frequently for short times, I discovered I could approach the kitten if I remained prostrate on his level. He seemed less intimidated. I was following a technique used by Dianne Fossey in her research with the mountain gorillas in Africa. Years of research and waiting, mimicking the gorilla's mannerisms and adopting non-aggressive behavior, gained Fossey access into their world. This kitten had been born in the woods, had probably been chased by numerous dogs and other animals, had never seen a human, and had always been hungry and afraid. It was necessary to show the kitten I would not only supply food and water, but would also not be a threat to his safety. This could only be accomplished with time, patience, and a quiet, non-threatening environment.

Finally, eight weeks later, Patches allowed me, while lying on my belly, to touch the tip of his paw.

MC, by this time, would curl against me and contentedly purr while Patches watched from a safe distance.

Shortly thereafter another milestone was reached. Sporting a healthy, thick, white coat, Patches finally permitted me to scratch his head, cheek, and chin. What an achievement!

It wasn't long thereafter we realized that MC was very ill with feline AIDS, and we had to have her euthanized. But there was a silver lining.

Patches became more trusting and affectionate, allowing me to briefly hold and stroke him. He continued to respond to tender care and gradually

became less frightened. His purr was like a moter—almost loud.

By January in the new year, I was able to journal about another miracle. Patches would spend time curled up against me on my bed while both of us enjoyed the warmth of the sunshine through the windows.

This was not solely the story of the precious life of a feral kitten. It was, remarkably, a parallel of how this brave kitten impacted the link to and genesis of the recovery process of two of my most damaged, non-verbal personalities. And these two alters held the keys to a large portion of my life.

The oldest alter in my system began to write in response to questions. Then, after winning her trust, my therapist was able to gently coax her to speak. A limited vocabulary began to expand and reveal mounds of information.

The youngest in our system, two year old Andi, is attempting to establish a rapport with our therapist. She, like the frightened kitten, will require a patient, gentle approach. And I am confident she will respond.

Patches was a gift from our Higher Power which bestowed a beautiful lesson. The feral kitten's struggle to trust and our acute need to have his love, created a pathway to key elements in our survival and healing. A beautiful, precious gift with a lasting legacy.

By Phoebe, Grace, and Marian



When I was twelve years old I got my first cat. She was a sweet yet frail little white cat. I used to sneak her into my closet after my father went to sleep at night. She knew she had to be very quiet and she never made a noise. I would get up and put her out while my father was still asleep or after he went to work. Thus began my love affair with the loving, accepting graceful cats. They love you totally no matter who or what you are.

I don't have children and I live alone, so my kitties are like my kids. It is reassuring to come home and have someone there waiting for you. They

keep me company and entertain me as well.

My current cats are a great twosome: Miss Suzanna and the Governor. Gov, a.k.a., Gov.bug, Bud, Thunderbutt (as he goes running by he knocks things over with his big butt) is a big 15-pound butterball orange tabby. His main hobbies are sleeping and eating. Gov and Suzi are best buddies. They run and chase each other all over the house and yard. But Suzanna, a.k.a. Miss Suzanna, Suzi, Suzi-Q, Suzi Southpaw, white lightning (because she is just a white streak when she hears a child's/stranger's voice at the door) she's the boss, a 7-pound white cat with calico ears and tail. They sit like bookends on both sides of my computer as I write this.

They are both sweet cats but Suzanna is the love of my life. You don't really pick a cat; they pick you. She picked me the day I was looking for a male cat, but she stole my heart that first day and she still owns me today. I have had her for ten years. She has given me much love, tenderness, and acceptance. When we've had a hard therapy session or are going through some of the heartbreak that comes with thawing out the numb feelings, she just curls up next to our heart with us on the couch, purring, kneading, and asking for us to rub her belly. She seems to accept the girls as the "come out." The little girls always have several white stuffed kitties they take to therapy.

Recently we've had to help her heal. We had taken her to get her vaccinations, the inexperienced technician hit her spine with the needle, and seven hours later she was paralyzed in her back legs and tail. We were terrified when we found her that way. Another cat we had developed a saddle block blood clot and had to be put to sleep. The symptoms were the same. The "little ones" just flipped out, especially Katie. She has become even more attached to Suzanna since Dr. Y. moved away.

We got Suzanna to the kitty hospital and for three days we didn't know what would become of her. We went to see her two times a day to get her to eat and just to hold and love her back. She is a shy timid cat, and just going to the vet is a trauma, so four days/nights in

the hospital were terrifying for her. A lot of people look at us strange when we try to explain how traumatized she is. Many things/people she was comfortable with before she is now afraid of. So we protect her as much as we can because we know a lot about trauma.

We've had to take care of all of her needs, even teaching her to walk again. It has been six weeks, and Suzanna is walking, but very wobbly. She still needs a lot of care, but has adapted well and is a happy cat.

Like I said, Suzi and Gov are good buddies. They have been together for eight years. He has missed their playing. The other day he did something so cute. He caught her a mouse and brought it to her to play with. She's the hunter and mouser. He doesn't quite know what to do with a mouse if he can catch it. But he just sat back on the porch and watched her play with it.

Hopefully by the time this issue is printed, she will be climbing her kitty tree that goes to the ceiling. But she's just like us; she's a survivor! Our cats have always been our best friends. They are the most healing thing in our life.

By Beverly and the girls.



My cat has journeyed with me for eight years. He has learned to love a human, and I him.

He was a victim of abuse, too. His previous owners beat him with a broom handle, hands, feet—as I discovered through our early days together by his frantic, scrambling fear when I swept the floor or tried to pet him, or walked towards him in a certain way. He still does not cuddle with me unless I am lying down, where I can pet and touch him, but if things look dangerous (like another person comes into the room) he can quickly escape. He rubs my leg by proxy when I'm in the kitchen by arching at the air towards me, but six inches away, looking love up at me. He can't bring himself to rub his body against me. He will not allow touching from any other humans except for myself and my

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Pets and Healing, Cont'd.

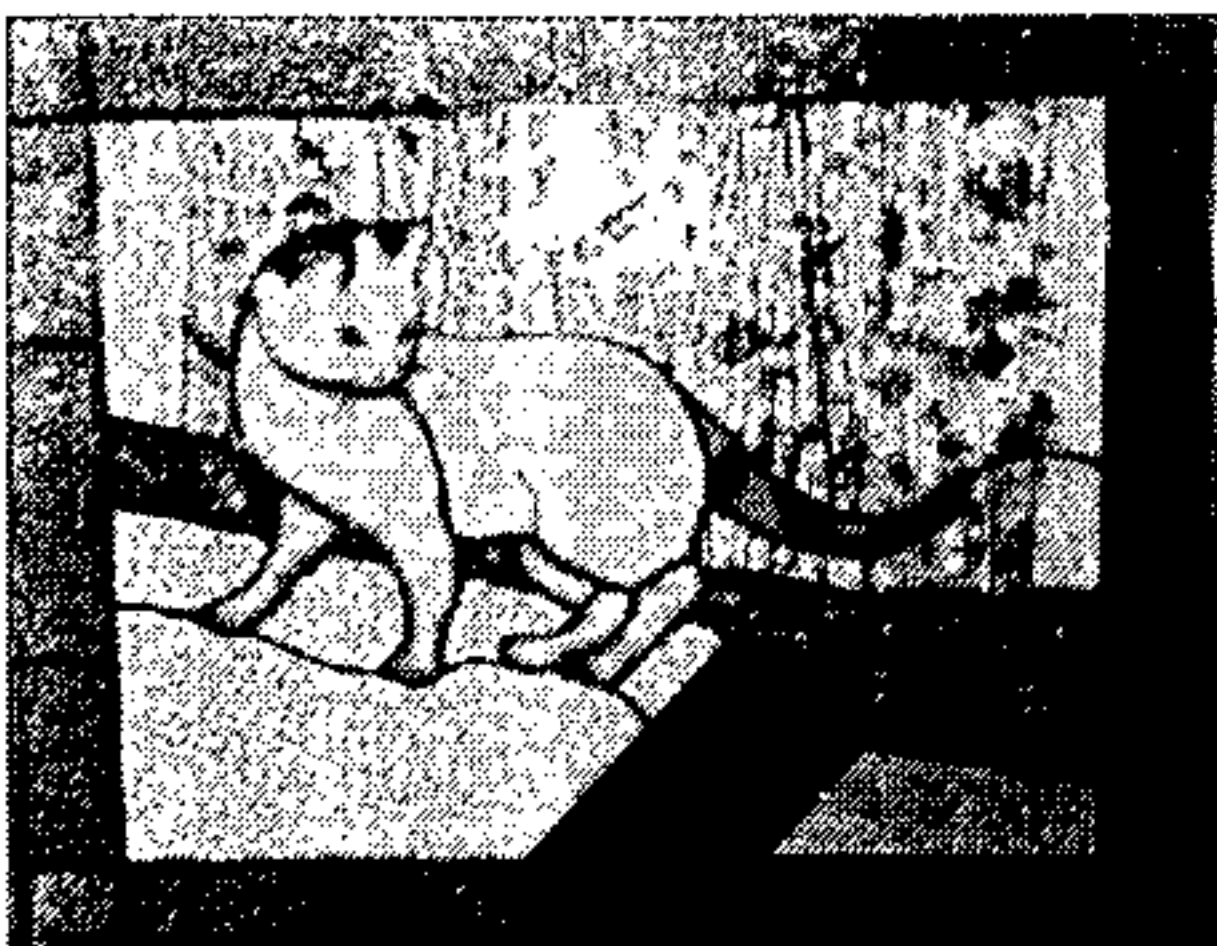
roommate. Yet, when I come home after a long absence, he will delay eating dinner and romping outdoors to lie with me, demanding I lay down so he can cuddle. It took him four years to love me. I completely understand. I've never pressed him to do more than he can.

When I learned I had MPD, my kitty was there, urgently trying to see my face, his nose seeking my crying mouth as I grieved, giving me comfort with his warmth and concern. When I began to have body memories, he kept me in the present because of his alarmed uneasiness at my strange behavior. When I feel violent and mean and revengeful, he reminds me with the innocence of his upturned, trusting face that he will not eat or play or be reassured by my stroking hand if I do not restore kindness or affection to my soul. When I tell myself that no one loves me and no one ever has, he jumps up on me and puts his head under my hand. He helps me keep love in my heart.

On the existential level, I must take care of myself to take care of him. If I don't take care of myself, he can't get fed, he can't get comfort, warmth, and safety. I am compelled to do my best when I think, "What would happen to him?" He has complete faith, now, that I will never harm him (except water spray discipline) or desert him. I see every day his wonderful affection, and I feel suddenly that I must be a better person than I think. He brings out my love, caring and worrying, to my surprised amazement, and I feel terrific about myself. He responds with ruthless honesty to human behaviors and affections, withholding himself if he does not feel you are worthy; I can exult proudly *I am worthy!*

By Cheyenne

MV



Stained Glass by Beverly & the girls

Internet Explorations

By Pam in SC

The Internet has been one of the key supports of my healing process. I like it particularly because it is available at any time of the day or night and because it is such a big community that I can see many different approaches to healing, not be too influenced by one.

If you are already on the internet you don't need a long list of sites here—better to find it on the internet where you can click on the links instead of having to type them in from a piece of paper. One place to start to find out about the resources on the internet for multiples is my list of links at <http://www.asarian.org/~pamsc/web.html>

If you are not already on the internet, is it worth paying \$20 a month to hook up, plus the cost of a modem if you don't have one? If your computer is five years old and you haven't been upgrading it, you might find it hard to get your system working to do more than E-mail. There are resources available by e-mail alone (for example, the More Than Survival List—for information write an e-mail message to Recovery@wnvm.wvnet.edu) but it probably isn't worth \$20 a month. If you have access to the Internet at work but don't want to use your work e-mail address there is information on alternatives at http://www.idealists.com/wounded_healer/interact/forum-faq.shtml (be aware that you have no right to privacy for e-mail you write from work.)

If you do have a computer that is new enough so you can easily set it up to use the World Wide Web, then you might want to give the Internet a try. You can read the stories of other multiples on the Internet, type conversations to people who are connected at the same time (called *chat*) and ask and answer questions on bulletin boards. It is a wonderful way to not feel so alone. There is a danger of getting so involved in the world on the computer that you neglect the real world, but most people get their balance pretty quickly. It isn't the same

as talking to people in person, but it is easier—you don't have to face them, they don't know who you are, and you can leave at any time you feel uncomfortable.

Be aware that group process operates in the Internet groups just as it would in an in-person group. I have been triggered by something someone wrote that felt like criticism of me (which it wasn't) and then had the other person get triggered because I was responding not to what really happened but with the feelings of a little one who wanted to say "Sorry, sorry, sorry...What did I do wrong? I will try to be better." The more you can take responsibility for your own triggers the better it will work for you. Most groups have a system for putting warnings on potentially-triggering messages. But people do get their feelings hurt in these communities even when everyone has the best intentions (and most Internet communities are not protected from badly-intentioned people, though postings by such people are rare and are removed as soon as possible.) These are almost all survivor-run organizations, usually with no therapists involved, and sometimes the whole community does get torn up about something. Take responsibility for your own safety, and do not make people on-line responsible for you.

Sometimes therapists worry about clients being too influenced by the Internet. The usual answer to that on the net is that the therapist has no right to criticize unless s/he is willing to be available 24 hours a day, 7 days a week, like the Internet. I think the dangers of influence are actually much less on the internet than in an in-person group, because there are so many more people there that no one perspective ends up dominant. In the end, for me finding a place where I belong—a whole community of multiples that I can be a part of every day—is of such positive benefit that the risks seem minimal in comparison.

Hope to see you on line!

MV

With Love from Jessie

By Syl, for each and all of us and for the pets that have given so much love and joy.

It was a cloudy, breezy day in November, and the waves were crashing in on the beach with a stormy force. Yet the girls were willing to wrap up just to get some fresh air and romp on the beach away from the constant vigilance of the adults.

Twelve-year-old Amanda and Andrea, eighteen, were finally coerced into taking the smaller children along. Sueannah, age six, wouldn't be much of a problem. She would be content collecting shells and seeing how many crabs she could harass by chasing them away from their protective holes in the sand. With Andi, it would be different. A two-year-old tires quickly; and she tended to have this fascination with digging in the sand, no matter how cold, windy, or wet. Keeping Andi pacified on this outing could prove to be a chore. But there was no escaping the confines without agreeing to watch the little ones.

The gulls were always active, and a hopeful fisherman or two were on the beach surf fishing. Otherwise, this particular stretch of ocean and sand was pretty much barren.

Running parallel to the beach was a rather busy highway, and motorists tended to disregard the speed limit.

The group had been walking just long enough for Andi to tire. She wanted to do her usual sitting down, digging in the sand. It was either carry a protesting toddler, or stop for a little rest.

Suddenly, the girls heard horns blowing, tires screeching, and angry protests from impatient motorists. Turning toward the highway to see what the commotion was all about, the four noticed a large, shaggy dog desperately trying to cross the highway, dodging in and out of the menacing traffic.

The angels must have been with the scraggly mutt, because she made it across the beach with only angry voices following in her path. She sat down on the beach as if to take a rest, looking worn and weary. A frayed rope trailed from her thin neck as if it had been gnawed in two.

Sueannah and Amanda immediately tried to approach the animal, but the frightened creature cowed and edged away.

Andrea suggested they look around for a possible owner. None seemed to be anywhere in sight as this was a rather desolate area of the beach front.

Sueannah was determined. So she began speaking to the dog, all the while easing a little bit closer. The poor dog would allow Sueannah only so close before edging backwards, but not running away. It was almost as if she very much wanted some contact, but had to check out the safety of the situation.

After fifteen or twenty minutes of coaxing, Andi was fretting, and Amanda and Andrea decided the dog would do as it pleased no matter how much Sueannah coaxed and cooed. So Andrea picked up a tiring Andi, and the girls turned around and headed up the beach toward home.

With the beach house just in sight, the girls turned around to find the shaggy stranger had, at a distance, followed them on the beach.

Andrea was tired of the load of the toddler and went inside to tell the others of their adventure on the beach, and of the stranger who had followed them home.

Phoebe immediately bounded out to inspect the visitor with Phoebe LaNette and Caroline-Alexis close behind. Upon closer inspection, as close as the dog would allow, it appeared she was thin, abused, and probably very hungry. Since no owner appeared to be around, and probably didn't want to be around, and there was no animal humane society nearby, Syl decided she would drive to the store for some food for the dog. That was the least they could do for the sad looking creature. After all, she did have beautiful, large brown eyes, even if they did look lost and scared. The scraggly-looking stranger still lingered nearby on the beach, neither attempting to leave her post nor trusting enough to come closer.

By this time, Syl had returned with the dog food. She poured some food in a dish, and along with a bowl of fresh water, placed it some distance from the dog. The poor stranger could not resist the food, and overcoming her fear, began to wolf down the food as if she had not eaten in days.

Licking the bowl clean, she glanced at her viewers, wondering what would happen next. Would she be kicked or yelled at?

Instead, she allowed Sueannah and Amanda to ease toward her. Speaking very softly, Sueannah gradually was able to rub the top of her head.

Rebecca and RB had emerged by this time; RB concerned about Andi's whereabouts, and Rebecca being cautious about everyone being so close to a strange dog.

Closer inspections revealed she was a golden retriever. The longing in her eyes begged for some gentleness and respect.

That was all Sueannah, Amanda, Andrea, Phoebe and Phoebe LaNette needed. Even Syl could not resist the pleading of the girls or the tug at her heart for this lost creature. So it was decided that the stranger would be allowed to sleep on the porch, and all the food, water, and affection she could tolerate would be supplied.

A trip to the veterinarian revealed she could be salvaged into a healthy, loveable pet.

After a bath and proper inoculations, Jessie was home.

I wanted to share with readers how all my alters worked together in choosing an animal companion. Jessie was a gorgeous, smart, devoted companion who was at my side through deep depression, suicidal ideations, and happy, carefree romps through pecan groves. The jingle of car keys was all she needed to hear to know a ride in the truck was coming and she would bound out the door jumping with excitement. An incurable illness took my loving pet from my life, but she left a legacy of sensitivity, warmth, and faithfulness which has been continued to the present with other animal companions. Jessie penetrated the thick walls I had erected. This generosity in shared loving has no substitute.

Non-Therapist's Page

By Elizabeth Niederer

The following article about Thought Field Therapy is written by a client, from the client's perspective. We felt it was potentially useful to both therapists and clients, so it appears in this space. —Lynn W.

This experience is just too good to keep under my hat, so I want to share it with my MV friends. Several months ago, my therapist started using a new therapeutic modality to help me get through painful memories, traumas and "stuck" places *without* all the emotional and physical agony of abreaction with which we are all familiar. Sound like a pipe dream? It's called Thought Field Therapy (TFT) and it *works*!

As I understand it, TFT helps one's energy system discharge negative emotional energy (perturbations) connected to pain, distress, traumatic memories or whatever by using the body's acupuncture meridians. The therapist uses a diagnostic technique to determine where the energy is "stuck" and then has the client tap the corresponding meridian points to rebalance the energy system. All the client has to do is focus on a specific thought, emotion or sensation that represents whatever is causing distress and rate the level of distress on a scale of zero to ten. That level will decrease with the treatment, ideally all the way to zero. Progress is based not only on one's subjective feelings, but also objectively in a measurement of muscle resistance (like applied kinesiology) when attuned to the negative thought, memory, or feeling.

My doctor has helped me through a number of ugly memories and periods of feeling terrible about myself using this technique. Some of those experiences are now so thoroughly resolved that I don't even remember them unless he reminds me of them. They are not re-dissociated; they just don't bother me anymore! Amazing, huh?

I've had two particularly fantastic experiences with TFT, which I'd like to share.

Several months ago, I became increasingly overwhelmed by an intense self-hatred that came from

several alters. It got so bad that I was struggling hourly not to hurt myself, and I could barely function. I was neck-deep in misery and chaos. While I could access some of the involved alters to write and draw how they felt, others were truly stuck inside. The confusion was so bad I couldn't even identify all the child alters who were involved, something that is not usually difficult for me at this stage of therapy.

We started the TFT session by agreeing that all affected alters would participate, even if they couldn't actually be out at the same time. This is important to note, I think, because usually I can only function in the identity of an alter who is consciously "out". That usually means that an alter who can't or won't come out in therapy doesn't get helped. But this time was different.

We went through a long sequence of locating and stimulating the meridians in proper order, and the results were incredible! In just one session, those intense feelings of self-hatred disappeared. I went from an intensity of 9 to zero. My thoughts changed from "I hate myself. I want to slice myself up," to "I don't hate myself. Why on earth would I want to hate myself? There's no reason for that." In the process, I felt a lot of energy move through my body as heat, with sweat pouring down. By the time we were done, my legs felt almost too weak to hold me up, but otherwise I felt wonderful; that is, I felt balanced and at ease, which was a complete turnaround from how I entered the session. Even the child alters whom I couldn't previously access felt good!

That session was last summer, about four months ago as I write this, and the effects have remained stable. I can't say I've never had another suicidal thought or an impulse to hurt myself, but I have not for a single moment been attacked or consumed by that intense hate or destructiveness that haunted me before that treatment.

One wonderful change I noticed since that treatment is that my attitude toward children, especially young ones, has changed dramatically. I have a tenderness toward them that I never had before. Even more telling is that the young children with whom I have contact, mostly through my church, respond differently to me, showing more trust and affection than they ever did—and I've worked with kids in church off and on for many years. In fact, not long after that session, one of my friend's children looked at me and said, "Wow, you look good, really different!" Out of the mouths of babes...

The other amazing experience I've had with TFT is my most recent one.

A couple of weeks ago I had the worst memory of all...I remembered I hurt a child as I was once hurt. Oh, God, oh God, oh, God...Surely there is no more awful kind of memory to have. It was all I could do to drag myself to my therapist and get the words out. We spent a couple of sessions just talking about it, about how I could possibly ever live with myself knowing I did something I so despise, and I came to the conclusion that while nothing could diminish how awful a thing I had done, at least I was sorry for what I had done and could work on healing myself without minimizing its potential impact on the victim. (She was very young and part of a terrible abusive family; her parents were perpetrators of mine. So I don't know what impact I may have had on her, especially in light of the family in which she grew up. But that doesn't make what I did any less awful...)

I needed time to work through some of those feelings before I could participate in the TFT. But once I was ready, the experience was just as incredible and transforming as my other treatments. This time it took two sessions to work through all the energy patterns, drain off the bad energy and balance my system. (A reversal happened in this case because we

were convinced inside that we could not allow our system to heal or let go of this awful experience.) The reversals are also treatable on an energy level, however, and once we found them all, the bad energy moved on and things were transformed inside! I went from an intensity of ten to zero through the two sessions. My mood went from the bottom of the barrel to calm and focused, and the chaos within ceased. I can't change what I did, but now I know it was both a part and a result of the whole abusive cycle, and I can and will heal. That makes all the difference in the world.

Every time we do Thought Field Therapy, I find myself saying to my doctor, "Are you *sure* this isn't some kind of hocus-pocus?" We laugh a little, and we agree that it seems almost too weird and too good to be true, but we also agree that the results seem barely short of miraculous compared to the time, agony and frequent periods of disability that arise from "typical" therapeutic abreactions.

We've been using TFT for about ten months, and I haven't had a single relapse of any material we've covered. That's the highest success rate I've had in over five years of therapy. The greatest aspect is that we've been able to do therapy with accessing all alters directly. Imagine being able to do therapy with an alter who is hurting too badly to come out! It challenges widely accepted premises of DID therapy, but I'm here to say it's working for me.

Prior to using TFT, we had been working with EMDR (Eye Movement Desensitization and Reprocessing), and while I can report an excellent success rate for processing material with EMDR, I found it very draining. Often I was disabled or even bedridden for several hours to a day after an EMDR session. That's an improvement from other abreactive work we've done, but still quite uncomfortable. In contrast, with TFT I've experienced little or no "down time" after sessions, and no unpleasant side effects, other than breaking a sweat. In fact, I've found that TFT treatments elevate my

mood. I often leave a session feeling like a new person, and am often more energetic and productive after treatments.

I have also found TFT useful in treating headaches and sleep disturbances, using treatment algorithms taught to me by my therapist. They work as well as any medication I've tried, sometimes even better!

I would be glad to correspond with anyone who'd like to know more about these experiences. I believe TFT will prove to be a breakthrough in the treatment of PTSD, DID and related disorders.

You can write to me c/o John H. Diepold, Jr., PhD. 701 E Main St., Moorestown, NJ 08057.
Or write c/o MV.

Be well!

(Dr. Diepold is certified to teach TFT and welcomes inquiries from therapists and other mental health professionals.(609) 778-9300.)

MV

My Head

When darkness falls
Engulfing the house with its silence
There is one place it never reaches
My head.

Even though physically alone,
My head is not.

The screaming and yelling,
Slamming of doors,
Continues twenty-four hours a day
In my head.

When I shut down physically
My head has even greater power,
And again I am at its mercy.

The I which is really we
Is momentarily free from the inner
conflict.

For when I acknowledge
The many we's,
Instead of walling each part off,
Then, every I that makes up we
surrenders,

The fight and pain lessen,
For finally we are being heard in...
My Head.

By Denise Mc et all



Recovery and the Internet: Pros and Cons

Regarding recovery help on the Internet, my perspective may be a little different than some. I feel extremely uncomfortable with the idea of exposing myself in such a public way, because of horror stories I've read and heard about people who have been re-victimized by unfriendly browsers. I'm not even comfortable with browsing pages about MPD and other traumatic disorders, because I know it is possible for other people to find out what I am accessing. Perhaps this is paranoia, but I earned it, and there are people living who deserve that kind of distrust from me. I do not intend to invite them back into my life. I feel safer writing to Many Voices, even though I know that some of the people who subscribe to it may well be abusers looking for victims among those of us who dare to write in. With MV I have the option to remain anonymous. Many people do not realize that discussing personal matters on-line is rather like discussing them on a radio talk show, except that it is even easier on the Internet for strangers to find out who you are.

However, all this doesn't mean I can't use the Internet in my healing. After eight years of strenuous healing effort, I have finally become able to reach out into other interests besides MPD/DID. I have numerous physical illnesses that have accompanied my alters' emergencies, so I have done some research into those. But mostly I have used the Internet to update myself on issues relevant to my children, issues my husband needs info on but doesn't have time to search for himself, and my hobbies. This is both fun and educational for whatever alters are out at the moment. Alters are just beginning to ask me to look for topics they are curious about. Some of my alters have shut themselves away inside for forty years. The Internet is an exciting way for them to learn about the world they have missed out on.

At the same time, we are working on issues of what is real and what is fiction. This is an issue with books and TV, and it is an issue on the Internet. I have a large number of alters, and getting any item of information to all of

them is still a complicated business. So I/we are going carefully, and only looking into nonthreatening outside interests, and thinking about what we do before we do it.

My therapist has asked me to add that I/we always have a difficult time relaxing and just having fun, and the Internet is one of the places we have been able to do that. She says we have made some real progress in this direction since we went online. Her feedback is encouraging, because I hadn't even noticed, but since she has mentioned it I have come to recognize that there is a thrill of happy excitement inside that just wasn't there six months ago.

By Julie of Julie et al



Although I don't personally own internet access or e-mail rights, I "use" each on a very regular basis. I have three friends whom I correspond with via e-mail each week: one in Thailand, one in Venezuela, and one in France. Once work for the day is done, and before I go home, I write my letters to these friends on the school computer, save them on a disk, and bring them to my friend Bailey's. She sends and receives for me. She also copies any internet funnies or tidbits she thinks I'd like. Since Bailey and I see each other almost once a week, I feel like I have found a way to "use" the internet that saves both time and money!

By Anon (Sorry, I lost the name that came with this submission. —LW)



It is very hard for me to write on this subject objectively because while I have gained so very much from using the internet to help me heal, it has at times come at a huge cost to me emotionally. There are a lot of things I would do differently knowing what I know now, but that's hindsight. I only hope that maybe someone else can

learn from my mistakes without having to make them on their own.

I think the internet can be a wonderful tool for helping in recovery of dissociative disorders. Great care must be taken to maintain safety and boundaries, but if done properly it can drastically improve healing. One thing I feel is important to address here is a problem that I came across. It's simply because of my dissociation that I have a tendency to have trouble differentiating between fantasy and reality sometimes. And the on-line world is anything but reality-based. So I think that anyone who has a dissociative disorder should be aware that this could be a potential problem for them. This is just one reason why maintaining boundaries is so important. However, even with boundaries in place, it's difficult to know sometimes when we are having a dissociative or a real experience, especially on-line. So it's good if we can understand what we are capable of when we enter into those situations before we try it. I would recommend having a definite set of goals and boundaries in order before attempting to find healing on the internet.

The single biggest way I have helped myself is by learning HTML (Hyper Text Markup Language) and encouraging each of my parts to make their own web pages. It gives all of me a forum for self-expression without criticism. By allowing each part the freedom to say what they want or say, and have a safe place for creative expression, it increased communication inside dramatically. There are many ways that parts can express themselves by doing this, and it can be done alone. It was important to me that there were no expectations as far as a timing or limitation goes, because each alter works at their own pace. It was also important to me that these pages not be public, but on a hidden URL, so that I am the only one who can find them. After all, I am doing this for myself, not for someone's entertainment or education. You can use art, music and just about anything that can be scanned or recorded and then

uploaded. It's even very simple to learn to do all this. There are many good books available on creating web pages, and programs that just about do it all for you.

Of course you can find almost anything you want on the internet. There are several public web pages for support groups and educational purposes. I can't stress the importance of safety and maintaining boundaries enough, though. We have to remember that anyone can be anything on the internet, so it's good to watch out for ourselves. I recommend that if you get involved in a support forum that you go there only for support and healing. You can't get proper therapy on the net, but you can find some understanding and supportive groups. Watch out for people who ask personal questions of any sort! Don't be afraid to say, "I'm not comfortable talking about that." Remember that if they care about you they will understand. Try not to get too personally involved with people. It's easy for us to want to try and help or "fix" everyone else, but we have to remember that we're there for our healing. If we get distracted trying to heal others, we can lose sight of our own goals easily. Believe me, I learned these things the hard way.

The support groups come in several shapes and sizes. There are E-mail groups that communicate openly by using lists. That means that if you send one E-mail it will be read by many people, and they can all respond to you, or you to theirs. These are wonderful for maintaining boundaries and not getting too personally involved. The drawback is that you will most likely receive hundreds of E-mails a day and it's hard to keep track of them all. There are also groups who meet in chat rooms using programs like IRC (Internet Relay Chat). I advise caution if you decide to get involved in these groups. You can find wonderful people and support within them. But it's easy to get carried away and get involved in things that distract from healing. Also, I found it difficult to maintain boundaries and keep a safe distance in these groups. Another way that is far safer and more convenient is message boards. By using these you can post messages

asking for advice or feedback, or answer someone else's posted message if you have experience with the topic and want to respond. I found these most helpful because I didn't have an over-abundance of E-mail, nor was there much danger of becoming involved in unpredictable situations.

One catch to all of these options is that not everyone has access to the internet in their homes. It can cost anywhere from \$1500 to \$5000+ to equip yourself with a computer and accessories. If you don't have a computer, there are other options. Don't lose heart. Universities offer students internet access in computer labs and libraries, and most give students their own personal E-mail accounts. Many students don't even realize that they have E-mail accounts, so if you are a student ask someone who would know. Several public libraries offer free or low-cost internet access. But the problem there is that you usually have to make reservations in advance and your time is limited, so you can't rely on spontaneous inspiration or confidentiality. If you have a computer or are thinking of buying one, most local internet service providers charge around \$20 to \$30 a month for unlimited access.

So while I think the internet is a fantastic tool that can be used constructively in healing, I advise extreme caution and common sense. It can be fun, educational, supportive, and healing. But it can also be dangerous, distracting, and destructive. Nowhere on the internet will you be as safe as sitting down with the latest issue of *Many Voices*. Since we are already trying to recover from abusive situations, many of us have a hard time telling the difference between what is damaging and what is helping. I think it's a very wise idea to get our therapists involved in our internet pursuits so that they can help us judge those things. Here are the locations of some good DD web sites I have found to get you started. Good luck and happy surfing!

M. Wolverton



M's LIST OF SITES

<http://rossinst.com/index.htm>

Dr. Colin Ross's Home Page

<http://www.issd.org>
The International Society for the Study of Dissociation

<http://www.access.digex.net/~sidran>
The Sidran Foundation

http://www.idealists.com/wounded_healer/index.html *The Wounded Healer*

<http://gladstone.uroregon.edu/~dvb/trauma.htm>

David Baldwin's Trauma Information

<http://www.ascasupport.org/>
Adult Survivors of Child Sexual Abuse

<http://www.istss.com> *International Society for Traumatic Stress Studies*



The Universe is Mine

Not all of life

Is intended to be lived.

It's what we pick and choose

Not only now but for eternity,

The entire universe is on my side.

Listen for the beat of a bird's wings.

Feel the power in a surging ocean wave.

All created according to my design.

The rushing sound of wind in the trees.
Strawberry shortcake and fresh garlic bread.

A range of smells pungent and powerful.

Which shall we embrace? Which will we draw close?

Timeless sensibilities,

All the things we hold deep in our hearts.

Like a palette of color,

Mixing words as if they were pigments.

Blending a meaning, coining a phrase.

Combining a thought, clear up the haze.

Merge, mingle, fuse...

And what have we got?

My interpretation of the universe.

The one that I own.

It's all here on this page, the way I understand it,

With its wonder, its strangeness and its spirit.

By j.p. grant

MV

Partner's Page

Surviving Her Hospitalization

By Richard

The cutting finally sent my wife to the hospital.

We spent 10 days with her family during July 4th week. We had fun in Chicago, and were treated well, but the old family dynamics, the reminders of past abuse, mired my wife in a depression that she was still in by mid-August. One evening I came home to find a large bandage on her upper arm—seven more cuts for her array of scars.

She made an emergency appointment with her therapist, who told my wife to buy a red marker and, when she wanted to cut, to *draw* the cuts on herself. Her therapist wanted to see my wife's level of self-destructiveness.

By next evening, if the marks had been done with a blade instead of a marker, my wife would be dead. Wide vertical and horizontal red marks on her wrists, crisscross slashes at the elbow, even a few gashes on her thighs.

We all three decided that my wife was in enough danger to check her into a psych unit for safety.

If you love someone with disassociative identity disorder (DID), it is almost certain your partner will be hospitalized at some point. Every person in my support group has at least one hospital story.

Hospitalizing your partner is a big test, because you have to do it all. You have to clean house, work, do the laundry, pay the bills, cook, shop, *everything*. I learned a lot during my wife's hospitalization.

If possible, be there as your partner checks in, because he or she needs tons of reassurance. I guarantee that you will need to answer some questions during in-processing, and you will probably have questions of your own.

Prepare for massive demands on your time. I had to get organized and *stay* organized. A to-do list was essential. I carried a pocket notebook and pen to keep lists of what had to be

done and what she needed, and I planned my schedule around those lists.

I also had to set priorities. I couldn't do everything, so I concentrated on getting the important stuff done. Although having my wife in the hospital was stressful, I found exhilaration in accomplishing more in a day than I usually can, by planning well and working hard.

One goal of this efficiency was carving out time for *myself*. You must take care of yourself while your partner is hospitalized. If you get sick or emotionally drained, you can't be the support he or she needs. Even though I visited my wife almost every night and got the important things done, I still got adequate rest, went to choir practice, sang in Sunday services, and even worked out a few times.

Along that line, lean on your support groups, therapist, and friends. You'll have low points of your own, and your partner doesn't need to hear that at a time like this. *Share your feelings with your partner, but don't dwell on them. He or she needs you to be upbeat.*

The main reason for the efficiency is to give you time to visit your partner. *This is your most important priority.*

Make full use of the time together. Reassure your partner of your love and support. Discuss the home situation to remind your partner of life outside the psych unit. He or she needs the stimulus (hospitals are often boring), and your partner will think of things you miss.

Don't forget surprises—balloons, flowers, cards. The bigger and funnier, the better. This helps your partner know you're thinking of them when you're away. Evidence of caring, loving support also nets your partner positive attention from the staff.

Use any passes your partner gets. My wife got a half-day pass, and a two-hour pass for a walk on the hospital grounds. The time out of the psych unit was a tonic for her.

Always ask if your partner needs anything, and *always* bring it. My most important piece of equipment was a *laundry basket*. I used it to carry dirty clothes home, and brought clean clothes, books, and personal items to her.

Make your partner knows he or she can call you, but remember that therapy is *not* your job. One morning a scared child personality called me at work. I told her where she was and why, and reassured her that she was safe. But I also told my wife's gatekeepers to keep the adults out front, and to call her regular therapist for help in doing that.

The biggest lesson I learned was *your partner probably will not get the help he or she needs!* You will have to help your partner recover *in spite of* the medical system.

My wife's therapist warned us about that. "All a psych unit does is get you safe enough so they can put you back out on the street as soon as possible."

The reason is money. As long as your partner is in the hospital, your health insurance company loses money, so the doctors on that plan are under pressure to get patients stabilized and out of there. For that reason, the psychiatrists also refused to transfer my wife to another hospital with a ward specializing in DID.

On top of that, DID is still controversial. Neither my wife's assigned psychiatrist nor the second-opinion doctor believed in DID, and you will probably have to help your partner keep his or her grip on their diagnosis.

I shudder to think what would have happened if my wife's personalities did not have a strong sense of their reality, and knowledge of what they need to heal. She would have left the psych unit more screwed-up than when she went in.

The staff advised her to fire her therapist and psychiatrist. They said abreactive work is not healing because it deals only with the past, and they

refused to listen to how it had helped. One nurse said my wife should "remove herself from people who have a vested interest in her being sick," i.e., her therapist, psychiatrist, and me. Who gave that nurse the right to advise my wife to leave me!?

The staff told my wife that they would deal with only one personality and no others. When the little girl showed up, they drugged her. So do everything you can to help your partner keep his or her alters under control.

Speaking of medication, my support group has several horror stories about over-medication and mis-medication. Make sure the staff is briefed on your partner's meds, and do an independent check for interactions with drugs the hospital prescribes. My wife kept in touch with her regular psychiatrist to check for drug interactions, and the staff had information sheets on all drugs they used, which they let my wife review.

How can you help your partner survive hospitalization?

My advice is tell him or her "take what you can use and leave the rest." The psych unit offered group therapy, art therapy, movement therapy,

individual psychiatric counseling, and a second opinion when we requested it. While my wife didn't get everything she needed, she accomplished a lot by using what they offered for her own ends.

And the psych unit wasn't a chamber of horrors. It was attractive and comfortable and the staff was competent and caring. They explained the rules and provided any information my wife requested. They didn't approve of her calling her regular therapist and psychiatrist, but they didn't forbid it, either. When my wife was at an impasse with her psychiatrist, they arranged a second opinion.

Their security kept my wife from harming herself, which was the main thing she needed. The second-opinion psychiatrist spotted manic-depressive cycling and recommended adjusting her medication.

The psych unit and staff where my wife spent nine days were fine for garden-variety problems. But they were unable and unwilling to deal with the unique problems of DID, and my wife had to get well in spite of them.

MV

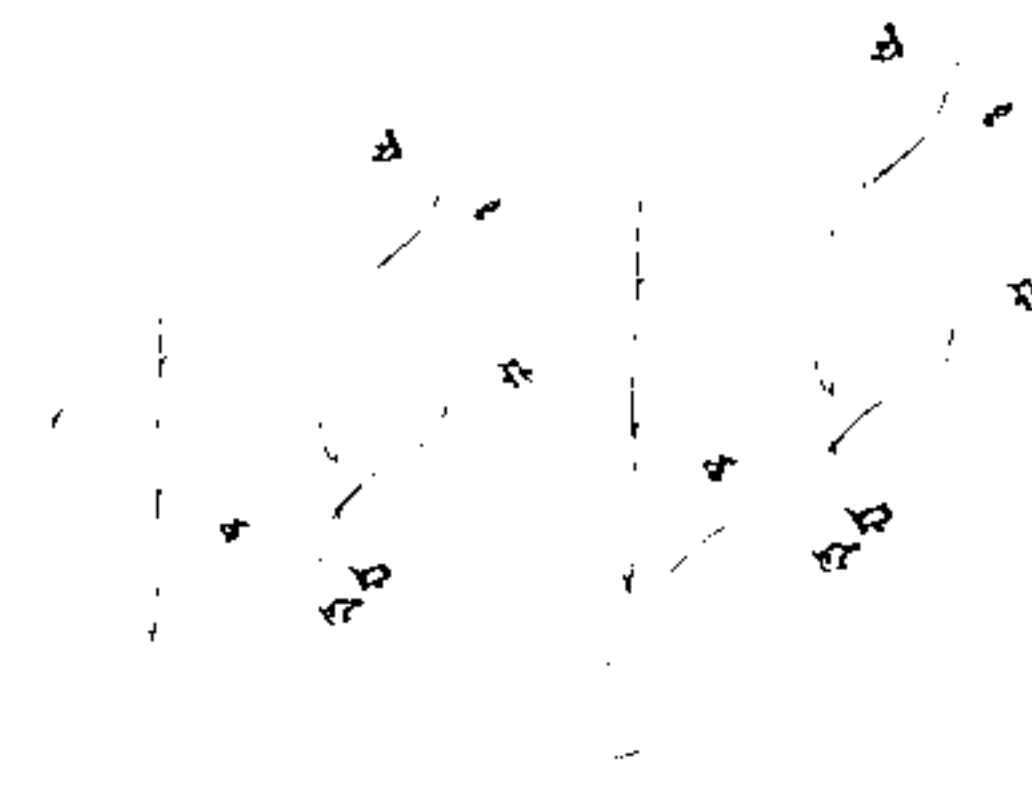
Dear Therapizer

Some parts of us are horribly lonely for you, and we can only talk by drawing. Some parts want to sit close to you and put my head on your lap. It's awful when we can't do that or when we need to "talk" to you and the Older Parts push the kids away and do too much talking and leave us nothing! We're the ones who need time with you! It's so easy to let you push us down into a corner. When we go home, we cry and sob 'cuz we couldn't get to you or let you know we're here. We can't get out to you. We're here close enough to feel you—but we can't touch you! It's so, so painful!

We badly LOVE you!

By Us

MV



Frost

The tree
wasn't
ready.

The wind stands still.

Silently
A cluster of leaves
falls

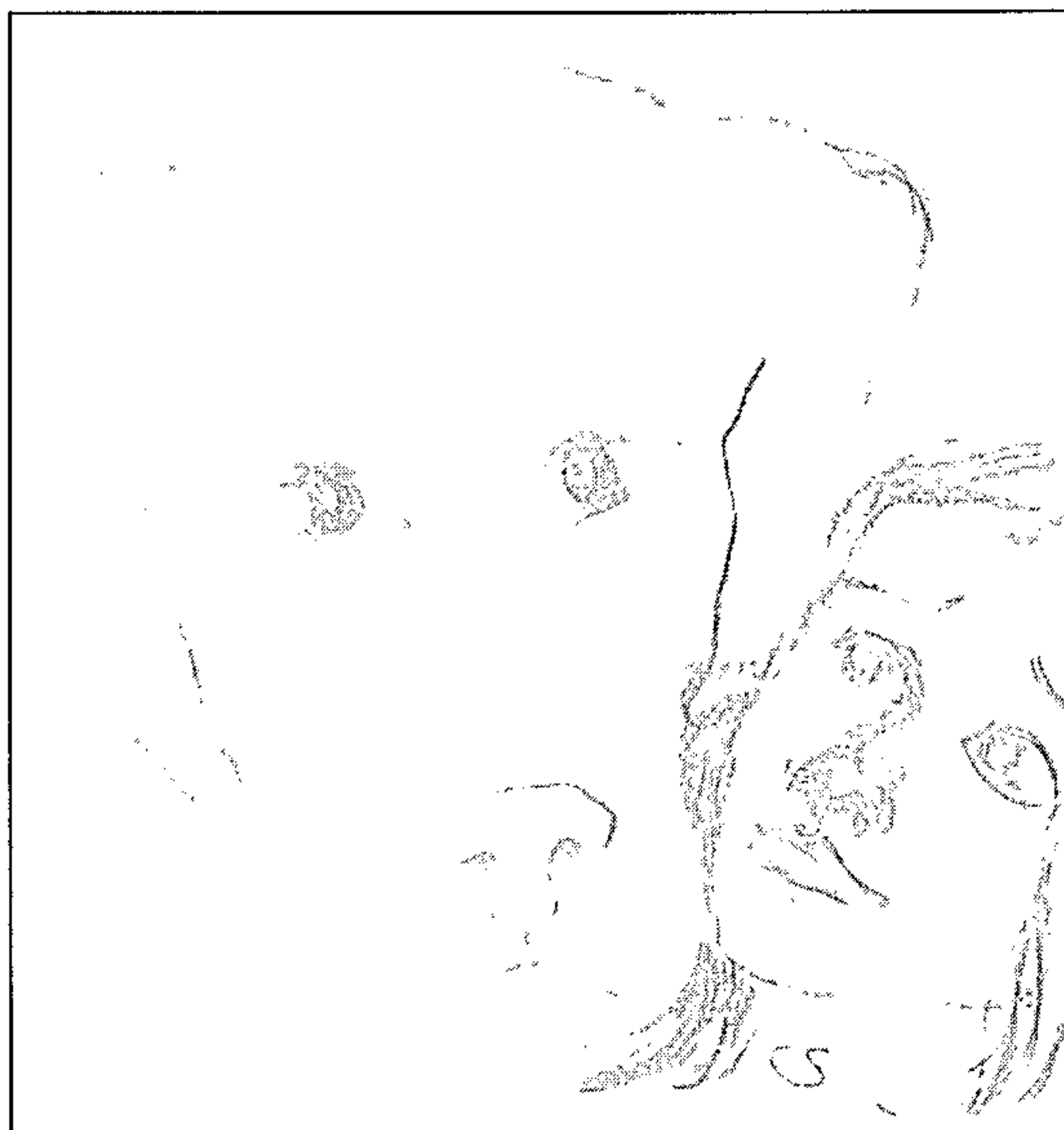
to the ground.

Too young
To die.

The pain would be less
If a wind had come.
Why
Does the pain
Feel like home
If it comes
Like Frost in the Night?

By Wendy B.

MV



Letters

For over seven years, a support therapy group met in Cerritos and I was able to be a part of that group for three years. We were all multiples of various degrees.

One of our members died and she was only 40 years old. We all loved her. We had our own ceremony in the park to remember her and the good and sad times we remembered together. Even our therapist came to say goodbye. We collectively wrote a poem to our friend and I would like to submit this to you in her memory.

—Anita & the Flock
Little Lori

All the time
And effort
And caring
You gave so freely
Didn't go
Unnoticed
All of your friends gather
Among the green
Surrounded by flowers
On a Sunday morning
To say goodbye
We broke bread
With your favorite croissants
Candle in a stained glass cup
Shared the memories
Admired your courage
Recalled your humor
Appreciated your beauty
And, honored your great love
For your children, Jessie and Melissa
We open our hearts wide
To let you fly away.

—Group We) GWE

Another friend called MV a few weeks ago to tell about a terrible ordeal.

Tracy had been doing really well... After many years of therapy she felt "as one" and was doing fine at work, etc. She had even stopped therapy. Then she went running...and was cornered and gang raped in a schoolyard.

This awful crime sent her into a severe tailspin. She has redissociated, and is feeling much self-hatred and shame. She was also physically injured

during the attack. In her city, there is a long waiting list for women who want to sign up for rape-crisis assistance through groups. Her area has been redistricted for therapy assignments, and she is no longer in the same locale as her previous therapist. She is feeling very hopeless right now. Mostly what she wants to know is: once integration or substantial healing/cooperation has taken place...is it lost forever by something like this? Can she get back to the level of health she enjoyed before the attack? What might help recovery? Has anyone else gone through something similar? If so, please write and we'll forward your comments to Tracy A.

—LW

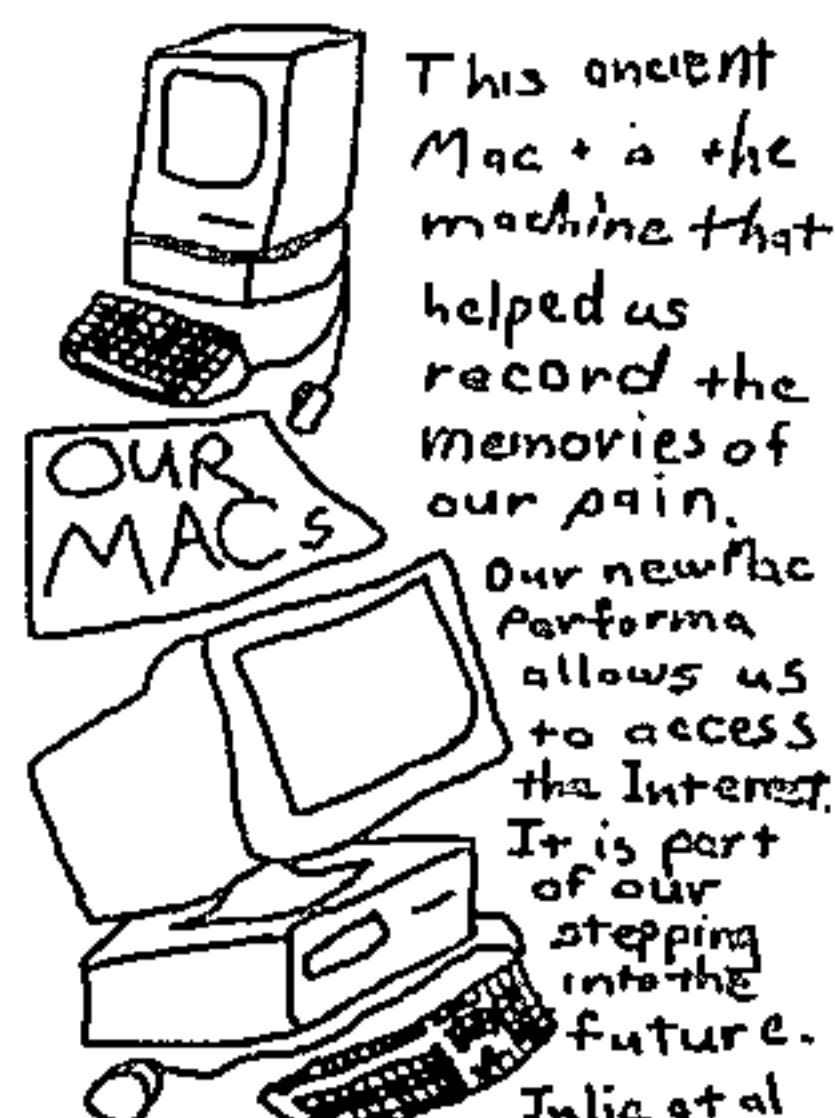
A few of us readers wonder if there is ever an "all better" or "recovered" state of being. When does one no longer need to go to therapy? What can one expect from a daily life that doesn't get filled with recovery activities? A perspective from some people who are functioning from this place would be most helpful. Thanks.

—Joani C.

My name is Denise. I love to talk on the computer to other people that have MPD/DID. Some places it isn't safe to leave your e-mail address, but I think MV will be safe. Anyone who wants a keyboard pal can write & we can correspond: angel@playful.com or xxcel@neosoft.com

Either address is fine and no one reads any of the mail but me.

(Generally I don't print things like this, but we'll try it this time & see if it works out OK. Please let me know if this results in trouble for anyone.—LW)



How To (Maybe) Pay For Therapy

Some tips for Terry L. and others

By Julie et al

My experiences with getting on SSI and Medicaid are out of date by now, but I can give a few tips that might help:

* Don't even bother applying for government help if you aren't truly disabled by your mental condition. It's not worth the hassle! Some people with MPD/DID are able to continue to function, holding down jobs or staying in school. I envy them! I suspect that whether or not a person is disabled by multiple personalities has a lot to do with the number of alters, which is apparently related to severity and duration of trauma.

* If you are so disabled that you do need financial help to survive and get therapy, be prepared to expose yourself to prove it. This does not mean you have to tell some bureaucrat the most horrid details of what happened to you, or make yourself vulnerable. It means that you will be given an hour or less to show an appointed psychiatrist how disabled you are by MPD/DID. In order to do this, you need to decide what parts of yourself and your history you will need to expose in order to accomplish your goal. When I went, I took art that showed some memories of what my father had done, and also a map of my life (from birth to a month or so earlier) marked with remembered traumas and other important life events. This really helped! Also, take a support person who knows you well enough to talk about how disabling your condition seems from her or his point of view.

* Be patient! It took half a year for my claim to be approved in 1991, and I have been told repeatedly that mine went through unusually fast even for then. And they have never once threatened to cut me off. It seems that the Feds do have some understanding that untreated MPD/DID can be a serious condition.

* Some therapists will work out something with a client they want to work with. My current therapist sees me every week, even though Medicaid only pays her for a set number of sessions. To encourage a therapist to want to work with you enough to work out a barter or graduated fee or delayed payments, be sincere about wanting to heal; put your own creative effort into your healing rather than waiting for someone else to tell you what to do; work hard at your healing in every way you can; focus on bringing a positive approach to every aspect of your life.

MV

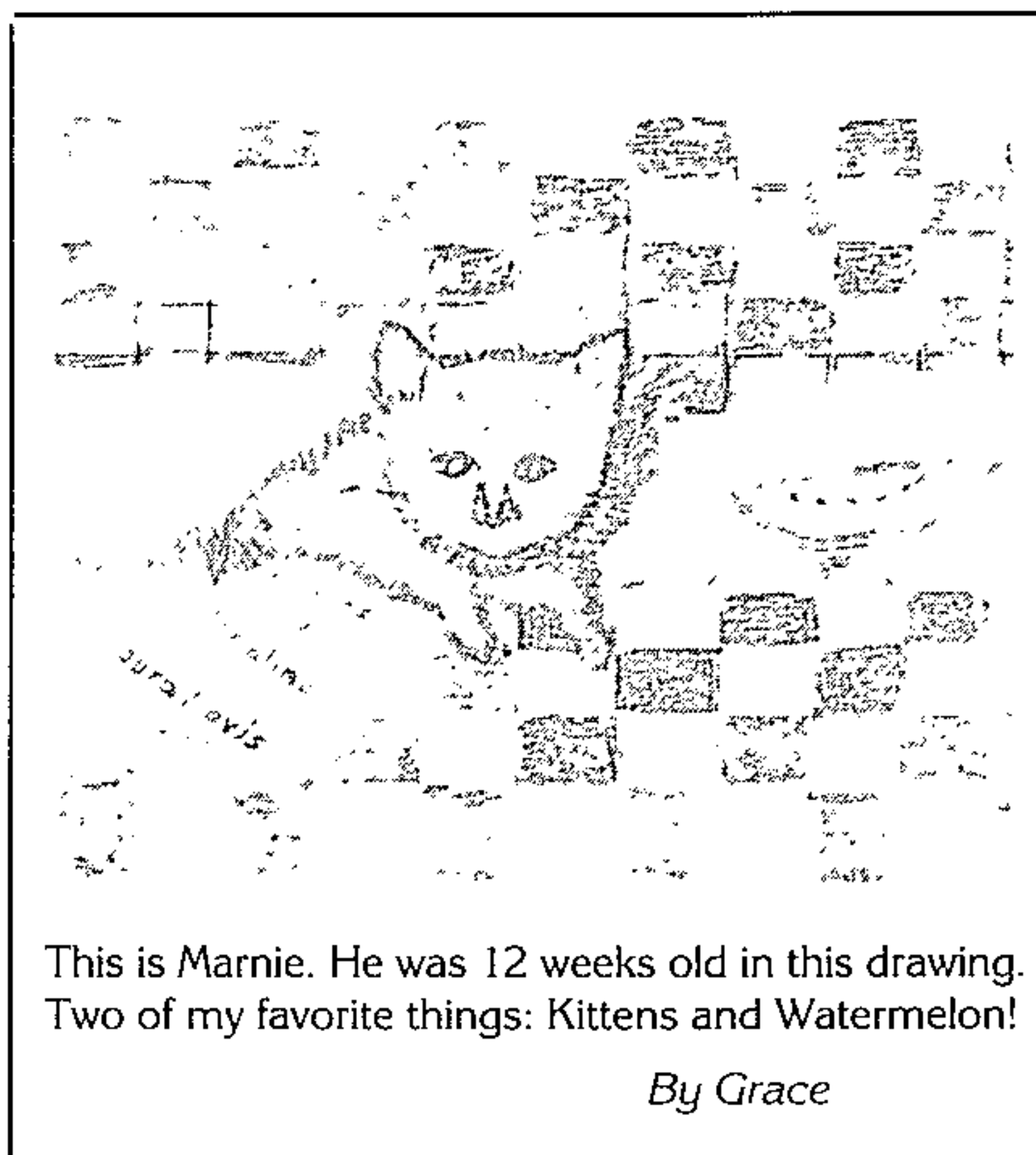
Awakening

It was a golden autumn. The trees had selected the season colors so that the mountainsides were a soft golden except for a splash of red and orange. Autumn is a time when all things prepare for the long winter sleep ahead and dream of the spring that will follow. My autumn was many years ago for some within me, and the winter an eternity. As they have begun to awaken, it has often been as a heavy spring storm that thaws the ice too quickly, causing floods. So too, I have experienced these floods of icy emotions that have thawed during the very earliest of spring storms and then have receded to more manageable levels, and finally back to the normal flow where one cannot imagine they could ever have been so threatening. Yet I remember it well, as an old timer does the flood years of his home town.

The early spring is a muddy, cold time and you hopefully await the bloom of the snow drops and the light green hue as buds appear on the trees. Yes, new growth for those who awaken from winter.

I hopefully await the new blooms and the new growth, but as of yet, the earliest of spring storms continue and more floods of icy emotions thawed may be experienced. Once I read, "In the midst of winter, I found within me an invincible summer." Something invincible has continued thru the eternal winter, and has caused me to survive until now. I am grateful for this. For now though, I just remind myself often that these early spring storms will also end and then there will be the glorious beauty of spring.

By The Fam



This is Marnie. He was 12 weeks old in this drawing. Two of my favorite things: Kittens and Watermelon!

By Grace

Books

Images of Me:

A Guide to Group Work with African-American Women

By Sherlon P. Pack-Brown, Linda E. Whittington-Clark, and Woodrow M. Parker. Published by Allyn & Bacon, 160 Gould St., Needham Heights MA 02194-2310. © 1998. 286 pgs. Hardback. \$35.95 plus \$6.59 shipping. 1-800-278-3525 or www.abacon.com

Although this book is not specifically about dissociation, it is interesting in a number of ways. The authors are all African-American Ph.D.'s and experienced counselors as well as academicians. *Images of Me* is centered around a series of groups developed by two of the authors, groups that aim to help African-American women explore the complex impact of racism and gender on their lives. The groups help women move through various stages in understanding their condition and how much, or how little, they can control their environments. The book includes theoretical background that helps

define feminism from the African-American viewpoint, and describes differences in philosophy and behavior between the European "white" culture and their own. Among many contrasts, the authors suggest that whites value individualism and self-actualization more than African-Americans, who are primarily concerned with promoting harmony within the family as a therapeutic goal.

As a white person, I found some comments seemed like over-generalizations to me, particularly in a discussion of "Emotional Vitality" (said to be a natural emotion, and common to African-Americans) versus what is called here "Sullenness" (a "manufactured" emotion, and a white trait, they say.) But I believe these differences of opinion and perception highlight the remarkable need for more discussion, more dialogue, between people of all colors who are concerned about mental and emotional health.

A substantial part of the book is devoted to the specialized approaches needed to work effectively with African-American women. But basics of group work such as preselecting members, setting boundaries, and structuring the sessions, are also well detailed. Many verbatim excerpts from sessions are included, transmitting the lively flavor and variety of issues that surface in the groups.

This book is among the first to address the counseling needs of one of our country's most neglected and underserved populations. As such, it will be especially useful to mental health professionals who want to better-understand their African-American clients. And even though it is written in a professional, somewhat academic style, I think it is worthwhile reading for all of us who want to improve communication among all the divisions in our society. Each of us can play a part in bridging the chasm of race.

— Lynn W.

MV

A GREAT BIG THANK YOU TO
ALL CONTRIBUTORS! AND
PLEASE, KEEP SENDING YOUR
WONDERFUL WRITING AND ART.
WE NEED IT! —LW

COMING SOON!

April 1998

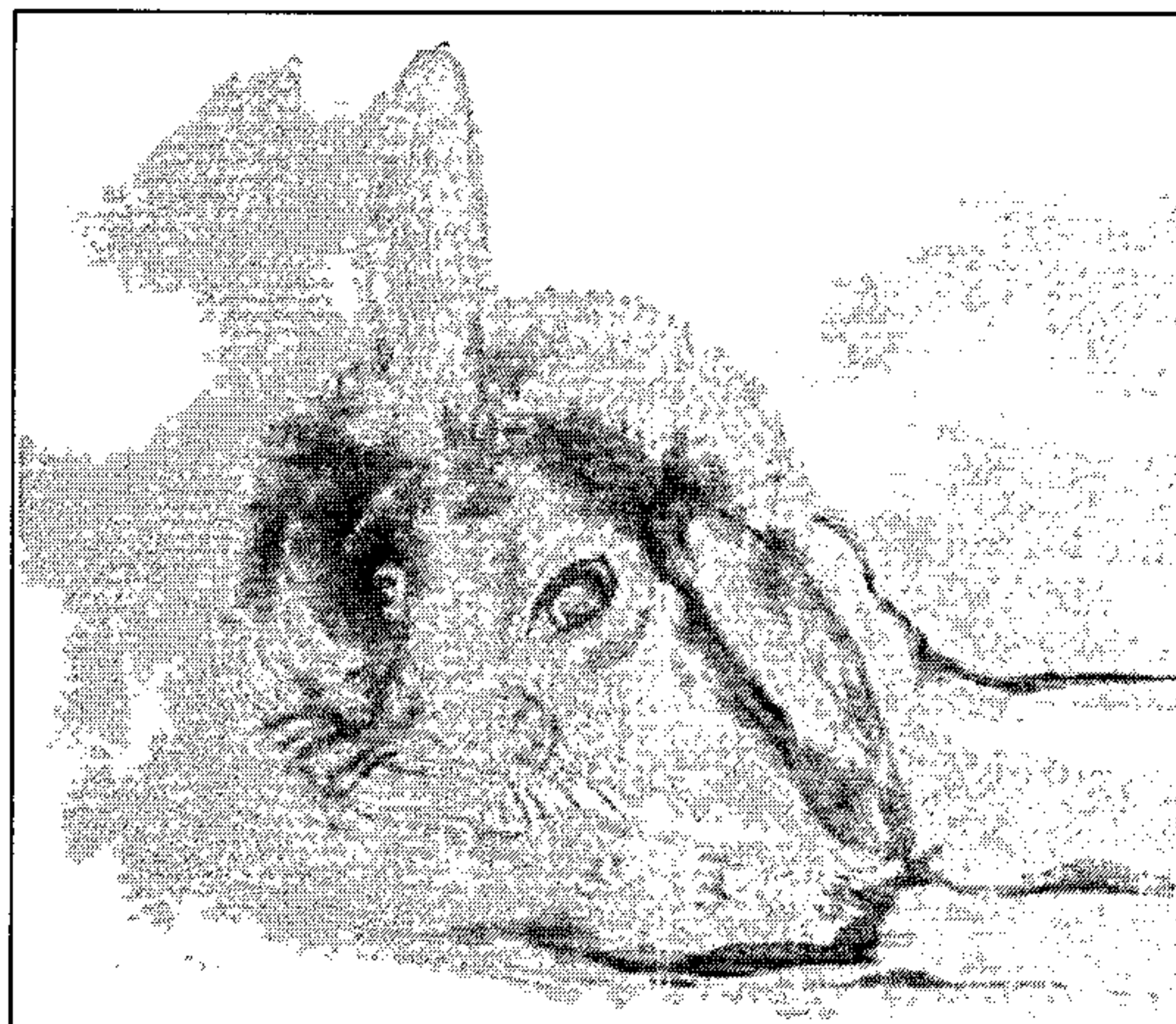
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