

MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

Vol XI, No.3

June 1999

ISSN1042-2277

Working with Addictions & Obsessions Building Healthy Habits

The Transformation

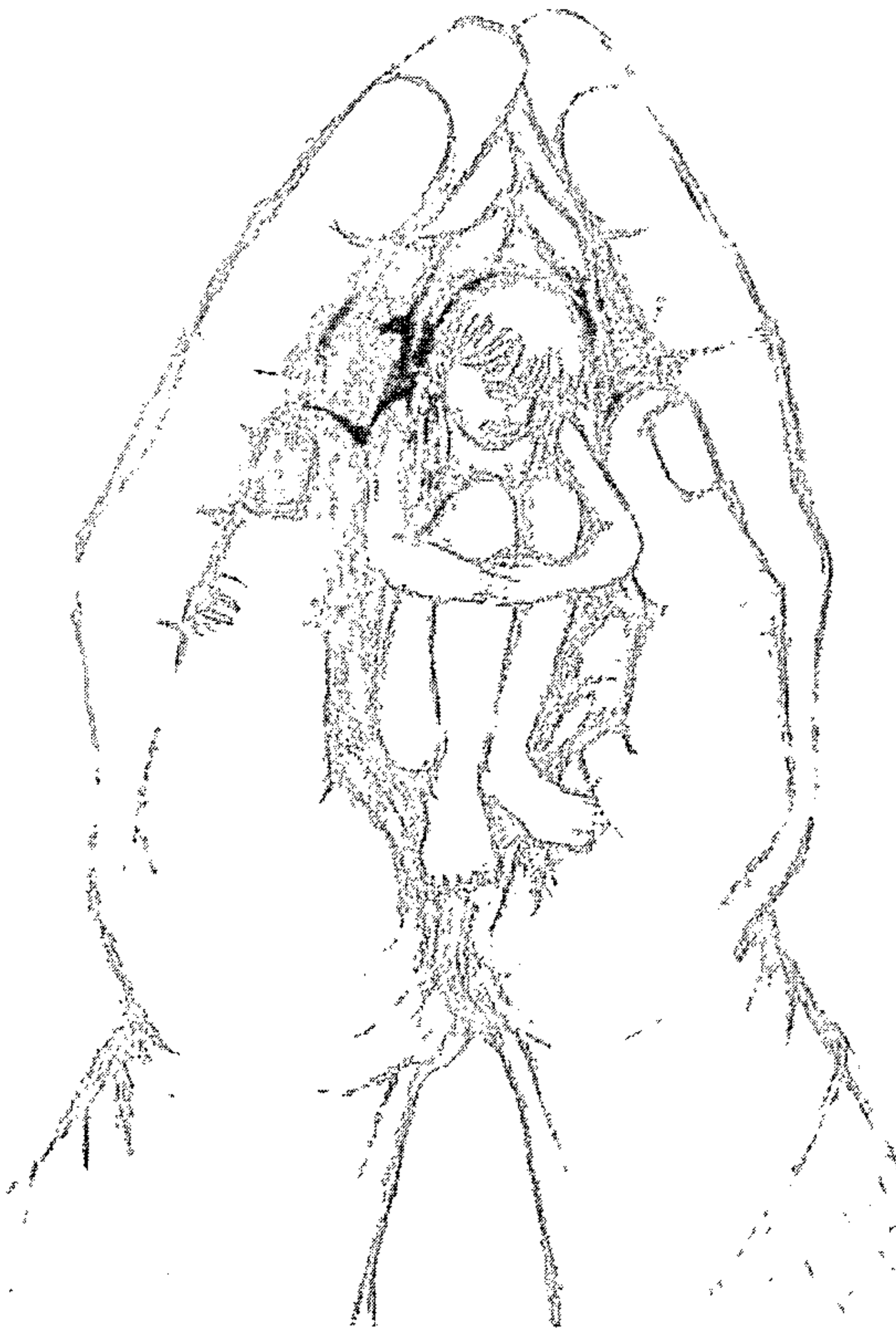
This morning I had so much anxiety I had to curl up in bed after taking the bus. Hard to move. Just wanted to stay under the covers and never leave the house again. Now it is afternoon, and I feel like I can do things again. I am even thinking of going away on a trip. Sometimes it feels as if we are in such a weird transition. It is like jumping back and forth through a doorway that separates two different worlds. On one side of the door everything is so hard, and managing daily living takes everything I have in me. This side of the door is full of punishment from others within me and hating our existence. It has been a long uphill climb to even be able to reach the door and see the other side.

The new side of the door is different. It is the quieter side. This is the side where things are OK. On this side we are all right and don't need to die, the problems we have will probably work out somehow, and it feels good and the days are nice. I begin to expect that one day I'll wake up and take a deep breath in and find myself permanently on this new side. That somehow, all of a sudden, we will have reached the top of the mountain and are ready to begin the gentle descent down. The anxiety and pain will have ended.

In my head I know this will not be true, that there will be no magic transformation. It will come in a series of moments, of seeing and feeling the possibilities within. Gradually the moments will begin to come more often and last longer, until they blur together and the landmarks in time will be the terrible days, not the brief passing of a breath of hope and vision.

By Clue

MV



Many Voices (ISSN1042-2277) is published bi-monthly at Cincinnati, Ohio. Copyright 1999 by MV Co. All rights reserved. Editor/Publisher, Lynn W. Send all subscriptions, manuscripts and correspondence to P O Box 2639, Cincinnati, OH 45201-2639. Phone (513) 751-8020. E-mail, LynnWatMV@aol.com. Subscriptions in U.S., \$36 for one year. Canada, \$42US. Elsewhere, \$48US. This publication is designed as an information exchange for treatment providers and survivors of trauma and dissociative disorders. Neither its editor nor its layperson contributors are engaged in the practice of medicine. This publication should not be construed as medical advice concerning any specific facts or circumstances. The contents are for general information purposes only. You are urged to consult with competent professionals concerning your situation and/or specific questions.

A Participant and a Partner Look at Dialectical Behavior Therapy

You'll learn skills that we never learned at home, because home wasn't safe.

(Part 1, by Maria and HerFam)

I want to tell you what Dialectical Behavior Therapy (DBT) has done for me. I am in no way associated with 'selling' this program. I am only a student in this class. But DBT has given my life back to me.

It's a step-by-step class with many modules.

DBT skills/modules vary from:

How to Distract and stay present.

How to take care of ourselves in every situation, even when the people we interact with don't understand or don't care.

How to communicate effectively.

How to reduce vulnerability.

How to use 'Wise Mind', a blending of the emotional mind and rational mind.

Self-Respect, Observing: just notice

Being One, mindful in the moment.

Not everything in life is black or white; sometimes things are in the gray. DBT teaches how to handle the gray. It helps broaden the spectrum of our choices. I've learned that yes, we do have choices—and that is so freeing!

It may seem like a lot. DBT is a structured, interactive, but not a 'process' class. There is homework to help practice the skills. It's not graded, only *guided* by two therapists. The classes are usually 10 or fewer. The class I am in is women-only. It's a comfortable, safe place to learn.

There is information on the 'Net about the program. (See *resources/info following*)

I hope this helps others. It has given me my life back, and it is nice to have it back!

My husband has even gleaned things from it, by watching me learn the skills.

(Part 2, by Jim,
husband of Maria and Herfam)

My wife of nearly 25 years has been a part of a great program for borderline personality disorder. I would like to share my experiences with others, who are in the position of being involved in the vital part of a loved one's healing from the myriad of abuses toward children and adults.

After many months of hard work at her DBT class, my wife is finally conquering what the many years of one-on-one therapy could not quite "break through." She has emerged a stronger woman inside. She shares with me the DBT philosophy, so I can learn how to better my own thought patterns and behaviors. I am gaining strength in my own way from watching her go through the process.

She has shown me that after the terror of child abuse, and years of successful DID counseling, she is seeing the light at the end of the tunnel.

We sought out a caring DID experienced therapist, after moving into this area. The first person we found was a total mis-match for my wife, and we quickly resigned her, and started searching farther and deeper. It took a few phone calls and some interviews, to find the right person. We did find the right person, thank God.

Shortly after that experience, my wife started her DBT class, and is about to finish her work on DBT over the summer. She has been in weekly one-on-one counsel with her dedicated therapist now for almost two years since we moved here. They make a great team.

I have learned so much from my wife, during her DBT therapy. She shares the great knowledge with me, and we both benefit. I have learned to cope with change, to bend with the emotions that arise from therapy myself. I have learned so much about why we get into trouble with

destructive patterns, attitudes, and behaviors that make us miserable inside. I have been able to apply DBT's principles in many ways.

As I write this, my thoughts are with those facing the challenge of healing and recovery from the devastation of abuse. I know that this model of learning and working out our issues really does work. We can attest to the success of the methods and the lesson material. But mostly, it is the people who really make it work.

With care, love and patience, partners and patients using DBT methods will work to find the missing piece that fills us up inside, to help make us whole.

You may write to me via *Many Voices*, with your questions or comments. They will forward your mail.

(Part 3) Available Resources and Info

As many of you know, a large number of people who are diagnosed with a dissociative disorder also have features of borderline personality disorder, or a dual-diagnosis of BPD. Here are a few bits of information on DBT, and some resources for you to check out. (The following excerpts are taken from "An Overview of Dialectical Behavior Therapy in the Treatment of Borderline Personality Disorder" by Barry Kiehn and Michaela Swales, an article which can be seen on the Web at www.pol-it.org/dbt.htm)—LW

Dialectical Behaviour Therapy, an innovative method of treatment for the difficult problems of Borderline Personality Disorder, was developed by Marsha Linehan at the University of Washington in Seattle. It treats "this difficult group of patients in a way which is optimistic and which preserves the morale of the therapist," the authors say.

Linehan suggests that emotionally vulnerable children, raised in homes where their personal experiences and feelings are not validated, do not learn

Continued on page 3

to label or understand their feelings, or trust their own responses to events. If these homes also place a high value on self-control and self-reliance, the child cannot find the answers to her feelings or problems from others. When she tries, she is harshly criticized. The child's behavior then tends to oscillate between poles of emotional inhibition (in an attempt to gain acceptance) and extreme displays of emotion (trying to have her feelings acknowledged).

DBT is said to be especially useful in dealing with self-mutilation and suicidal behaviors. DBT techniques stress acceptance and validation, on one hand, and the need for change, on the other. It 'works' only with completely voluntary and cooperative patients, and therapists who are both trained and willing to accept professional support to prevent their own burn-out. (A lot of effort is asked of therapists engaged in this process, including telephone access.) The therapy is seen as a partnership, with needs and responsibilities on both sides. DBT directly addresses the problem of keeping BPD patients in therapy and maintaining therapist motivation and health. It is clearly structured, with targets to achieve at every stage. Some studies have shown DBT may be successful in reducing self-injury and time in psychiatric in-patient treatment.

Some references: Linehan, M.M. (1993) *Cognitive Behavioural Treatment of Borderline Personality Disorder*. The Guilford Press, NY and London

Linehan, M.M. (1993) *Skills Training Manual for Treating Borderline Personality Disorder*. The Guilford Press, NY and London

On the Internet: Linehan's Training Group site is www.dbt-seattle.com

You may also want to read Dr. Richard Moskowitz's comments at <http://home.golden.net/~soul/drm4.html> or use any search engine to find various viewpoints on this treatment method.

MV

MANY VOICES needs an Angel or Two!

Please think of us when you can! And if you know people who could benefit from *MANY VOICES*, or know of clinics or conferences that could use flyers, please pass the word. Thanks very much.



Lynn W., Editor.

Building Healthy Habits, Discarding Others

Here are five tips, the Five A's, my therapist taught me to build healthy habits:

1. ACCOUNT: Make a written account of the habit in question. There's no need to be grammatically correct, just write something down in black and white so you can 'see' the habit in front of you that you'd like to work on improving or discarding.

2. ACQUIRE: Gather information about this habit from several sources: chat rooms on the Internet, library books, church groups, the Bible, brochures obtained from calling places in the Yellow Pages, etc.

3. ACTION: Develop a course of action for working on this habit and be as specific as possible. For instance, I'd been interested in losing weight I'd gained while on anti-depressants. There's a site specifically for my medication on the Internet where many people posted advice on how to deal with weight gain. With their help and a workshop located in my area that was described on the television show 20/20, I was able to map out a plan to lose pounds and not money (this was very important in my plan) over a specific time period (the old 20-year reunion is coming up!)

4. ASSESS: Log your progress to follow ups and downs. A scientific assessment isn't necessary. Even just one line jotted down each day on your calendar can let you track good days and bad, days you cheated and days you excelled, etc. How about just placing a sticker each day, or do some art work to follow your progress? It's for your own self-improvement, so

have fun and express yourself. (I even use colored markers.)

5. APPEARANCE: Take time to relax and reflect on this habit-changing. How do you appear now? Happier? Healthier? Feedback from friends can be helpful now, too. Are adjustments needed? Perhaps a little more time will be necessary. Maybe a different group or a new workshop. Then make modifications and go back to Step One.

Old habits that took time to develop will take time to get rid of, too. But remember that none of us is perfect. Each one of us, whether we have a dissociative disorder or not, has something we can work on to improve ourselves. And as my therapist continues to hammer into my head, "It's a process."

By Diana Barnum

MV



*I need to heal my soul.
Find my strength, my spirit.
The part of me that lives.*

J.C. 4/95

Addictions and Obsessions

I did not have the first thought I may have an obsession. And certainly not an addiction! This just wasn't part of my life. Therefore, I counted myself lucky, and thought good of myself because of it. Yet I kept explaining to my therapist about this continuing circle. Whatever it was, the same events kept on happening in the same way, and I just could not understand it.

I knew I was not a self-abuser or a self-sabotage person. So I found myself talking of my partner, and family, of how they just don't keep the house clean like I do. Sometimes I felt like I was the only one who cared, and everyone else could care less about a clean house. Certainly, they didn't put much of an effort into it!

Then my therapist suggested I read a book called, *"Turning It the Other Way,"* by Lana Wall. As I read, I saw examples of self-sabotage. One example was procrastination. My heart nearly skipped a beat, because I knew I *did* procrastinate until the opportunity was gone. Another example was staying where you are in life, when you know you are bored or unhappy. I was almost holding my breath at this point. Then I read, "blocking emotions in a compulsive way, such as eating, drinking, exercise, work, smoking, etc."

My heart raced. I knew work was an obsession and addiction of mine. Also, smoking can be a problem. And sometimes eating. I get depressed, and naturally the household chores fall behind. This is when I tend to overeat. Next I will realize what I've done, and then I push myself to work. This is when the cycle of addictions begins.

I like a clean house. Yet, due to a injuries on my job, I am now disabled and can no longer work. When I get physically down, I become even more depressed. So when I am physically able, I go to work to try to diminish the depression. This gives me a feeling of accomplishment. But I don't just clean house. I go and go until sometimes I end up in bed, physically down again. This keeps happening.

Another book, *"The Women's Comfort Book"* by Jennifer Loudon,

explained how to determine one's needs and how to meet them. It also explained the difference between meeting needs, and self-abuse or self-sabotage. I was going to the point of self-hurt, but believed it made me feel better in accomplishment! I would even tell my partner, "Well, at least I got all the work done before I ended up in bed." So there's no doubt now—work is one of my strongest addictions.

It's been ten years since I was injured at work, but to this day I'm still not "used" to not-working. If I'm not working, I feel I am nobody and have no self-worth or independence.

Now that I'm learning what my needs are, I can learn to get the same thing done with just a little more time. It is hard to change old habits, but I do so want to change. Each time I meet my needs it becomes easier. And if I mess up, I have to be gentle with myself, to know I can and will do better next time. Now I am able to laugh at myself after I get through the hard times. Life is a little more livable. Good luck to all and warm wishes in your journey toward healthiness.

Barb and the recruits



Building healthy habits can be a real trick, especially when one is just beginning to acknowledge a serious addiction problem.

My addiction is food. I can argue with the best of them as to why I can't lose weight. I have MS, arthritis, thyroid disease and MPD. I am on 12 different meds plus an injection every other day for the MS. Some of the meds as well as the injection can cause weight-gain and depression. So I have to play guessing games as to why certain things happen to my body and mind.

I am just beginning to deal with binge-eating, over-eating, and stress-eating. I plain just don't know why I can't differentiate between being hungry and being full. In a way it seems I have a self-destruct wish. I had a cousin who also had MS, and for

whatever reason, ended up dying. I was told it was due to complications from the MS. For me, the MS is one more thing on my list. So, do I wish to be like my cousin and continue on my path of self-destruction? Do I try to fight my way into a life with a purpose? I really don't know.

Overeating was and is a pattern of my father's family. I start to diet, then go off it shortly after I start. In therapy we are starting to deal with the eating disorder. Changing the mind tapes is not as easy as some may say.

When I was growing up, my mother would always have a table full of food, including plenty of snacks. When company came, there would be more food. Everyone had to eat in warm hospitality. If they did not eat, she would be offended.

Of course, my mother telling me I never should have been born, doesn't help. She believes it is her fault I have the health problems I do. Yet she tells me to my face I am fat, and no one would want to stay with me. She takes it further by telling me if she never married my father, I wouldn't have the problems I do.

I understand that she was an unwanted child. And she was shot at during a war, and married an American man who couldn't speak her language. My father was an extremely dominating person. She was seldom permitted to speak her language, and her native food was referred to as garbage.

Sometimes, I feel I am the ungrateful daughter who can't understand a mother who was a survivor herself.

I have been attempting to get a support system together. I have a partner who loves me dearly and have been looking into finding outside support. I'm finally starting to catch the times I make not-so-positive remarks about myself. It seems for the first time in my life I really want to succeed in getting help, and helping myself.

Sue of Sue & crowd



Addictions, Cont'd.

I have a three addiction life. I crave love, sex, and food. Not surprisingly, I never feel loved, excited, or full enough in my stomach.

Several things help me in not acting-out as much as I wish to. First, I buy (mostly) healthy food to munch on. I plan activities to do when I crave food, and take appetite suppressants. All help. Secondly, I had my lover make me a cassette tape with her saying how much she loves me and singing to my little alters. That way, I'm not always asking her to say "I love you" to me.

Thirdly, I'm addicted to a mixture of sex and violence. I use thought stoppage and thought replacement when I crave. I picture myself swimming, pounding the water. Then I read mysteries, or think of sexual pleasure apart from violence. Also, I put a time limit on how long I do these things, and make a plan for other activities to keep me busy and fulfilled.

By Sally B.

MV

Hero

*Whilst in the midst
of sorrow throes
To my surprise
I
spy a hero
At first...I gasp
Then breathe
A sigh,
For my hero
it appears...
is none other
than
I*

By Brenda B.

MV



*When you see a compliment
coming...and you know it's aimed
at You...just stand there...look it
straight in the eye...& say...*



"Thank You"

**JOY SIGNS**

By Marguerite

I use the enclosed JOY SIGNS as visual aids. I make copies of the Compliment JoySign and put them on mirrors, doors, walls, etc. to encourage me to build the healthy habit of accepting nurturing messages instead of blocking them.

Other suggestions: You are a triumphant SURVIVOR! Reward yourself for each daily battle won by placing stickers on your calendar each day. Give yourself stickers for "compliment accepting" too.

Growing in Self-LOVE...a suggestion: Find or draw a picture of yourself as a baby or small child. See the wonder, the JOY, the delight in your eyes. Know that the lovable wonder child that you see is still within you and needs your love!

Attach the picture to a soft pillow and give yourself a loving "Hang in there" hug each day!

Note: Tee shirt stores can reproduce your picture on fabric.

MV

Her Savior is a Vampire

A true story, written by Dana

The following is a 100% true story of healing. It may sound a bit odd, but it's a very positive thing for my young alter's abuse issues.

I've always associated daytime and sunlight with my daddy because he would sexually abuse me only in daytime.

So night is the happiest time for "all of us" to come out and play! My apartment is a safe place because I have a large poster of Bela Lugosi in my room. I pretend he's my "real daddy" and he keeps me safe.

Victoria, a genuine 396-year-old Vampira, is a savior to my 4-year-old alter.

Whenever the 4-year-old sees the bright sunlight in which her abuser dwells, Victoria protects her in a shroud of darkness, so the scared little girl cannot be found. Finally, a safe haven!

Victoria gives me courage, and maybe some day we'll destroy this demon of white light. But until then, the little molested child shall hide under her covers from the demon Sun.

And when the moon's angelic glow will grace the earth's presence with her luminescent beams, Victoria shall guide the child to fulfill her wildest dreams.

MV

Therapist's Page

By Paula Gay, Ph.D.

Paula Gay, Ph.D., is Program Director of the Eating Disorders Recovery Center, which is part of the Masters and Johnson Programs at River Oaks Psychiatric Hospital in New Orleans, LA. This page has been adapted from a previous publication, in *Sexual Addiction and Compulsivity*, Vol. 3, #1, 1996 © Brunner/Mazel, Inc.

Reenactment and Eating Disorders

The dynamics of food and eating is complex and rich in meaning for all of us. Cultural, emotional, environmental and family-centered factors all weave their threads into the fabric of an individual's problematic eating patterns. Therapists often overlook the way reenactment plays a part in the onset and maintenance of eating disorders among their traumatized clients.

It is relatively common for eating disordered clients to report a history of early trauma, neglect and/or abuse. When they compulsively repeat diverse aspects of their stressful experience, they find themselves stuck in painful feelings and problematic behavior patterns.

One of the first goals in working with these troubled individuals is to help them interpret what their current symptoms mean to them, in relationship to their current life as well as their history. In eating disorders, repetitive behaviors may reflect traumatic experiences on many different levels. There may be certain specific behavioral patterns and rituals applied to food. Certain moods, tastes, smells, textures and relationship patterns, and thoughts or feelings about all of these areas may surface regularly, in a seemingly-automatic, compulsive manner. To untangle all these interwoven elements, a wise therapist helps clients explore how food was used as punishment, reward, or for other purposes in their early life.

Examples include various abusive forms of punishment (such as serving a child spoiled leftovers until they are eaten, depriving a child of food, or forcing a child to sit at the table for hours until she is finished eating), physical or emotional abuse at mealtimes, pathological family dynamics playing out at the table, or the use of food as a reward for sexual acts. In these situations, the clients problem eating patterns may represent a concrete reenactment of the trauma.

For example, one client who regularly binged on cookies and milk following therapy or journaling was conscious that she was 'self-soothing' after stress. But in exploring this behavior more carefully, she realized that as a preschooler, her mother repeatedly physically abused her in the afternoon, then followed the abuse with tearful apologies, sharing a box of cookies and milk. For this client, bingeing signaled

the end of the trauma and reconnecting with her mother. In present life, the discussion of abuse in therapy triggered emotions and thoughts that were ended only by the cookie binge.

Once she learned how she was reducing her anxiety and "ending" the trauma by bingeing, this client was able to feel more empathy for herself. She was then able to develop a more conscious way to decrease anxiety, using verbal affirmations and reassurances.

Food may also recreate experiences that traumatized the body. One client came to us with a pattern of vomiting several times a day, which was connected to a past rape. Her pattern was to buy a quantity of fast food (which she hated), force herself to eat until she was nauseated, and then make herself vomit. Upon reflection, she revealed that "smelling something bad" and feeling nauseated brought on her problem eating patterns. Eventually she could say that the oral rape she experienced was accompanied by disgust and nausea. For her, the symptoms were a recreation of the trauma, relieved by vomiting. As she gained mastery over the intrusive sensations, she no longer needed the vomiting to "cleanse herself".

A group psychodrama exercise called *The Dining Room* may be used to explore traumatic associations linked to food and eating (Goldman & Morrison, 1984). The client chooses group members to play her current family members and herself, and directs a typical scenario of a family meal. She then does the same for a second scene, depicting instead her family of origin. Next, the group discusses patterns, similarities and differences between the current and past families, focused on food, eating, and mealtime experiences.

The need for careful probing on these subjects is demonstrated by the case of a woman who feared she was an inadequate mother because she failed to provide structured mealtimes for her children. She said she could not be the protagonist in the above exercise, because she had no dining table or eating area in her home. She had decided the table "took too much space" so her family generally ate in separate areas of the house, eating off trays, etc. She said she had not experienced trauma at mealtimes, growing up. But after continued questioning, she recalled an episode that occurred when she was six. Her father was an officer in the army, and she and her family went to eat at a

restaurant. While there, she took a pocketful of quarters from a newspaper stand. She thought she was not seen, but as the family rose to leave, two military policemen stopped her and accused her of theft. (At the time, she didn't know her father had detected her, and ordered the policemen to "arrest" her and drive her home in the back of the police car.) Once home, her father told the policemen he would "take care of her just like the army would." He locked her in her room for three days with only bread and water to eat.

This client was surprised that her therapy group was horrified by this punishment...since punishments like this were so much a part of her childhood experience. She did consider the group's feedback, however, when they suggested that getting rid of the dining room table might be a way to unconsciously reenact her 'solitary confinement'.

In these examples, reenactment using food or eating patterns involved a literal and concrete, though unconscious, repetition of experience. But other patterns may be less obvious. For some individuals, there was a glaring contrast between the apparent "togetherness" of childhood mealtime experiences and the abuse and neglect they experienced at other times. The inconsistency of being 'nurtured' at mealtime, and not nurtured in any other way, may create confusion in the child's mind that is later reenacted by food or eating patterns.

Although more women are treated for eating disorders, an increasing number of men with a history of trauma and neglect are being treated for problems with food, eating, compulsive exercise and body image.

One hospitalized man who had a history of sexual trauma, sexual compulsivity, and bulimia, was discovered stealing food from carts used to transport meals from one hospital unit to another. He admitted that he had been hoarding stolen food in his room and binge-eating, despite open access to a well-stocked kitchen. The patient revealed that this behavior with food was a reenactment of a dynamic in his relationship with his father. He had frequently stolen merchandise from his father's store in an attempt to obtain the love and nurturance he wanted from his father. The pattern recurred when he wanted nurturance from the hospital staff.

So eating patterns and food relationships can be symbolic reenactments of parental

relationships, especially between mother and daughter. Usually mothers teach the first lessons in closeness, connection, empathy, and boundaries. An empathic (good-enough) mother teaches her child that her internal experiences are valid, understandable, and can be expressed. But mothers react with consistent empathy only when they are emotionally healthy. Many women with histories of trauma and eating disorder feel little empathy from their mothers. The mothers may have reacted to the reported abuse with denial, rejection, anger, complicity, helplessness or blame.

One client, with a history of childhood trauma who developed diabetes and compulsive overeating as an adult, successfully followed a food plan until she flew to her home town to compete in a ballroom dancing contest. Although her mother had been dead for two years, the client compared her appearance with those of the slim dancers, as her mother would have done. When her 'internalized mother' was activated, the client reacted by bingeing for more than a week on foods most harmful for her diabetes. In this case, food and eating symbolized both being comforted and being criticized. Bingeing was a form of punishing herself, even risking death. She was reenacting a traumatic but familiar relationship pattern.

Mothers also teach their daughters about boundaries, and the expression of difference, problems, anger, and pain in the relationship. Ideally, the daughter learns that differences can be worked out without destroying the relationship. But without such empathy and training, a daughter may develop eating disorder symptoms to symbolically represent the traumatic relational pattern.

Food may represent the emotional nourishment that the client distrusts,

rejects, or yearns for. A college-aged client came to therapy for treatment of anorexia, following a date rape. She compulsively restricted her food intake in public, during the day. But at night in her dorm room she would binge-eat, often under covers and with the lights out. The compulsion to binge was strongest when her roommate was sleeping in the same room, or there was a danger of being 'caught' eating. When asked if this pattern reminded her of a past experience, she recalled the same arousal, anxiety, guilt and shame when she secretly read her mother's sexy romance novels as an early adolescent. Then she would sneak the books into her room, lock the door, and read beneath the covers. When "caught," she described both a sense of shame and relief that her mother knew her secret. Later she revealed that she had not been able to tell her mother about the rape for fear of disapproval, though she longed for her mother's support. In this client's personal belief system, thinking or talking about or having sex was taboo, and could not be discussed with her mother. She reenacted this relationship pattern with food, to express her ambivalence about bringing up sexual topics with her mother.

The traumatic aspects of maternal relationships can also be reenacted in the therapeutic relationship. One client, who had an overextended and needy mother, vowed to not burden her mother with her personal problems or needs. She also shouldered more than her share of the family's problems. While she received a sense of enhanced status and closeness with her mother by being her helpmate, she also felt angry that her needs, problems, and pain were never discussed in their relationship. The client was expected to be competent and independent, while her siblings' difficulties were a constant source of attention. In

therapy, this client reenacted the selfless and competent role, going to extremes in watching the therapy-clock, fastidiously paying her bills, and otherwise attempting to care for the therapist to avoid being seen as needy, burdensome or dependent. She desperately wanted to change her behavior and release her anger. But she did not want to reveal her pathological needs. The thing she most wanted—to have her needs acknowledged and validated—was the thing she resisted most in therapy. The 'competent' role was familiar, and corresponded to the story she told herself, about herself and her life. A change in this role represented a departure into uncharted territory, with the possibility of a more fearsome ending.

Recovery is difficult because familiar beliefs must change. If the client believes she is bad, and that her parent would have cared for her if only she had been good, then the world is orderly, understandable, and fair. If, however, she changes her outlook to believe that she was an innocent and powerless child, and her parent was abusive, the world may look chaotic, threatening, and confusing. This shift is often accompanied by an acute sense of loss, and an intense need to grieve and mourn those losses.

One client compared her problem eating patterns to being on a runaway train with no possibility of getting off until it crashes into the station. Reenactment may feel like an unstoppable force, destructive but familiar. At its best, therapy offers the client the opportunity to tell her story, examine and revise it in more healthy ways. By dealing with the sources of eating disorder, food and mealtimes may eventually become the lifegiving forces they are meant to be.

MV

What Helps Me

I used to be so agoraphobic, I could barely go to the therapist, let alone go to the grocery store. I'd have a panic attack anywhere and, if in a store, sometimes I had to leave the cart right there in the aisle and walk out. I now can go most anywhere, as long as I "check in" with all 36 of my people, the Clan!

One of the things that my therapist had me do, was hold something in my hand—a key chain, the steering wheel bumps (and count them), the hard cold steel handlebars of the cart or a key. Anything that is familiar to you and that can ground you.

My doctor calls this 'centering.'

When one is in a panic situation, breathing increases, dizziness often occurs, and the feeling of passing out is there. This is because we are hyperventilating or over-breathing... getting too much oxygen and getting ready to flee or to fight as our ancestors did years ago, before all the modern inventions were in place to protect us or help us survive.

Meditation tapes help me when I am home. Tapes that reinforce the fact that you are a good person. There are many sources available for tapes. Ask your therapist, or check your local bookstore.

By The Clan



Partner's Page

Addictions

By Richard

A wise husband does his best to never let his wife see disgust in his eyes, but there are moments when it happens.

We were lost, trying to use a neighbor's directions to a local shopping mall. We finally stopped at a gas station to ask the way, and while we were out of the car, my wife lit up a cigarette. She has smoked off-and-on since I've known her, usually during times of heavy therapy. I hate for her to smoke, but I put up with whatever she has to do to cope with her memories of childhood sexual abuse.

But that day, it just got to me! I watched her light up and drag the smoke in deep with an expression of almost sexual pleasure. A few little fumes trickled out as she opened her mouth, then blew a long, satisfied plume.

I've often watched her smoke before, but this time a wave of disgust rippled through me and I had to turn away. I know what's in tobacco smoke, I know what it does to a person's body, and watching the woman I love inhaling those poisons, actually *savoring* them, was more than I could stand.

She asked me what was wrong and, after I controlled myself enough to answer, we had an enlightening discussion about addictions and why they seem so common among abuse survivors.

"All the abuse survivors I've known have some kind of addictive, self-destructive behavior," my wife said. I sensed a possible column for *Many Voices*, so I started taking notes. "Some smoke, some drink, some scratch themselves really hard, some pull their hair out, some cut. But all of us do *something* self-destructive."

"You have to deal with the rage somehow, or you'll do anything to numb yourself so you won't have to feel or think about what's happening to you," she continued. "And most of the ways you deal with it are self-destructive because it's too

terrifying to turn your anger on your abusers. And *they* sure as hell won't teach you healthier ways to deal with your anger and pain.

"If you're a multiple, you probably have multiple addictions," my wife said. "I have someone inside that wants to smoke, someone who wants to gorge food, someone who wants to cut, someone who wants to starve, because they all learned different ways to cope.

"And if abuse survivors don't self-destruct by addictions, they self-destruct through relationships by getting involved with real sickos, like I did with my ex-husband," she added.

All that didn't help me feel any better about my wife smoking, but it shed light on why she and so many other abuse survivors seem to be addicts as well.

Besides smoking, at various times my wife has been addicted to food, television, reading, cutting, even sleeping. Although some of those are not commonly thought of as addictions, they were all pursued in the compulsive, gotta-have-my-fix manner of an addict.

That has been one of the hardest things for me to deal with, watching the woman I love always caught in some repeating cycle of self-destructive behavior.

Several major factors help me live with my wife's addictions. The first is understanding her *need* to do something addictive and self-destructive, as she explained to me above.

The second is insisting on my right to express disapproval, as long as I don't trespass into controlling or nagging. (I try to keep it down to mild grumbling and occasional sour looks.) Just as she needs to do something to defuse her self-destructiveness and prevent a frenzy that does major damage, I need to gripe a little to keep from stewing about it and eventually exploding at her.

I guess it comes down to your boundaries and what addictive behaviors you can tolerate in your partner. So far, my wife's addictions are fairly innocuous. She isn't doing anything illegal. Her addictions are not destroying our bank account. She's not doing anything that makes her a danger to other people, or a witch to live with, or that make her unsafe to drive.

So while I've accepted my wife's need for some kind of addictive, self-destructive behavior, I still have limits on how much I will stand.

Other partners will surely have different limits. One guy in our support group was shocked that I allow my wife to cut. He said, "I made it clear to my wife that cutting was *not* acceptable, and she had better find other, healthier ways to deal with her feelings."

Other support people might be able to tolerate controlled drinking in their partners, or limited marijuana use, but I won't tolerate my wife drinking or drugging. Each couple must work out their limits and boundaries individually.

In general, I've learned that understanding what drives abuse survivors to addiction, combined with a firm knowledge of what you'll accept, is vital to anyone who lives with, loves, or otherwise supports an abuse survivor.

And one other thing helps me through—the assurance that the addictions are temporary. My wife, her therapist, the guys in support group, and other survivors who have come through the healing process all say that the addictions fade when they are no longer needed, after the healing and integrations take place. That assurance, that faith in the process, helps keep me from going completely bonkers over my wife's addictive behavior.

MV

Ending the Never-ending Story

By B and K

A year and a half ago it was finally determined that my wife has Dissociative Identity Disorder. So reluctant were her alternate personalities to trust those around her that they denied their need for help for many months before finally making the tepid move into the world of reality that we live in. My wife of nineteen years had lived most of her life with lots of invisible and silent company. The death of her father from a car accident changed all that. Whether his living served as a constant threat, or whether my wife needed to allow others to believe in his decency, the personalities she had created continued well beyond childhood to suppress the terrible memories of abuse that tore the fabric of her soul.

As my wife embarks on the road to healing, she searches to sort out why she was abused. During one sleepless night she managed to write the following letter to her step-grandmother, a letter which was never sent and likely never will be sent. Last year, after weeks of preparation in therapy, my wife managed to talk with her mother about some of the abuse done to her by her father. While her mother was unable to do much except believe and support her daughter, that is enough and usually all that is ever asked. Her mother talked about her father's childhood: one of getting hit frequently, being unwanted, passed around from one family to another and finally raped by his stepmother. It helped my wife to know that at one time, her abuser was a victim himself. We offer this letter as a window into the heart and mind of a woman with many pieces who seeks peace from the torment of her past.

Dear _____

Just thought I'd write to let you know how I've been doing. Things haven't been going very well for me. But at least I have a lot of questions answered. Ever since Dad died I've been having a lot of bad dreams. Nightmares...night sweats. I'd wake up terrified and drenched in my own fear. Things got worse. It started happening during the day. Certain sights and sounds and even smells would send me into a horrific panic attack. I started finding myself more and more in places without knowing how I got there. More and more frequently I would encounter people who knew me, and I hadn't a clue as to who they were. I lost time, hours and sometimes days at a time. I was in a constant state of depression...despair, really. I was losing my life. I went to the local mental health hospital for weeks at a time. I was put on suicide watches. Not knowing what to do with me, they sent me to different mental institutions out of state, with a chaperone because I couldn't be trusted alone. I was given drug after drug to try to alleviate the problem. I became lost. Desperately, hopelessly, helplessly lost. Alone.

I didn't know what was happening to me or why it was happening. Until it hit me...hard. Those hellish nightmares and errors were not just a dream. It was memories oozing to the surface of my mind's eye. Bringing along the smells and taste of dirty, nasty acts. Acts so vile and wretched that the only thing I could do was depart myself from them. I went into hiding the only

place I could go, deep into my mind. I didn't know it then, but I was saving my own life by doing so. But as anything that is left to fester and rot, it starts to get gaseous and soon erupts, leaving gaping wounds. Parts and pieces are all that's left. Now the hard part starts, finding them all and putting them back together.

All those pieces were memories of many tragic acts. With each level of horror, my mind created people who could stand up to the pain. They grew into people with separate characters all their own. They all have names and birthdays. All are unique with special traits and acts and jobs to perform. It was my way of coping with what was done to me...by my father. And by others...because when you learn to be a victim it is all you know how to do.

I actually still don't see all of this first hand. The people within me have come to trust my husband and my therapist enough to share the pain and disappointment they have protected me from all these years. It really gets difficult sometimes to even comprehend all this. I always have to ask the question of *why*, how could someone do this to another person, especially a father who is supposed to love his daughter. I have been told that these terrible acts start because the person is reacting to something that was done to him. Something happened in his past, something awful and immoral was done to him by someone else. Just think of that person as pushing the first domino. What a chaotic mess it started!

Because it just doesn't end with me. Even though the cycle of violence may have ended with me, everything that is going on with me now affects my children's lives. They know something's wrong with momma and they know that their grandpa did it. What a crushing memory they are left with of their grandpa! Then there's my husband who has to take the brunt of all this. Not to mention my mom—the guilt and shame she feels. Then there are my sisters to whom I haven't spoken or written or heard from in over two years. It totally shatters their memories and ideas of who their father was.

I feel at fault. There should have been something I could have done to stop him. I should have been a better girl, a good, clean girl, or maybe even a boy. I can't help but feel that they blame me. And because of all that we don't have a relationship now.

I just wish that whoever hurt my dad could realize the damage they have done. I don't know. Who knows? Maybe they were hurt by someone evil themselves. Anyway, I still wish they would burn in hell for what they did.

As you can tell I still have a lot of healing and forgiveness to do. After all, without forgiveness, there is no healing. I guess it's easier to be able to put a face on a person that you are forgiving. Maybe not.

Anyway, I just thought I'd let you know how I was doing.

Sincerely,
K.

What Helps Us

I want to get a scrapbook. Then clip all the MV articles I really like and glue them in. Then, when I'm sad the book will help. Like I *loved* elly's lotion story. I'm going to try lotion and sparkle polish! I also want to get another scrapbook and glue in all my letters, photographs, and postcards I've kept. I'll decorate it with glitter, paper and beads! This way, I can get organized, share about DID, and me!

By Stephanie



Tonight I came to my own realization—a positive one.

Instead of hating myself, and abusing my body with razors and cigarette burns, I suddenly realized that I am a strong, determined individual. Normally I would call myself 'crazy' and pathetic', but it was I who saved myself!

I saved myself when I comforted my 4-year-old alter when she felt suicidal. I saved myself when my male alter was

determined to kill my abuser! I stopped a woman alter from prostitution. I also stopped my "Hitler" alter from emotionally abusing me and giving me 10 years of bulimia.

Although I am not 100% 'cured', I get 2% stronger every day (and that adds up!)

So to all you readers with dissociative problems, you're all strong for keeping yourself in existence. You are #1!

Written by Me

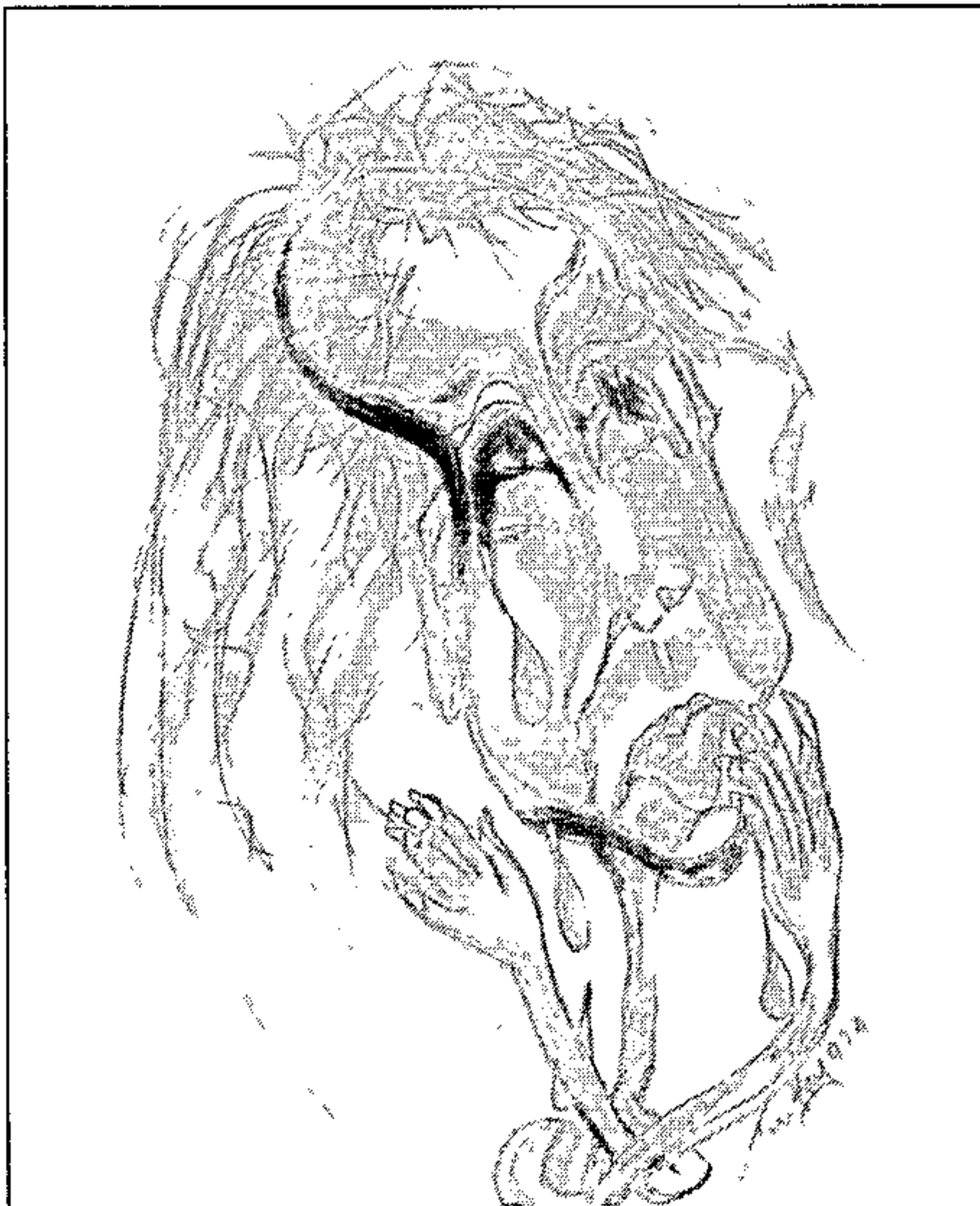


What helps me, might help you. In the morning, open the window of your room. Go out to the terrace and look at the landscape. Is it beautiful for you at this time?

When I lay face down in my bed, I feel good. Also, I decided to make myself 'split' into a healthy part and an ill part. I put the ill part to rest, and brought the healthy part out to be 'me'. And I feel better.

By Cristina

MV



Dancing on the Edge

It is amazing to me that something I say I want so badly—namely, healing—is something I seem to back away from at times.

My therapy is like a teasing pull and a frightening push generated by a force within myself, but out of my control. One day I march with resolve into my therapist's office ready to slay dragons and conquer all my problems in a 50-minute hour. The next session all the wind has gone out of my sails and we float aimlessly around the boundless sea of memories and pain.

The worst days are the ones where my toes dangle from the very edge of the abyss of depression and suicidal plans. I look at my feet as the dirt and pebbles trickle downward and I think perhaps I'll take that last step which would solve my problems, but seal my fate.

Other days are filled with warm sunlight that bathes me as I dance across an endless, grassy meadow. The abyss is so far away, it doesn't even seem to exist.

So today, my prayer is to spend long hours in the meadow, barefoot and free. I will dance to a new song. I will dance unfettered by problems of the past and present. I will dance on solid ground.

I will dance toward a horizon of healing.

By CE MV

Switching to Health

(The following are responses we received to R.R.'s question in the April '99 newsletter, about being "stuck" and unable to switch smoothly from an uncomfortable state. We felt these answers might help others, as well — LW)

When you are having physical problems, stress, anxiety flashbacks, etc., there are skills you can learn to switch. It will take practice, but eventually it will be second-nature to you.

Here are some suggestions that I have learned in therapy and found to be helpful. I hope they help you.

1. Take your thumb and index finger and press the two fingers firmly together. You will feel the energy flowing between your fingers. Think hard, if you know the helpful alter, and see the alter's face, eyes, hair or whatever characteristics that will help you switch to that alter. If you don't know what alter to switch to, just let the energy flow through your toes, knees, thighs, waist, all the way up to your head.

2. Another suggestion is to see yourself walking backwards, and see somebody else (who feels better) walking forward.

3. To reduce anxiety, get grounded. Put your feet firmly on the floor and press into the floor. Then get your breathing under control. Breathe in to the count of ten. Do it at your pace. Then let your breath out to the count of five. Do it a few times. It is all about you being in control, you having the power, and you being in charge of your life.

4. For blurred vision, it can be caused by being crowded by another alter or an alter that can't get out all the way. All you have to do is blink your eyes a few times very fast to get the alter out who is stuck. If that doesn't work, then you can put the alters in different spots. The kids can play. Some alters may prefer to be on your right. Some may prefer on the left. Some prefer the back. If vision problems are caused by other factors, such as flashbacks, drawing or writing can help.

Sometimes alters are trying to tell you something. There are all kinds of tricks, but you have to figure out what the problem is, and then use the tools that will help you with that problem.

Sometimes you have to try more than one thing.

Have patience. It takes time to figure out which one works best. Keep practicing. You will eventually be able to switch yourself. (You've been doing it all your life automatically, without thinking how you do it.) When you switch yourself, you are in control of your life.

5. You may also ask your therapist (if he or she is trained in dissociative disorders) to teach you skills to switch yourself.

By Peggy Sue

Relax as much as you can (I know this is really difficult if you are agitated or experiencing a lot of pain.) Sometimes not switching smoothly happens when you are really trying to protect other alters from what is going on (this may not be conscious).

Focus on your body, and notice where you are tense or in pain. Then imagine healing around those places. Breathe, noticing and focusing on when your breath changes from inhale to exhale—that turning point in your breathing.

You might draw an outline of your body and then, with colored pencils, color-in places where you are feeling pain. Ask inside if any of the others are able to help you add to the picture. Are there other areas that feel pain? What message is your body sending you? What colors best speak these messages? Drawing helps you contain feelings and provides a safe way to work with overwhelming anxiety or flooding.

Consult with a physician for meds to manage acute pain (for severe head injury, for example). Also, there is an excellent pain-management audiotape that may help you, called *Pain Control* by Changeworks (with Carol Erickson). It is a self-hypnosis tape that helps you control the pain level in your body. This is excellent for chronic illness, pain during remembering, and for head injury or other traumas.

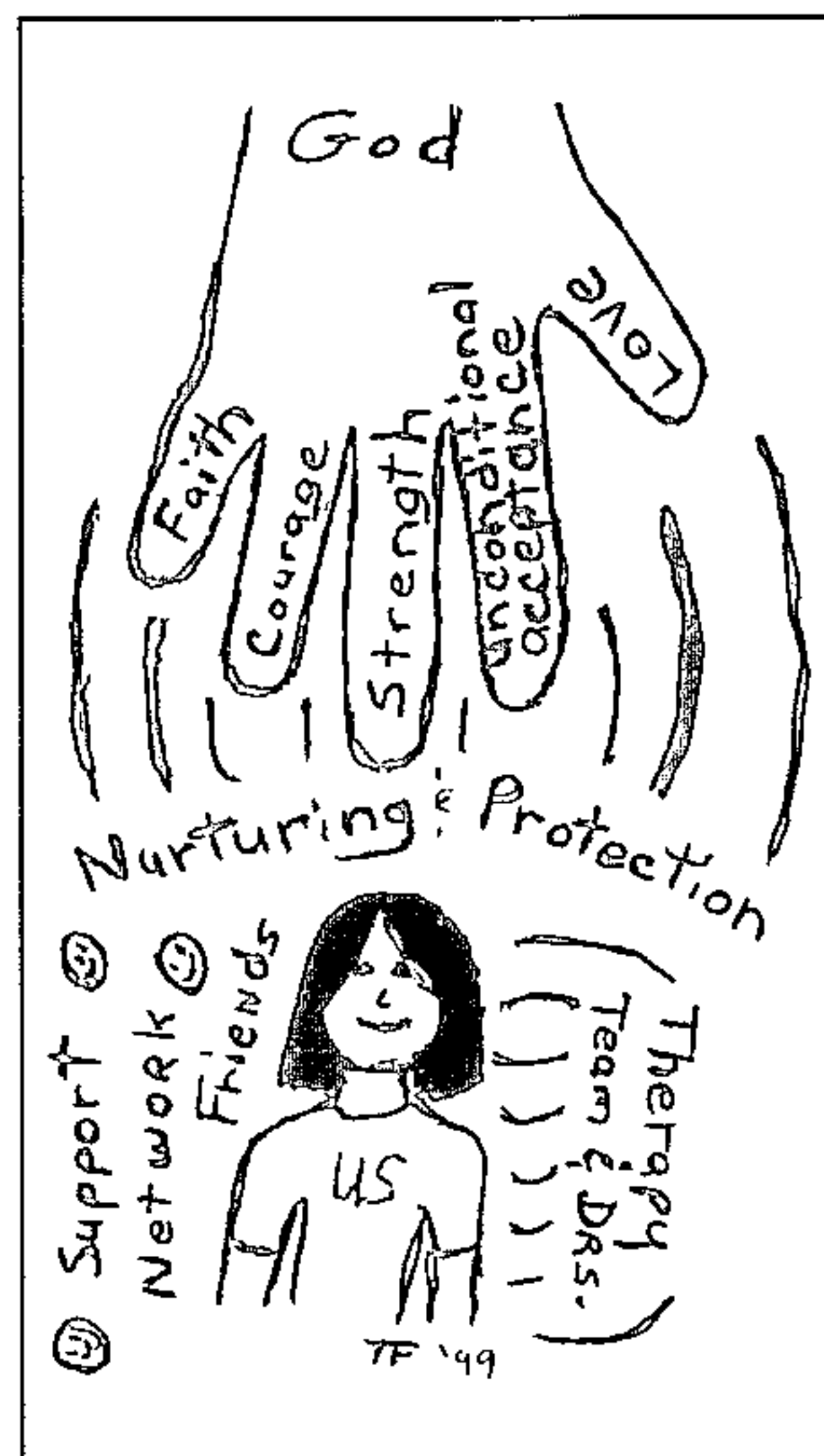
Send a message to all other alters that you would like help from whoever is able to help you at this time. Maybe just one or two could help considerably with the burnout that the primary alter experiences after awhile. Maybe, in the case of physical injury, ask for those who feel able to handle and manage the pain. Ask the other alters what special abilities they have that may help with managing the pain or anxiety.

In other words, gently encourage all alters to work together in managing the pain and anxiety.

Best, Gwen

(One more suggestion: if you have physical problems, such as blurred vision, pains, etc. be sure to get a checkup from a medical doctor too, to rule out any sort of systemic illness or problem. Sometimes the physical difficulties are more physical than mental! —LW)

MV



Problem Solving

By Helen of Pam Map System

How to do the work by oneself:

- Write it down. Write the whole long problem with all the smaller issues. Each and every one of them.
- Write about all the different aspects of the problem. Make jottings or mark down any related problems concerning the big problem, so you can address this also.
- Do it all in one sitting, if possible, to keep ideas together. Then examine the results.
- Get your loving where you can, when you need it.
- When all ideas and situations are down concerning the major problem, evaluate what you have come up with. If needed, summarize each section or highlight the decisive items you need to do or not do.
- Take care of your bodily needs.

Here is how I worked on one big problem, step by step:

• Problem:

I hate my husband and I can't decide to divorce. I'm feeling the betrayal of my son, and I'm feeling the isolation of my children siding with my husband. In addition, the flashbacks are starting at the deep level.

• Solution:

I must choose what is best or the healthiest for me.

A. My son chose the bribery all by himself. I must keep away. cry and let go of him emotionally. I cannot fight him on this, for ultimately it will burn me more and delay recovery, so I must leave this and just grieve.

B. My daughter has sided with my husband for she has monetary assets to lose.

1. Also, I was not there for her, in supporting her emotionally when my husband took care of the son and not her. He prefers the male children simply because they are male.

2. I had agreed to no alimony at a previous time, and my daughter hit me

with this fact. But I could not answer because of my D.I.D. The answer came to me later, which was too late to tell her.

C. I pulled apart the prospect of divorce and listed the assets to assist me with this endeavor:

1. I cannot recover as long as I fear my spouse.
2. I may come out financially better. There are no guarantees but I must try.
3. I am doing this for me, to show them all that I do not have to be stepped on and that I can fight back.
4. My children do not support me, but I have support now from
 - a) the support groups
 - b) my friends
 - c) my neighbors
 - d) my therapist
5. A safe house is available to me
6. I will get a restraining order.
7. I have step meetings that I can go to on a daily basis and they are generally quite safe.
 - a) they are all at different times.
 - b) they are close at hand
8. There is the Shelter.
9. I have found two pastors who work with people who have D.I.D. I can call them if I have to.
10. I have my therapist who has:
 - a) love
 - b) insight
 - c) integrity
 - d) doing God's work
 - e) always, extra time
11. A loving H.P. (Higher Power)
 - a) a stronger connection.
 - b) Available immediately.
 - c) Works in ways I will not expect.
12. I can pray.
13. I can meditate.
14. I can evaluate what I need and go get it.
15. I have a sibling's house as a safe house also.
16. I have a sibling I can call at any time in case of an emergency. She will respond.

17. I have a few support people I can call to share heavy secrets for only a second, and then I know I can share the secrets later with my therapist or support person.

18. I can get a domesticated animal to hold and pet if I choose.

19. I can even use the prayer lines from the TV if I need to talk to someone and there is no one else around. This does not cost money.

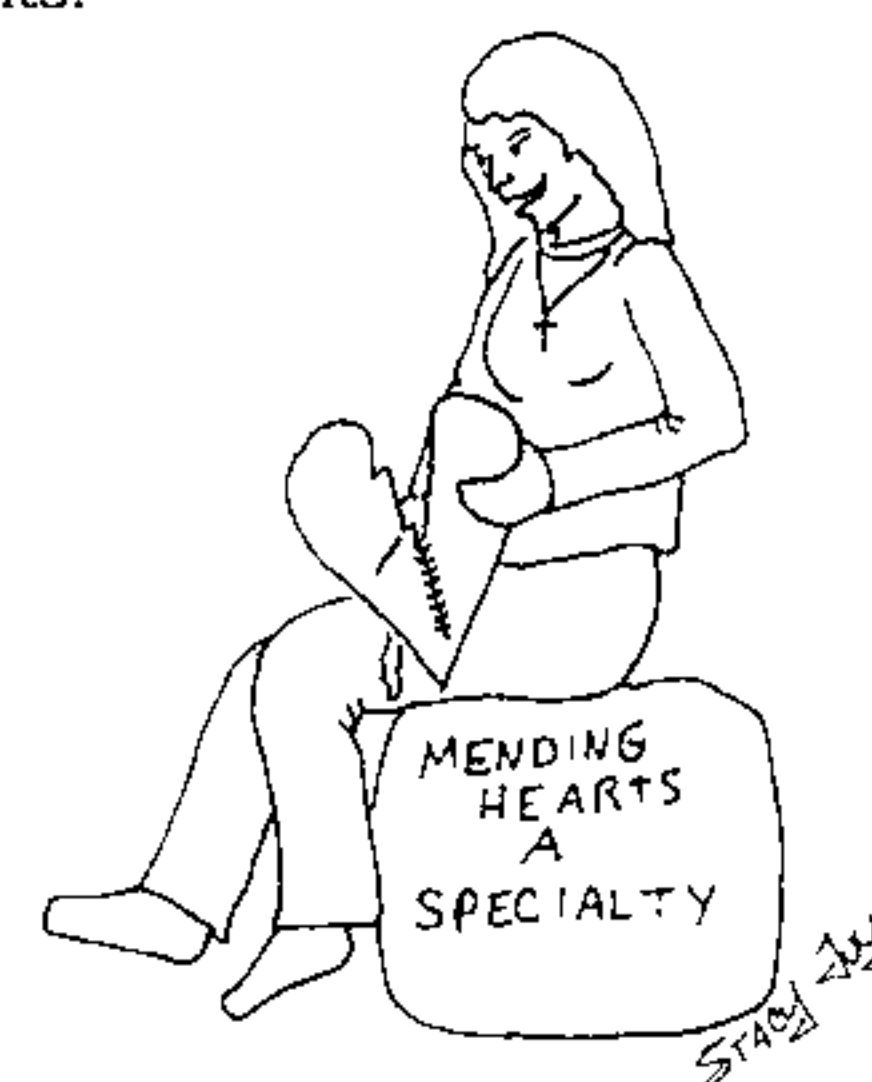
20. Do whatever I can to help myself, with my knowledge.

- a) running
- b) walking
- c) screaming into pillows.
- d) one of the least-known

techniques is distraction. For example, when I am in pain on the highway and I am driving, I just continually read the signs out loud, which distracts from my pain so I can get to my destination.

All therapy consisted of pulling apart each small issue and asking what would be the healthy decision for me. I finally saw that I had to get away from the spouse. Let go and Let God. Let go of the children and their decision to support their father. I had to take responsibility for what I was planning on doing—divorcing my husband. I am not conversing with the children for they were not supporting me, and I am also hiding from them because they do not want to see me in pain. It is I who am hurting. It is I who am in pain. It is I who does not sleep. I must keep the focus on me and do the healthy behavior, and only this will get me out of this situation. Different behavior means that there will be different results.

MV



Poetry Page:

A Properly Prepared Cucumber

Peel the dark covering off the memory
Picture him clearly in your mind.
Deciding on the thickness of the slices
You wish to create, take the cucumber
in hand. Lay that soft white elongated
Cuke on the cutting board. Smile.

Take the sharpest knife you own in
hand
Place it firmly upon the pulpy,
quiescent tip.
Slice through, admiring the tender
consistency
The gentle resistance you encounter.
Allow your imagination to wander.
Slice continuously, maintaining the
integrity Of shape.
Step back and view the object.
See the shriveled, puckered, wrinkled
look of its being. It doesn't look happy.

*This is a well-handled Cuke.
Use it girl, any way you want.
It's your choice now.*

Enjoy!

By Irene F.

Paradoxes

I am torn between the need to know
And the fear of knowing.
The reality and the surreal; trusting
And mistrusting; the destructor
And the survivor; the courage
And the fear; the putting up of
Barriers and the tearing down of
them;
The acceptance and the denial; the
strength
And the weakness; and finally
Living in the unknown and darkness
Or letting in the LIGHT.

By Karen G.

When I am Silent

(Wondering about Integration)

When I am silent, will you know me?
When I never speak
with a voice of my own..
will you hear me?
Will you see my smile,
recognize the tilted head,
the special touch,
the way I wear my jewelry
cross my legs
or walk across the floor?
When I am silent,
will you know me?
When I never speak
with a voice of my own,
will you hear my laughter?
Will you know my heart,
my love,
my song?

By Echo D.

for the Coalition for Joy

Doin' the Helfgott

(To be read very, very fast)

It's okay. It's okay. It's okay.
I'm okay. I'm okay. I'm okay.
I'm okay.
Think positive. Think positive.
Nothing negative. Nothing negative.
The past's in the past. The past's in
the past.

By S. Marie

Untitled

He liked to believe
she no longer came home
on the holidays
for lack of sufficient bribes
of gifts and money.
When in reality,
she no longer came home
because for once—
she could finally say "No".

By S. Marie

*S.Marie's book Captiv, will soon
be published. Details to come in MV)*

She Asks Why

Sometimes she sees me after I fell,
she says it breaks her heart into tiny
pieces, like a piece of glass crushed,
crushed. She looks to the left and sees
me, then she looks to the right and
sees Red (heart), then she looks down
and then up at the sky, and asks Why?
When she looks up and asks why, she
tastes salt, it comes from her eyes, and
it's the only time she doesn't rain
silently. She asks Why, she rains, she
feels the salt in her papercuts, and she
says it's agony. Sheer agony, she can't
speak, it's too hard, and there's
nothing to say. She looks up to the sky
and asks Why for everyone, for
everyone. She says it's not just us that
fell, she says I'm not the only one, and
that makes her look up and ask Why.
She looks to the left, and she looks to
the right again, she looks down, and
then up at the sky, she asks Why, but
she knows it won't be long before the
sky will cry. The sky will always cry.
There will always be colors, and the
water will wash the salt from the
papercuts. The sun will come out, and
there will always be colors.

By Rain

The Journey

Sitting...staring...
Up towards the sky
The birds fly...free
I wonder...why can't I?
Roaring...restless
Like the raging sea
I am not I...I live as "we"
Pondering...thinking
About my life as a whole
I am divided...who owns my soul?
Hopeful...finally
I'm allowed to cry now
But nobody told me...
let me know how.

By K.S.

Letters

Lots of letters this time, folks. Remember, MV will forward your first reply to a letter-writer. After that, it's up to the two of you if you will maintain contact. The people who write here are seriously looking for good ideas, so if you have some thoughts, please send. -LW

In this system there are many children. They like to wear cartoon character socks, Winnie the Pooh, Tweety Bird and Toe Socks. They were popular in the '50s and '60s. They are striped and each toe is a different color. The kids love them. They each have a favorite color.

The husband says no one can wear the "happy socks" around him. Soooo, while he's gone at work we wear them. Then when he comes home at 5 pm, we completely change our clothes.

We are people-pleasers. We try to keep everything and everybody calm and happy, and we're sure we won't get hurt, but we are hurting ourselves by not using our voices.

When momma says eat, you eat.

When momma says Do your homework, you do your homework.

When your uncle says pull his pants down...you do it.

We never knew we could say "No!" "That hurts!" or "I just don't want to do it."

If you're a people-pleaser, you learn not to have needs or want anything. You do what people say, so maybe they'd like you even just a little bit, maybe you'd get a smile or a hug—so rare.

Even when buying food, I would buy food only he liked, even down to cranberry sauce. He likes jellied; "we" like whole cranberries and orange zest in it. But I would only buy what he liked. He counted. "We" don't.

Maybe I'd get a pat on the back. "Good girl." "You count." "You're important."

He gives me \$10 a week for gas and craft or recovery books. I had to save up my weekly allowance for the subscription to *Many Voices* (my life line).

We feel so different from 'normal' people...we don't fit in.

The husband wants us to get a job. We've looked at several possibilities and he said "No," to each one. I told him I didn't feel ready emotionally to get a job. He doesn't hear it. He ignores me, turns, and walks away.

Pleasing him is not supporting 'ourselves.' He doesn't want to hear about the abuse or the baby that died. So since everything we say is misinterpreted, and taken the wrong way, we just do our jobs at home: cook, clean, laundry. We do our obligations and shut up.

I get more support from strangers.

If anyone can relate to us or has any comments to help us, please write.

By Comrades

This is the second letter I sent to MV (the first wasn't published before). I wrote the first time because I felt three of my alters had 'died.' I had told my previous therapist that my alter Ginny was worthless and wanted to die...but other parts of the system wanted to live. I asked the therapist to help Ginny 'die.' He hadn't let a personality 'die' under hypnosis before, but agreed to do it. Though he used the word 'vanish,' I saw the process as death. At the count of three the alter was 'gone' (with two others who kept her company). At first I felt peaceful and happy. But when I got home my left side of my head hurt. I felt like I had just had a lobotomy. The pain was severe. I grieved and cried for what I had just lost. I was angry at my doctor for doing this, and not trying to think of some other way for the personality to work out her problems. I know she suffered from depression. A year after this happened, the left side of my head still hurt. I think this type of hypnosis can be very dangerous to people, and I would never advise anyone to try what I did.

It is hard to change therapists, but I did. My current therapist told me the alters did *not* die, and that the pain I felt on the left side of my head was proof. He told me the memories were just suppressed. I didn't believe him at first. I really thought I had lost the three alters. But he was right. He helped me retrieve them.

I hope you will print this, because it is important for others like us to know what is bad therapy and that with good therapy, things can get better. It did for us, though it hasn't been easy. We shut ourselves off from the world after we left our other therapist. We had no outside friends, and had committed ourselves to being a hermit. With our new therapist, we went to therapy but we told him we would not join support groups of any kind or ever make friendships. We told him we just wanted to be left alone.

Sometimes I still feel all alone, even though there are many alters. We are stronger now. But we do want and need outside friendships. If anyone has experienced what we have gone through, or wants to know more about what I know (now) about good and bad therapy, please write. I would like a friend.

Sincerely, Marita

I am writing to you in hopes to help other people not to walk the same path as I did. I don't know what I was thinking of, but I really do need people who have MPD/DID in my life, or at least to have

more contact with people who do. Before, I got angry because nobody wrote in MV about how to pay for therapy. I have 'outside' friends, but they don't have DID. I go to therapy. But my friends cannot give me help about some of the confusing things that go on inside of me.

Now I'm in a place where I have problems making decisions, I have trouble getting dressed, others of us want to leave this job where we've been working so long, others want to run the business we have. We also want to have a family someday, and kids. I push myself so much. Others want to smoke, eat, and others exercise. I thought if I just worked with everyone I would be all right. NOT! I get tired, too. Now I'm on the verge of taking leave from working, 'cause I just can't do anymore. If one more person asks me to do anything, I get anxiety and overwhelmed feelings to the point of panic. So please, everyone, do whatever you can to heal. You don't want to be in the place I am. Now I have to find the courage and strength to find my way back, and I'm not sure I can. This comes from my heart.

By Terry and All

It is strange to think I can have all these different views of things at once, but there it is. I am happy to be me today, and I guess that is the best outcome of treatment. To come to love and trust yourself is a blessing anyone would want. I still struggle with some of my behaviors, especially comforting myself with food. I often wonder if that is hidden anger at myself. I know I do view it as a slow form of suicide, and am always caught into self-confusion when I make the same choices over and over again, in spite of that belief. Do other people feel that way? It is one thing that I truly feel powerless over, most of the time. I know I am capable of eating in a responsible manner, and still I choose otherwise. Does anyone share this problem or have answers?

By Rene

I have been in therapy for years, and am still unable to trust enough to allow child alters out in treatment. Part of the result, I think, is that I am experiencing an ever-deepening depression. In fact, the protective parts of me as well as the inside self-helper (a young alter) mostly deal with therapy. This has been going on so long that I feel stalemated in therapy. STUCK would not begin to describe it. I just feel so self-critical, ashamed, and embarrassed to let these younger, more vulnerable parts out. I expect my psychiatrist to say, "Stop

acting like a baby!" Though I know he won't say this, I keep thinking, "Well, he'll think it but be too polite to say it."

I've read that psychiatrists of DID patients don't want to be burdened with 'babysitting'. Well, mine sure hasn't been. I can't even let the Little Ones out to say Hi! beyond one or two sessions. And my primary protector alter has clung life-and-death to that little morsel of admonishment.

In some ways, I feel that I am avoiding remembering, feeling my body, learning to embrace joy and trust. I fear being laughed at, punished, ridiculed, and hurt. In some ways—I know this is going to sound stupid—I feel my psychiatrist is as much stuck as I am. He won't ask for any alter (the good side is, I never feel manipulated; the not-so-good side is, I never feel encouraged to have alters in therapy). I feel completely at a loss. When I have had younger parts in therapy I feel completely alone with all of this. I don't feel I get enough encouragement or that each part feels they have something to contribute.

Maybe it's not even an issue of trust anymore as it is an issue of not feeling comfortable. I just don't feel that therapy is a place for all of me, for most other alters/parts. It's amazing to me, because I see this as a big problem, yet feel completely stuck.

I have talked all this over in therapy, and my therapist sees this as an issue of the protector controlling the children, and not wanting them to trust, in large part. But I see it as really much simpler than that. The children just don't feel welcomed. I just don't feel welcomed with warmth. They are saying by their silence, "Welcome me! Welcome me! Tell me it's safe to come out from behind the trees!"

I feel unbearably alone, sad, and lonely with this experience of being DID in therapy—all the re-enactments of silence and distrust aside (and I do acknowledge they are there) I just feel that all of us are not welcome. That I am in a non-verbal, polarized argument with my therapist over who will change. Will he change and be more compassionate—help the children

feel welcome and a part of therapy—stand up for them and say that they deserve to be present? (I have a feeling he wants *me* to do that—and who can blame him? Inner strength and initiative are wonderful traits to cultivate. It's just not so easy when very vulnerable parts don't feel welcomed by him.) Or will I change and allow others out when I feel that therapy is unwelcoming?

Help! I really need insights and encouragement! Anyone else have any ideas? Allowing myself to be this vulnerable is kind of a step, so Thanks!

By G.



MV

Books

Rebuilding Shattered Lives The Responsible Treatment of Complex Post-traumatic and Dissociative Disorders

By James A. Chu, M.D. Published by John Wiley & Sons, Inc., NY. © 1998 \$47.50. 271 pages. Hardback.

A must-read for clinicians, especially those who have skipped the last few ISSD conferences and may not be current with today's treatment theory. Dr. Chu brings to this timely book his extensive experience as head of the Trauma and DD program at Boston's McLean Hospital, and his association with Harvard Medical School.

Chu covers the basics thoroughly. But the real strengths of this book, to me, are in the way it clarifies and positions the transformation of treatment for dissociation in the past few years, via such factors as expanded research, the impact of managed care, and the controversial subjects of memory and iatrogenesis related to D.I.D. symptoms and diagnoses.

While he clearly takes the view that early trauma causes *most* dissociative disorders, Chu doesn't claim that all dissociation, or even D.I.D., is 100% trauma-based. He believes there's a lot yet to learn about the dissociative process. While stressing empathy and

the development of solid therapeutic relationships in treating people who dissociate, Chu comes out strongly against treating all chronic dissociators as if they have D.I.D. He cites several different types of "pseudodissociators" and says that the D.I.D. diagnoses rarely helps these patients, and may be harmful. While stating there is no proof that D.I.D. can be "created" in adults who are not already dissociative or have trauma histories, he says patients with lesser degrees of dissociation can be pushed into a D.I.D.-like presentation by naive or overzealous therapists.

Chu also explains that the field's early emphasis on abreaction, or 'reliving and reframing' abusive events, was patterned on treatment of adult-onset PTSD, where flooding the patient (usually a combat veteran) in a very-supportive environment often yielded positive results. That approach doesn't work with many people who are dealing with histories of child abuse, he says, partly because the vast support network is not in place for people who, because of their early trauma, do not have a lot of skill in building healthy relationships. Although there were some successes, for many who endured abreaction after

abreaction (led by their well-meaning therapists) the unfortunate result was increased pain, loss of functioning, and retraumatization without symptom relief. Chu maintains that abreaction, if used, must be delayed until a very strong therapeutic relationship and outside supports are well in place. This can take years to develop, and cannot be rushed in a vain attempt to rapidly "cleanse" a system of past abuse issues.

Hospitals, today, should be a place for safety and stabilization, but not for exploration and abreaction. "The inpatient settings must not become an arena for flight from impasses in outpatient therapy or for reenactment of abuse, or a substitute for learning to live in the world," he says.

This brief review cannot begin to cover all of Chu's opinions, which are well-grounded in research. His work is readable and makes sense, even to a non-professional like myself. While there are no 'miracle cures' likely from the treatment approach he advocates, therapists and clients who prefer reality to grandiose wishful thinking will appreciate this position.

(The Appendix includes the *Dissociative Experiences Scale*, a most-useful diagnostic tool). —LW

THANK YOU!

Once more, you folks outdid yourselves in sharing good ideas and art. Keep it up! You help a lot of people! & Please, DON'T forget to send suggestions for next year's topics! We'll list them in August! -LW

August 1999

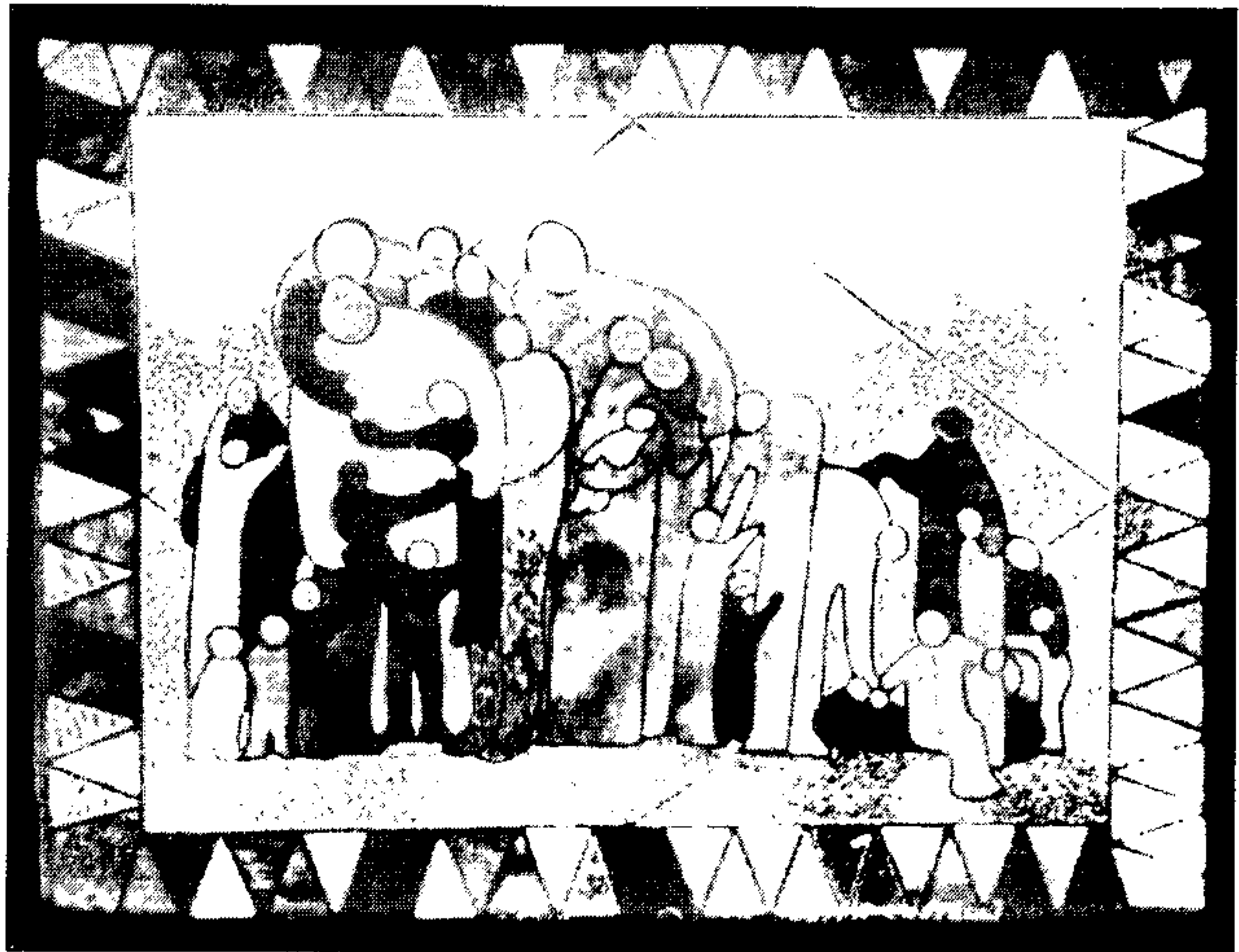
Embracing joy and laughter in our lives. ART: Cartoons and silly stuff.
DEADLINE: June 1, 1999

October 1999

Multiple Issues: seizures, Attention deficit, traumatic medical procedures, infertility, scars, aging. ART: Health and recovery.
DEADLINE: August 1, 1999

December 1999

Forgiveness. How to release what we don't remember. Dealing with fears of intimacy. ART: Loving yourself, sharing with others.
DEADLINE: Oct. 1, 1999



WE ARE NOT INVISIBLE. WE EACH HAVE A VOICE, WHICH SPEAKS THE TRUTH. WE WILL BE SEEN, AND HEARD, AND BELIEVED.

By JC 5/95

Share with us!

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

Subscriptions for a year (six issues) of *MANY VOICES*: \$36 in the U.S., \$42US in Canada, \$48US elsewhere. Back issues always available, each issue 1/6 yearly price. Enclose the form below (or a copy) with your check, and mail to *MANY VOICES*, P.O. Box 2639, Cincinnati, OH 45201-2639. Phone: (513) 751-8020.

MANY VOICES

NEW!

**We now accept
Visa &
Mastercard!**



Name _____
Address _____
City/State/ZIP _____

☐ I have a Dissociative Disorder ☐ Professional/therapist ☐ Relative/Friend

Subscription type: ☐ New ☐ Renewal ☐ Gift Send full list of past themes: _____

Full yr. (6 iss.) '89 ___ '90 ___ '91 ___ '92 ___ '93 ___ '94 ___ '95 ___ '96 ___ '97 ___ '98 ___ '99 ___

Specific issues or preferred start date: _____

1 year: \$36 in U.S.; \$42US in Canada; Elsewhere, \$48 in U.S. currency drawn on a U.S. bank.
Make check payable to *MANY VOICES* & send with this form to

MANY VOICES, PO Box 2639, Cincinnati, OH 45201-2639

CHARGE IT! (Please print clearly) (circle one) VISA ☐ MASTERCARD ☐

Cardholder's Name: _____

Acct# _____

Exp Date _____ Total:\$ _____

Signature: _____ Today's Date: _____