In This Issue:

Supporting Yourself
Financially and Emotionally
Winning the Battle of Living Well

To Soar Free

I stand on the brink
A new day and life before me.
I look out at my domain
Oh what a feast to my eyes.
So much vast land!
The colors seem brighter.
The wind warmer,
The air fresher,
The sky clearer.
Today is my day.
I am ready to fly,
To leave the nest
And strike out on my own.
So long have I worked for this day.
So long have I dreamed of this day.
And now the time has come.
My feet planted firm
The wind hitting my face,
My eyes squint in the sun.
I breathe deep the fresh air.
The clouds close enough to touch.
Memories of the past float by
All my lessons of life play like a video
I take a final deep breath
And leap forth!
Reaching up to the sky
I can fly!
I say to my self
I can fly, I know I can!
My wings spread out
And catch the wind.
I soar high up.
It is a feeling like never before.
I am free!
I am free!

By VB w/CSR

Sculptured plaque by Southpaw Saints
Living Well Through Integration

By Misha

The most important thing about my whole therapeutic experience was finding the right therapist with whom to work. The right therapist/client fit is tantamount to having the right guide on any tour. If the tour guide doesn't know where he is going, you won't reach the desired destination. I went through several therapists before I was blessed to find the right fit. He understood I was divided into many "selves" (Dissociative Identity Disorder). He never let me lose sight of the fact that "all of the parts were me." We honored those parts, explored them, dissected them and bonded with them. It was all a part of the journey to wholeness I chose for myself. My therapist told me that some "multiples" choose not to integrate fully, but rather forge a bond with all the alters to be able to work co-operatively. I was tired of all the chaos, tired of all the missing time, and tired of trying to fake my way through life. I had to do something differently because my system had broken down to the point of planning suicide. From the start of my therapy, my goal was to completely integrate....whatever that was. It was a term I heard, a concept I read about but could not imagine, having no frame of reference. (I didn't know anyone else who had D.I.D. And, other than my therapist, I had no one to answer my numerous questions about the process.)

For years the "magical" integration seemed like the proverbial carrot I dangled in front of myself. No matter how hard I tried to understand how to accomplish integration, it continued to elude me. Even as it slowly started to make sense, and I could finally get a feel for what I was trying to achieve, I was very impatient with my slow progress. My therapist assured me repeatedly that I was moving forward. Progress was measured in baby steps, not the giant steps I expected. He reminded me that my old system of multiplicity had not been created overnight and correcting it would be a slow process.

At one point, I remember having to really look at what I was trying to accomplish. I had to realize exactly what I was going to have to give up on my journey to wholeness. I was going to be culpable for everything on a conscious level. I was going to have to feel my own pain. I was going to have to learn to deal with everything all by myself with no help from any alters. Hardest of all, I had to give up that secret little thought......way, way back there in my mind......that I was in some way, superior to others in my multiple "selves". If I integrated, I would then, just be like everyone else. But that was what I wanted, wasn't it?......Or was it? I almost stalled out permanently at this point in my quest for integration.

Even though chaos lived comfortably in my head, I wasn't sure I could stand the quietness....what if it was too quiet? What if it was too quiet? What if I didn't like integration and couldn't find my way back to my chaotic, though familiar, alters? For me, being multiple was like having a crowded and noisy gymnasium in my head all the time. Occasionally, as I was starting to integrate some of the alters, I would feel as if the gym was suddenly emptied and I was standing in that big empty room all alone. It was startling to me to say the least. Is that what it would be like all the time? What would I do with all the silence in my head? Would I be lonely without all of the voices fighting to be heard? I was really frightened that I might be making a big mistake. Again my therapist reminded me that in taking baby steps, I would have a chance to familiarize myself with the occasional calmness in my head.

Luckily for me, as I integrated alters, I was able to make "outside" friends along my journey. It has proven to be a wonderful, and unforeseen trade-off. Now if my "gymnasium" seems too empty, I simply call a friend and fill the void with their warmth, humor and love. I don't know how I ever got along without them in the past......and I can't imagine ever being without them now.

Integration has been a blessing for me. Everyday is an adventure, and I never know what each day will bring. I have absolutely no regrets about my decision to integrate fully. I feel I am growing and changing for the better. Best of all, I can now say I know the meaning of inner peace. I never thought I'd ever be able to say that! Inner peace!!! Imagine that!
Dissociation
This dis-ability helped me to leave when I could not run away;
Now I leave when I don’t want to go.
This dis-ability dimmed my hearing so the yelling would not be so loud;
Now I notice I miss whole sentences, paragraphs.
This dis-ability stopped the feelings, when they were too much to feel, all at once;
Now numbness replaces pleasure.
This dis-ability sectioned off different parts of my life to contain the abuse;
Now my individual parts tire more easily as I have not yet learned to be whole again.
This dis-ability allowed me not to identify with my pain, so I could survive the intensity;
Now I don’t recognize myself in the mirror.
This dis-ability allowed me to divorce the rotten pit I felt inside;
Now I can’t always access my rich well of emotions.
This dis-ability allowed me to dismiss the stormy reality of my childhood;
Now happiness becomes unreal.
This ability allowed me to endure, Now I live.
By Lee Ann and the girls

MANY THANKS TO OUR ANGELS:
Del Amo Hospital - Torrance, CA
Call Chris McMillin: (310) 530-1151 or (800) 533-5266
Forest View Hospital - Grand Rapids, MI
Call Bill van Harken: (616) 942-9610 or (800) 949-8439
River Oaks Hospital - New Orleans, LA
Call Martha Bujanda: (504) 734-1740 or (800) 366-1740
Timberlawn Mental Health System - Dallas, TX
Call Christie Clark: (214) 381-7181 or (800) 426-4944
Two Rivers Psychiatric Hospital - Kansas City, MO
Call David Tate: (816) 356-5688 or (800) 225-8577

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If you know of clinics or conferences that need flyers, please call us! We appreciate your support! — Lynn W., Editor

A Miracle Drug
Healing from trauma, especially trauma of a magnitude to cause DID, is a long cruel road. To my knowledge, there are no quick fixes. However, each survivor has choices to make along the way about how to spend the life energy she has at her disposal in a manner that will move her toward wellness.

Personally, I chose to spend my energy on volunteerism. In spite of being a licensed pediatric RN, most times I was unable to handle a full-time job, so I substituted the pleasure of helping people in a myriad of ways in between my hospitalizations and therapy sessions.

I was honored to know Gina through the Big Brothers Big Sisters program. She was ten when we met and recently had lost her mother to breast cancer. During our three years together, I was a substitute mom as Gina began puberty and was diagnosed with juvenile diabetes.

Through a wonderful, non-denominational organization called Stephen Ministry, I walked through the devastation of MS with Leslie, a young mother of three. I like to think that making her laugh eased some of the daily pain she faced as her health declined.

No formal program united me with a neighbor named Fran. I spent six months driving her to chemotherapy for liver cancer and was with her the day she gave up her valiant fight and died a quiet death. Dying is the most personal of experiences, so sharing the process is a supreme privilege. Realizing that, I volunteered at a local hospice another year. One might think that would be a sad way to spend Fridays, but I became acquainted with the very core of life, and watched a devoted staff truly define the word “caregiver” every week.

Through my church, I have done short-term medical and teaching missions to Mexico and Samoa, led a group of young women in bible study and prayer, served as a deacon, and co-led a weekly fellowship group with my husband.

Recently, I founded and led a mental health support group within the same church, and saw people nourished by the camaraderie they found among other survivors of stigma-laden diagnoses.

Along the way, I also have done my best to raise two adopted children and to be a good listener and supportive friend whenever I had the opportunity.

The one absolute I can say about volunteering is that I have always received more than I have given. That may sound cliché but it is true. Within the self-absorption of healing with trauma, volunteerism can turn your world view inside-out, give you a reason to get up when depression is closing in, connect you with others, and help you organize your thoughts. Meeting the needs of people in pain puts your own pain in perspective and, as for myself, has made me stable and non-dissociative on days when I would have thought it impossible.

I am no saint. My motivation for helping was never completely altruistic as soon as I discovered how energizing it is to volunteer. You may think you need to wait until you are “better” to get involved, but I would argue that you have the capability to do much more than you think, right now.

If you value your own healing, try the wonder drug called volunteerism. Place a high value on it and you will find the time and energy to make a little difference, and to partially right the wrong in the world that made you sick in the first place.

By CE
Journey from Spiritually Abused to Beginnings of Peace

By Melissa, Denise, Kat and the girls

We also have Narcolepsy, a neurological sleep disorder. In those early years, before we had the diagnosis, and even after the diagnosis, the doctor had not explained to us about sleep paralysis. It was such a traumatic experience each time, because we didn’t know it was part of a medical disorder and though it was just that we had woken up at night and were unable to move because the "demons were holding us down in bed.” Of course we couldn’t tell anyone about this either! Or they would know we were crazy for sure!

We struggled many years; we also know that others who have gotten out of this “cult-religion” also have had much of the same psychological difficulties, with feelings of rejection, abandonment, lack of boundaries, feelings of worthlessness, feeling hated by God. We have standards that are so difficult no one could live up to them. We have read stories on the web that sound just like ours, so that is how we know this.

At the end are some links if you should decide to explore this. I will encourage you to discuss it with your therapist or doctor, as it can be quite triggering. It was for me, and actually even to write this has been somewhat triggering again, much to my surprise.

So much of our time in therapy we kept getting asked about sexual abuse. Finally the therapist we have been with for many years now, who also diagnosed the DID, decided that due to the religion and “Spiritual Abuse” which our father practiced, it was actually very much like he raped our soul. This may be the reason we displayed the symptoms of sexual abuse.

We have spent most of our life trying to overcome this, and searching for some form of spirituality we can be at peace with.

The last time we were in a church we experienced flashbacks triggered by what the walls were made of! That was over 15 years ago; we’ve never been in a church since.

We tried and tried to find a way to have a spiritual connection. Since trust is also such a big issue we finally came up with something that gave us a starting place. We focused on what we knew as a constant thing. Each morning the Sun comes up in the East, and sets in the West in the evenings. (even on cloudy days) In the Spring Nature begins its cycle again.

Nature was finally to be our spiritual connection. It has been a very long slow journey, and we have much yet to go. At some point we began to have conversations with “Cosmos, the man in the moon.” We still have difficulty with the God word.

We do feel that there is some sort of Spiritual Consciousness and Angels. They have given us some feelings of safety. Maybe because of having very special people in my life, who have passed on, like Martha. We feel she is now one of my angels who watches over us, as we saw was done for her when she was upon the earth. We make stained glass angels and have them all over our house and share them with friends too. See the photo of one of our angels we make:

We believe there is a big difference between religion and spirituality. It is the latter we are looking for. We are at more peace with all of this some of the time, we can listen to our own intuition and internal voices now and know that it is safe and ok, and many times we have been kept safe because of those voices. We also believe that it is important that each person finds their own spiritualness, no one else should tell you what to believe in your heart.

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By Randy Noblit, Ph.D. and Pamela Perskin

Randy Noblit, Ph.D., is a clinical psychologist in Dallas, TX at The Center for Counseling and Psychological Services. He is principal author of Cult and Ritual Abuse: Its History, Anthropology, and Recent Discovery in Contemporary America. © 2000 by Praeger Publishers, Westport, CT. Pamela Perskin is executive director of the International Council on Cultism and Ritual Trauma. She is also Dr. Noblit's co-author on the above book. The following article is excerpted from a pamphlet they produced for Dissociative patients, titled Recovery from Dissociative Identity Disorder. ©1999. MV appreciates their permission to publish this excerpt.

Understanding And Making Efficient Use Of One’s Financial Resources.

Some individuals have difficulty supporting themselves because their DID interferes with their job functioning. Therapy is also expensive. How does one obtain the needed funding to support one’s physical survival and recovery?

The best option is to remain employed if at all possible. Employment provides income, sometimes a social support group (if one has friends at work), and often health insurance. Of course, one can no more dictate the continuation of psychological enduredly any more than one can guarantee constant physical health. Sometimes it may be possible to negotiate with one’s employer to have a flexible schedule, limit responsibilities during periods where a decline in functioning is experienced, schedule vacation or sick days when an exacerbation of symptoms occurs, etc., in order to protect the employment situation. You have a right to privacy regarding your health. However, it may be in your best interests to exercise some discretion in sharing information with employers or supervisors in order to maintain your job and concurrent benefits.

If your employer is unable or unwilling to negotiate, or if the job is simply too stressful or demanding, it might be necessary to consider seeking employment elsewhere. A significant factor in any employment situation is the insurance plan provided employees. In some cases, this can be even more important than salary or other fringe benefits. The plan’s conditions should be carefully reviewed with special concern for the range of services recognized, providers recognized, limitations for pre-existing conditions, medication coverage, inpatient facilities, and whether or not the plan can be converted to a private policy. Some policies can be excellent whereas others can be next to useless.

Most individuals who are employed full-time are provided insurance via his or her employer. And most insurance policies provide for benefits to be available to the employee’s dependents. Most insurers will make the statement that verification of insurance benefits is not a guarantee of payment. Both you and your health care providers will need a full and complete understanding of the reimbursement mechanism in order to protect yourselves and get your needs met. There are several types of coverage available.

Health Maintenance Organizations (HMOs).

HMOs limit the individual’s out of pocket expenses by channeling all medical services through the Primary Care Physician, either a family practice doctor, an internist, a gynecologist (for a woman), or a pediatrician (for a minor child). Subscribers to HMOs pay a small copayment for office visits and medications, and usually are provided some free preventative services such as annual vaccinations, mammograms, well-baby check-ups, annual physical examinations, etc. All physical and medically related complaints the individual experiences must be directed to the Primary Care Physician for treatment and/or referral. HMOs work by contracting with a network of Primary Care Physicians and medical specialists to provide services to the HMO subscribers at a discounted rate from their usual and customary fee. The Primary Care Physician is paid a capitation fee per subscriber from which he or she deducts the cost of services rendered on the client’s behalf. The HMO has the authority to approve treatment regimens, treatment options, specialty referrals, and medications. The Primary Care Physician and the HMO have a vested interest in limiting access to expensive or prolonged treatment, expensive or experimental medications or procedures, and referrals to specialists. Physicians and medical facilities are penalized for prescribing expensive medications or procedures or for treatment that exceeds the duration of care recommended by the HMO. Premiums for HMOs are usually somewhat lower than those of PPOs and substantially less than Indemnity Insurance. Copayments for services are usually quite small, ranging from $2 to $10.

Preferred Provider Organizations (PPOs).

PPOs manage health care costs by contracting with health care providers to treat subscribers at a fee that represents a reduction from the usual and customary fee for services. Typically, clients pay a small copayment at the time of service and the PPO is billed directly for the balance. Most PPOs also provide for prescriptions for a small copayment. In most cases, subscribers can choose to see a provider who is not in the network. In such cases, the subscriber may be required to pay a calendar year deductible and pay for services out of pocket. The subscriber can then either file for reimbursement from the insurer or the provider can file with the insurer on the subscriber’s behalf. Usually, out of network services are reimbursed at 50%-80% of the usual and customary fee. Sometimes the benefit provides for an out of pocket maximum after which the insurer reimburses at 100%. It is important for the subscriber to carefully examine the benefits of his or her policy to determine what benefits are available. Premiums for PPO coverage are usually somewhat higher than HMOs and somewhat lower than Indemnity Insurance plans. Copayments for services usually range from $10—$25.

Indemnity Insurance.

Indemnity insurance provides for reimbursement for services rendered by the health care provider of the policyholder’s choice. The individual selects the provider, pays for services, and submits the receipt to the insurer who reimburses according to the policy provisions. Usually, the policyholder pays a calendar year deductible and services are reimbursed at 50%-80% or their cost. Some insurers institute a calendar year maximum of out of pocket expense, after which services may be covered at 100%. Some Indemnity Insurers provide prescription drug service. Indemnity coverage premiums are usually much higher than HMOs or PPOs. The benefit of Indemnity Insurance is the range of choice available to the policyholder.

Self-Insurance. Frequently, employers attempt to manage costs by self-insuring their employees. Essentially, the employer establishes a fund of money drawn from employee and employer contributions and from which medical expenses are deducted. These funds can be administered in house or by a department within the company, by an insurance company, or by a third party. These plans can be

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problematic for at least two reasons. Firstly, self-insurers are not subject to the same state and federal guidelines that Indemnity Insurers, HMOs and PPOs are subject to. Thus the beneficiary has fewer protections under the law. Secondly, the employer or other employees may have access to the client’s health care records. Self insurance premiums deducted from the employee’s salary are about equal to other managed care plans.

Employee Assistance Programs (EAPs).

EAPs were designed to provide immediate intervention for employees and their dependents experiencing problems as a result of addictions, job related stress, family issues resulting in marital difficulties, child welfare, etc. An employee whose company provides EAP services can seek out an EAP counselor for assistance. The counselor evaluates the problem and then may either assist the individual personally or refer the individual to a specialist. Sometimes, the employee may be required to attend a specific number of meetings with the EAP counselor prior to referral out. Sometimes the EAP counselor acts as “gate-keeper,” a liaison between the employee and health care provider to manage or supervise the course of treatment. The cost of EAPs is usually totally absorbed by the employer and is considered a benefit of employment.

If an individual becomes so impaired as to be unable to perform on the job, he or she may be eligible for disability under the policy guidelines of the employer’s insurance coverage. Usually, disability insurance provides for some percentage of income replacement beginning after the 30th day of disability and extending for some period of time, again determined by the level of coverage. Disability insurance is intended to provide some temporary relief to an individual who is expected to recover and return to work within a year. If an individual is disabled and is likely not to recover sufficiently to return to his or her usual job, or if recovery is likely to take more than a year, the individual can apply for Social Security Disability.

Social Security

Social Security is a program established during the presidency of Franklin Roosevelt that was originally designed to provide an income to individuals upon their retirement from the workforce. Eventually it was expanded to provide for an income to individuals who had been members of the workforce but who were now too disabled to work. Social Security is paid the first part of each month. The amount received by any given beneficiary is based on the individual’s earnings at the time of disability. To be eligible for Social Security Disability, an individual must have accumulated 20 work credits (1 credit equals one fiscal quarter). In other words, an individual must have been employed for at least four years of the past ten years to be eligible for Social Security Disability compensation. Sometimes, Social Security Disability payments can be made to individuals who have never been able to work based on the entitlement of a parent or spouse. Social Security payments can be made retroactive depending on the date inability is thought to have occurred. For example, an individual may allege that his or her disability predated his or her ultimate inability to perform on the job. If this claim is substantiated by medical records and other information, Social Security can make the date of disability retroactive up to two years. Once an individual is approved for the Social Security program, he or she is paid a lump sum consisting of their usual monthly payment multiplied by the number of months between the date of eligibility and the date eligibility was confirmed. The process of applying for and receiving Social Security Disability can be arduous, particularly for individuals already experiencing significant distress related to the disabling condition. Some attorneys specialize in assisting applicants for Social Security. Most such attorneys accept such cases on a contingency basis and are paid a percentage (usually 25%) of the first Social Security Payment.

Medicare

Medicare is a government sponsored insurance program for senior citizens and disabled individuals who receive Social Security income. To qualify for Medicare, individuals must have accumulated 29 work credits, 10 of which must have been accrued in the last 10 years prior to disability. Medicare benefits become available approximately two years from the date of disability. If the disability has been determined to be retroactive, Medicare becomes available two years from the effective date of the disabling condition. Medicare covers health care costs at 80% of Medicare’s determination of the actual value of services. The Medicare beneficiary is required to pay the 20% balance of the charge that Medicare allows. If the professional is a Medicare provider, any balance above the amount Medicare approves must be discharged by the health care provider’s office. If the professional is not a Medicare provider, the client is liable for the full amount of the service less whatever amount Medicare pays, regardless of the percentage paid. Some insurers offer Medicare supplementary policies that cover the percentage of payments approved, but not paid, by Medicare. Medicaid pays the copayment of health services of Medicaid recipients who are also Medicare subscribers.

Medicaid

Medicaid is a government sponsored insurance program for the financially disadvantaged. Individuals who have limited resources, low income, and few assets may be eligible for Medicaid. Medicaid is administered at the state level, so requirements for participation and benefits may vary. Some states have converted Medicaid to an HMO. To learn more about eligibility and benefits, you can contact the Medicaid Eligibility office in your community.

The Mental Health Parity Act of 1996

In 1996, President Clinton signed the Mental Health Parity Act into law. Becoming effective January 1, 1998, the act states that insurers cannot discriminate between subscribers who seek mental health services and those who seek medical treatments. Prior to 1998, insurance policies could be written and enforced in which coverage for mental health services was substantially different from medical services coverage including separate deductibles, lower calendar year and lifetime benefits, and lower percentages paid for services. According to the Mental Health Parity Act, insurers can no longer make distinctions between medical and mental health services. However, there are exceptions. Employers with fewer than 50 employees are exempt from this law. Also, individuals should be aware that the insurance industry has attempted (successfully, so far) to dilute the effect of the Mental Health Parity Act by reinterpreting and rewriting coverage benefits. For example, instead of imposing dollar limitations on mental health services that are less than medical services limitations, insurers are limiting visits with mental health professionals. If you believe your insurer is circumventing the Mental Health Parity Act, you are encouraged to contact your local state representative, the office of Health and Human Services, and your state insurance regulatory board to bring this matter to their attention and demand assistance.

Other resources

Under the Americans with Disabilities Act, it is illegal for an employer to dismiss an employee on medical grounds. If you believe you have been unfairly fired, contact the Equal Employment Opportunities Commission, the Americans With Disabilities Agency, and your local state representative.

If you must leave your job, or if you are divorcing your spouse who is the insured, you may be a candidate for COBRA coverage, a temporary insurance coverage that provides for continuity of insurance benefits for a limited period, usually not to exceed 18 months. Coverage remains in force as long as premiums are paid or until the maximum coverage period is exhausted or until it is replaced by other coverage. Employers with fewer than 15 employees may not be required to provide COBRA benefits. Your benefits book and

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your Human Resources department can be resources for additional information.

Crime Victims Compensation Act.
The state of Texas has passed legislation to assist victims of crimes. Similar legislation also exists in some other states. It provides for reimbursement or compensation for expenses incurred as a result of a crime. In Texas, application for compensation is offered to crime victims when they make a police report. Typically these programs provide for compensation only for crimes committed in that state and reported within 24 to 72 hours of the crime. Compensation is offered for the costs of medical treatment, psychological therapy, and lost wages. Under some circumstances, other costs may be considered including relocation expenses.

Crime Victims Compensation is available not only to the primary victim but to the victim's immediate family. For example, a woman may have been raped and thus considered the primary victim. But her husband and children may also suffer as a consequence of this crime. Thus Crime Victims Compensation could be used to cover the costs of individual and family therapy for the family members. For information regarding the availability of such a program in your community, contact your local police department or your state attorney general's office.

MHMR and public mental health care resources:
In Texas, Mental Health Mental Retardation (MHMR) provides counseling and medication for psychiatric disorders at no cost or low cost for citizens of the state. Most states have similar programs in place. Typically these programs are staffed by graduate students and interns who are supervised by psychiatrists. These programs can be beneficial for individuals with restricted funding, but there are also serious limitations. First and foremost, most of these programs do not adequately or appropriately address the concerns of individuals with DID. In fact, many staff of such programs deny the validity of the diagnosis. At the Center for Counseling and Psychological Services, we frequently offer continuing education to mental health professionals to appraise them of the theories and treatment techniques that are effective with DID clients, although these opportunities are seldom accepted.

Secondly, many such programs are psychotically oriented to the extent that medication and medical interventions are the preferred manner of dealing with the client's complaints. While medication and hospitalization are valuable tools in certain circumstances, psychotherapy appears to have the most positive and enduring effect on managing the symptoms of DID.

Thirdly, because of the nature of these programs that rely on staffing by students, there is little continuity of care such that when counseling is available, there is an interruption in the development of the therapeutic alliance whenever students rotate to other services. Also, there are problems with continuity of medications since opinions will vary from professional to professional regarding the efficacy of various medications. Finally, because the public mental health sector is generally overwhelmed, waiting lists to obtain mental health services can be prohibitive.

Recently, Texas reported a waiting list for MHMR services in excess of 40,000 persons. Individuals who are interested in finding out about the availability of public programs are encouraged to contact the National Alliance for the Mentally Ill which has both national and regional groups to provide referrals and advocacy to individuals with psychological problems.

Charitable Resources
Resources can also be found among charitable organizations. Some churches provide free counseling and financial assistance to individuals with psychiatric disabilities. Many communities provide food banks. Some battered women's shelters and organizations such as the Salvation Army offer temporary accommodations. Good resources for obtaining referrals to supportive programs include local rape crisis centers, victims outreach programs, and hospital chaplains.

Social Security has a great toll free number, (800) 772-1213 that you can call to ask questions and request information regarding benefits you may be entitled to. (There is also a website: www.ssa.gov that has downloadable documents in PDF format. However, the website can be difficult to use unless you are seriously devoted to searching the site.—Ed.) If you are unable to work because things are too chaotic or if you need to apply for benefits to cover the cost of your therapy the information might be helpful.

I have been receiving Social Security benefits more years than I'd care to admit. I have gotten to a point where my endurance and I are ready to go to work full time. But I worried about losing my Medicare benefits. I still need therapy, but because I have a preexisting condition, I probably would not be covered under most insurance policies. Even if I was covered under a group policy there is usually a minimal benefit for treatment of mental illness. I am not eligible for sliding-fee scale at the clinic where my therapist is, because I do not live in the same city. You have to be a resident to get the sliding fee rate.

I thought my hopes of working were dashed. I decided to call Social Security to find out how long my Medicare benefits would cover me once I started working. I remembered it had been pretty minimal. Plus I knew that for every dollar I made they would pull money from my monthly checks. Well, that shows how much I know.

I was pleasantly surprised to learn that over the last few years Social Security has revised its work policy and made it easier for people to go back to work and hold onto their medical and cash benefits for longer periods of time. The woman I spoke with was very helpful. She sent me a booklet entitled Working While Disabled: How Social Security Can Help (SSA Publication no. 05-10095). If you are on Social Security and are thinking about going back to work this may help you. It's a free booklet that you can get with a free phone call.

Other helpful booklets you might want, if you are not ready to go to work, are When You Get Social Security or Survivors Benefits: What You Need to Know (SSA Pub. No. 05-10077) and When You Get Social Security Disability Benefits: What You Need to Know (SSA Pub. No. 05-10153).

Ideally it would be great if we could all work while figuring out how to put our lives back together. Unfortunately that isn't always realistic. If you can't work you shouldn't feel bad; eventually you probably will be able to and in the meantime there is help available. Don't be ashamed to take this help. It was put in place for people who need it.

By Barb W.
Healing Choices
By Rachel

The question of theocd—of "reconciling a belief in a good God with a broken and painful world"—has a long history. For centuries, people have debated this issue and offered their solutions. At one time, I too seemed to have a workable answer. Like Anne of Green Gables, I liked the idea that God was "in His heaven" and all was "right with the world." However, a recent growing awareness of my childhood suffering plunged me into a very personal and painful struggle. An intellectual answer provided little solace as I thrashed around in the icy waves of raw emotion.

I grew up as a minister's child in a conservative Christian church. I had certain preconceptions about faith, God, and prayers. If I prayed, God would answer...and His answer would be exactly as I expected it to be. As I began as an adult to deal with the terrible abuse that I had suffered as a child, I suddenly found no help from the traditional verses that seemed to imply that faith in God completely protects a person from pain. I knew the truth to be otherwise. Pictures of angels tenderly guiding children over craggy bridges excited rage in me. I felt abandoned. Why did God allow the horror that had disfigured so much of my childhood? I felt guilty and afraid for having such emotions. What would happen if I expressed the depth of my anger at God? After all, I couldn't imagine making a world in which such atrocities could happen. If I were God, this world would be a very different place. I thought. I would not give people the power to harm others and ultimately to reject me, their Creator.

All I knew how to do was to be honest with my emotions, and admit them to myself and a few close friends. I began to notice a curious thing. I was more angry at God than my perpetrators! I was blaming God for what had happened to me. This discovery caused me to begin thinking about personal choice. Whose fault was it? That whole mess anyhow? If the answer to my anger at God was that people had been given choices to make, then the force of my fury should be directed at those who chose to wound me. That, I discovered, was an even more frightening prospect. Anger was not an emotion that this child had been permitted to show, especially to my abusers.

The more I continued to think about the power of human choice, the more deeply aware I became of just how much choice was denied me as a child. Ironically, my tentative attempts also provided the way out of my maze of feelings. I had to learn to allow each wounded part of me the dignity of choice. I tried to stop blaming myself for having what were simply normal reactions to trauma: rage, despair, depression, and anxiety. I realized that there existed many examples in the Bible of people of faith who suffered greatly and who were honest about their feelings: Job, David, even Jesus.

Parts of my system wanted nothing to do with God. They resented any mention of my faith, and resisted involvement with the church. These internal kids did not want anyone else to be interested in any God-stuff either!! After some tug-of-war, we went back to our old rules of respect and choice. Everyone was entitled to his or her feelings, others were not to be mocked for their thoughts, and each person's unique contribution to our group was to be appreciated. We all began to see that the reactions of these "tough" kids, who had been scared to death of the rest of us. We decided to throw them an appreciation party. We gave out prizes, made speeches, and awarded special ribbons of honour for the bravery that each person had shown. That was an important turning point.

While it is still sometimes a struggle, we try not to trample the feelings of others on any issue. I have learned a great deal from my kids. We have left the church in which I grew up, and found a place that feels right for all of us. We took our time to check things out and make sure it was a safe place. (For example, when visiting a church that regularly served communion, we deliberately stayed in our seat to see what would happen. If anyone was made to feel uncomfortable or forced to do something, we would know that was not a good place for us.) We have found people that we can trust in our church. We try not to let anyone make us feel inferior for being honest about our feelings. We don't want church to be a fake place for us, but we are wise about who we trust, also. We don't believe everything we hear the first time we hear it, yet we are careful not to shut ourselves off from others. If we are mad at God, we tell Him. We have found out that the sky doesn't fall in and we are not punished. Instead, it is a great relief.

The corollary to accepting that I have been harmed by the evil choices of others is that I now can choose how I will go on. This past year, the world has felt like a much more frightening place. At times, I have wondered if I was able to face the challenge of a world that is so full of the potential for both great good and terrible evil, incredible joy and utter despair. Having lost some of my rather magical views about the unfolding of the world, I feel the weight of my own responsibility more. There is also an exhilaration to life. I have real power to choose and to heal.

In two weeks' time, my husband and I will officially become members of our chosen church. Many people in the congregation will not realize the personal significance of this step. For me, the decision comes from a desire to say, "This is the place that I have chosen to belong. I feel safe to continue my journey here. I am not an outcast or a displaced person." It is significant for me that the theme song for the past few weeks at our church has been based on Psalm 85, which describes people who have "set their hearts on pilgrimage." The song includes the line, "Those who go through the desolate valley will find it a place of springs, for the early rains have covered it with pools of water." I have felt the desert of my fear and doubt and loneliness as. I know, have many others. At last, I have begun to feel the first few drops of rain, and I have faith that one day my desert will bloom into an oasis.

Volcano
Silently, unheard by the conscious ear
The land gives birth to itself.
Deep under the seas of life we hear
The groaning of the red, red wealth
Of anger stored up. No longer
Resting serene, the sea boils in lava lust
Surgging, undulating, raising stronger
Through the water's body, thrust
On thrust upwards, towards the dream
The surface breached, new land is made.
Formed out of fire, birthed in steam
It stands waiting while life's seeds invade.
The forge stilled, the seas rest
And silence rules again on ocean's breast.

By Irene F.  

MV
Financial Literacy

By Carla

You know how it is, at the beginning of therapy when you’re in counseling two or three times a week. The bills just pile up. And I worked 26 years, but suddenly my jobs dissolved with diagnosis and healing. My husband makes decent money, but he’s blue-collar. He doesn’t make $80,000 a year. Then he got sick and was on chemo. At the time this was going on I had two teenagers at home, too. You get the picture.

Put it all together, and I was $68,000 in debt and desperate. When it comes to financial struggling, I can draw you a blueprint of hell. Here’s a brief summary of what I did to get out of debt (without going bankrupt) and to learn how to handle money better:

1) I went to Consumer Credit Counseling. This is a free service, available in just about every city. They’re wonderful. They give you support and education, and help you work out the payments without going bankrupt, when possible. I would encourage anybody to go there.

2) My then-counselor put me on a budget, sent us to free financial classes, and helped me with bounced checks (We set agreements—no arrests.) We worked together to identify the alter who wrote bad checks.

3) While healing, I couldn’t work like I used to. So I applied for Social Security Disability. To start, we were placed in a 17-month backlog of cases in our state. Then there was one complication after another. I had two different lawyers during this ordeal. I fired the first lawyer because he kept bailing out to have them “come out” to prove to himself the condition was real. The second lawyer was a woman with two kids, who works for one of the top five disability law firms in the country. She was a badger. This took five years, but we won, and received $25,000 in a lump sum for the back payments. I begged them to give me monthly payments, but they wouldn’t. They just gave one big bill. (This was not so good as I’ll explain later.) Also, when I sued Social Security, my boys were still in high school, so I attached them to the suit. They each received $2,000-$3,000, which can pay for some junior college. So if you are suing for medical benefits, if you have underage children, sue on their behalf too. A good lawyer will tell you that.

4) We refinanced our house. The refinancing paid down some medical bills, property taxes and auto loans. We didn’t have credit cards. We’ve been on a cash basis since the early 1990s. We also ate (and still eat) a lot of macaroni and cheese.

We got completely out of debt this way...But there’s still a lot to learn. I’ve been substitute teaching for nine years now. Still, therapy is expensive, even though I go just once a month, and there’s still ongoing medical. I had major surgery this past summer, and my husband has an insulin pump. Plus, the plant closed where my husband worked for 26 years.

The problem with getting a big lump sum, like the Social Security payment, is that I did not educate myself in time to protect my money once I got it. The big red flag for me, says my new counselor, is self-esteem. How to keep your money starts with your self-image. And because I didn’t have a self-image, and I didn’t think I was worth it, I wasn’t able to feel I could manage a rental property, or have all that money tied up.

Financial Literacy is a big deal. It’s part of becoming emotionally safe and secure. After years of therapy, I finally integrated. And I’ve held the fusion for over 27 months. But even integration doesn’t solve financial problems, and I still have Post Traumatic Stress syndrome.

My counselor said to me, “I don’t want you to use the word ‘debt’ or the word ‘wealth’ because they are attached to shame/blame and judgment for you. You can be determined to choose to be safe and secure. But as long as you use ‘debt’ and ‘wealth’, they are creating hot triggers for you.”

Today, I can intellectually tell you anything you want to know about financial literacy. But what I wasn’t able to get a handle on was self-esteem, which is the core, the root cause of many money problems.

My counselor has had me do journaling on two sides of a page. For example, say “People without debt are good people, people with debt are bad people. Therefore I am a bad person because I am in debt” my counselor would say “Try to remember that’s an old ghost. Get rid of it.”

I also found a lot of help from the Christian Financial Education Movement. Larry Burkett broadcasts Christian Financial Advice on every Christian radio station, and there’s one of them in every city. He gives a financial lesson, then people call in with questions and answers. There are books and videos on financial education in the library. Both of these services are free, so there’s no reason why anyone can’t get the information they need.

The information is there, but for me, because of the dysfunction in my family of origin and in my marriage, my financial deal was up to me. This year for the first time I have total peace and confidence and knowingness within me—but remember, this has been nine years in the making. I love talking on the phone, so I found a part-time job over the Internet and the telephone that I can do for me, to raise the income to pay these new medical bills. I don’t have to drive or go meet strange people or be in strange buildings or houses that I don’t feel safe in. I’ve been delighted about the Internet as a way for people to make money at home; but you have to be shrewd and aware when you pick a group to work with. That’s part of our self-worth. I’ve gotten physically fit through exercise so I can be a substitute teacher during the day and spend an hour or two on the phone at night and the weekends.

It took me three or four years to get physically fit. I had to get totally debt-free, and get one chunk of bills paid off, and then three years later there was this major surgery. So we were never able to get savings or enough to get ahead. It’s been a battle.

And it’s easy to ask myself, “I’m integrated, I’ve been integrated for 27 months. Why don’t I have self-esteem? Why don’t I have belief in myself?”

—Because I spent five decades without it! It might take me a couple of months to pull this together.

So starting next week, my husband and I are taking a 31-week video class at our church called Financial Maturity. It’s free. I know enough to know that unless I’m sitting in a room with emotionally sane people, and financially sober people, I’m not going to get well.

Not Quite

Do you know what is like to be:

Smart enough - Caring enough - Strong enough — but not quite.

Talented enough - Good enough - Spiritual enough — but not quite.

Courageous enough - Pretty enough - Loving enough — but not quite.

Happy enough - Giving enough - Thankful enough — but not quite.

I do — but not quite.

By Karen S. B.
Partner's Page:

The Terrain of Home – Part One

By Bill & Gwen

I want to wrap these questions into cool, white cloth and hand them to you in the dry serene morning, when the sky is colorless. I think I will give you these questions one at a time, like ripe plums.

Our relationship is complex; layered, colors dancing. A web, intricately woven and held together by presence and willingness. Trust; something that has been nurtured with consistency, acceptance, and humor. Laughter that fills myself, in all its roundness. That sends me a smile, floating like a paper blossom on a river of fire. It is balm for the healing. But our relationship, as much as it has been about healing, is also so much more. It is an intimate dance that I find difficult to articulate, that I imagine would be difficult for anyone to understand that did not have the opportunity to get to know us well. I don’t think this is unusual. An ocean of blue: both my comfort and refuge, and my most challenging navigation.

I have reached the place in my life where I am no longer defined by my multiplicity, or my awareness of being many me’s. I am no longer sleeping through the depths of a waking nightmare; experiencing consistent rage that burnt its memory into my eyes; reflected in a certain light. I still experience the rage, the terror, the grief—a small child curled into wet sand. But these emotions and rememberings no longer define my seconds, my moments, my hours, my days, my months. Time is still often missing for me; somehow ethereal, slipping through my fingers. My handprints in the sepia sand, fine and silky, easily washed away by the ocean tides.

I have passed through layers of re-experiencing, re-membering, awakening, becoming, blossoming. There is much more work to do; though I feel as though I become a different, and more enriched, person as I experience the integrative shifts. I am aware of the many me’s of me as both me and not me. When I first knew William, I was crying most all of the time and had just had stitches in my wrist, often a little self would be present, wide-eyed with both numbing adrenaline and dissociation. I was in the midst of the blackest darkness, and the re-experiencing of the deepest terror. For months and months I would not let William near me; I had no idea who he was, in reality. I suppose he remembers hours of conversation, but I remember pain. We talked by telephone, a piece of plastic up against my bruised face and pushed to my soft ear. An inanimate object that couldn’t hurt me, sear into me, shake my sense of reality senseless. When I was finally with him, a slow pinprick of pain, a gnawing pain in the pit of my being. I was so terrified at being close, and so uncomfortable, I threw up and lost control of my bodily functions. He would soothe the intense burning of my forehead with a cool washcloth. Sometimes I would scream, caught up in a re-experiencing of something, that torturedly, I did not understand was not happening in the present. When William walked into the room and I did not expect him, I often could not recognize his face. Sometimes I startled; more often I snapped into someplace else, unable to stay in my body, unable to hear myself scream. Some darkness, some strange and liquid terror, that pressed itself onto present blankness. I remember once most clearly, when I backed my whole body up against the flat, cold wall, and was unable to stop screaming. I could hear my screams, as though at a distance, though I had no presence or ability to stop. I was asleep, partly through dissociation. There were so many children, adolescents, and adult selves or part selves or me’s; it was as though I had broken open and an ancient dirt camp of refugees revealed themselves, fingers pressing themselves into the wire that separated this world from that. The faces were hollow, the experience was horror. This was how our relationship began; at least, as I remember it.

I had repeated an avoidance dance with men since adolescence. With female friends, I often allowed myself the admiration of smooth dark skin and sleek black hair; deep dark eyes, or eyes as green as tumbled sea glass. I was conscious of choosing closeness, or choosing the joy of their presence, partly because my admiration for their bodies and beauty, their sensual expressiveness, their creativeness.

But with men, it was different. I stopped those sensations and went in a different direction altogether. I had stayed away from men with ice blue eyes or dark eyes, like my mother; I had stayed away from men who were interested; I had stayed away from men with sleek muscles and beautiful bodies. All these evoked conflicts that were almost unbearable.

In crystalline form, it was William’s spirit that I appreciated most, though I grew to love all of him in a most affectionate way. After watching his blue eyes speak for so many years, I recognize that they have a language all their own. The color of blueness rarely haunts me now. Blueness surfaces in many hues: prussian blue, sky blue, robin’s egg blue, steel blue, ice blue...Blue reminds me of the ocean and wide open sky; I have welcomed blue home. What I found beautiful was William’s trust, acceptance, humor and sense of respect. These had been profoundly lacking in my world; a place of utter barrenness.

Beginning then, one of the first concepts William taught me was time. The process of learning time was extremely painful to me; it demanded my return to presence on a consistent basis; it pulled me like a hungry child—wanting, wanting. I have since learned to feel time at moments, at times during the day; to feel a sense of continuity and of history. These are some of the questions that burn myself on my skin like little flowers; unanswerable: Where were you last week? What are you going to do today? Did you have a good day yesterday? Anything new in your life?

My mind falls like a white sheet over what was, what is, what might have been. Sometimes I think that I am perceived as uncommunicative, at best; and other times, I have a sense that my wordlessness is interpreted as rudeness. It is the chasm of emptiness I am unable to cross, unable to bridge.

At home there are different questions. They are the conversations that disappear, like delicate stones beneath waves.

You didn’t tell me you were going to do laundry today!

I don’t like being startled, even with the mundane basics of life. I am yelling, unnecessarily. He expected me to be prepared, to have pulled my soft clothing from under my pillow and curled it and thrown it into the basket. I am caught, again, unprepared.

Yes I did—he answers—last night. Well, I told one of you, he says softly.

The bitter irony of all this forgetting of what is tasteless, bland and empty, is that for many things, I have a photographic memory. I need only be someplace once to memorize the placement of things. I remember light patterns; remember with crystalline clarity the feel of the air on my skin and the texture of the earth. The Grand Tetons in Wyoming, one of the places where I slept and camped as a child, are so vivid and present to me that I have to work to understand the space of time, the span of years, in between then and now. I remember everything: the dark earth beneath my tent, the spindling pine cones, the grainy texture and wash of the picnic table where I ripped open my white paper
packet of hot chocolate; waves of sweet tall grass, the way the valleys dipped and welcomed like the thighs of a lover, the wide egg-blue sky, the long ride in. I remember, often, words in a liquid reel of mind film. The voice-memories flow through my mind, repeating themselves in exact cadence and tone, in precise and delicate detail; dancing with the force and alieness of white water.

Split defenses: forgetting and remembering.

Me: What has it been like for you to have me lose time and forget conversations that we had, plans that we had made?

W: Initially, it was very confusing. Because I would begin to question Did I tell you? It became very frustrating because I began to question myself; you were saying I don’t remember that. I don’t remember that. That would cause me to question myself. It did get better once I realized what was happening; once I realized that you were losing time and couldn’t remember, then I felt confident that it was only a matter of reminding you, sometimes more than once, of future plans, and then you would remember. In the beginning, it had to be more than once that you were reminded of something; it took awhile for it to sink in. It still happens, you know. It still happens, but not often. It can still be frustrating.

Me: How do you manage the frustration?

W: That’s much easier now than before when I didn’t understand. I just accept that there will be times when you will lose memories. And that’s okay. Thank goodness it happens rarely! Thank goodness it happens rarely.

Me: Do you remember when I wasn’t aware of time?

W: There was a time when you wouldn’t know how much time had passed; you had no idea the amount of time that had passed.

Me: Did you realize it was dissociation?

W: No, I didn’t then. I was completely baffled at times. Sometimes I would start to take this personally, meaning I wondered if you were doing this to me to confuse me, or if you were playing a joke. The whole secret is that once you, as a partner, realize that this is all non-personal, that this can’t be helped, that this is all part of dissociation, then it becomes something you can handle. That’s the good part about it; once that realization is made, then it makes life much easier. Once I can figure out that the problems are not something I caused. Then I can focus on how to solve the problem rather than on trying to place blame, either on you or me. There’s no blame there; losing time just happens.

Me: No, it’s not anything you caused. Your experience sounds a lot like my childhood experience in having a mother who was dissociative. In that sense, your experiences are painful to hear, because I can empathize with you. I remember those kinds of confusions; those kinds of questions. The absolute strangeness of it: the feeling of being alone. In another sense, I’d like to get an idea of what helped you the most in coming to the place of understanding that you are now. How did we— and we did it together—get through that?

W: I guess it was acceptance. I accepted that you were a person who had been hurt, but who had tremendous strength and determination. And the willingness to re-learn the basics: tying shoes, brushing teeth. The time issue was a tough one.

Me: I think we spent a lot of time talking things through.

W: Yes. Yes, a tremendous amount of time.

Me: I also have an ability to remember conversations in the most precise detail.

W: That’s the truth! Yes. Quoting not only words, but the tone that was used.

Me: How do you feel about that?

W: I consider that a plus. Because, naturally, I always paraphrase something from the past. Most people do; they can’t ever tell you exactly what was said, unless it was extremely important. It was always startling, to have you quote, word for word, and in the exact tone used, the conversation we’d previously had. And this could be from months ago! That always amazed me.

Me: Did you recognize your own words?

W: Not only the words, but the tone. Exactly as I had said them.

Me: So, losing time and forgetting conversations is one dissociative defense; exact recall is another, vigilant defense.

W: Exactly.

Me: That often seems paradoxical to me.

W: Yes, yes, that’s right. That some things you forget, and others you remember word for word. And I don’t know why that is.

Me: I think most conversations that I perceive as important to my emotional safety, I remember with photographic recall. Conversations I have with people I haven’t learned to trust or don’t trust; conversations about feelings and perceptions. I spend a lot of energy on the photographic recall. How has it been to witness both of these in the same person? Would you have believed it if you didn’t witness it on a consistent basis?

W: Probably not. I really don’t think I would have believed it. Most of the time this total recall is very positive; sometimes it reminds me of things I had forgotten about. Sometimes it’s embarrassing when I don’t remember I said something, and it turns out I did. It’s great when it backs up my memory, but when it reminds me that I don’t remember things exactly correctly, it makes me feel I am a little less than perfect.

Me: Like, Holy Shit I did say that!

W: Exactly! Oh shit, I did say that.

Me: But I’ve had a lot of practice using photographic and verbal memory as a defense.

W: That good for you. That’s important, because it helps you feel safe.

Me: It’s an ability that I hope to hold onto, even as I find other ways to feel safe.

Interestingly, one reason that I developed the photographic aspect of my memory, was that I needed to remember so well, because my mother couldn’t.

W: If it’s the forgetting, the confusion) was difficult for me. An adult, imagine what it would’ve been like for you as a child?

This conversation was painful for me, really difficult for me, because—in hearing William’s voice—I remembered so clearly how I felt as a child with my dissociative mother. I don’t think that William had ever expressed, so directly, his confusion and how difficult my forgetting and losing a sense of time had been for him.

We welcome all partners to write for us, regardless of gender or relationship. If you care deeply about a person who dissociates, you qualify. So please share your experience and helpful thoughts...

Puzzled questions are OK too!
—Lynn W., Editor

My Flower

My flower needs a lot of care
It can’t do it by itself.
Its needs have to be met, so it can grow.
It needs a safe place to grow from
wind, hail, and rain.
It needs love.
Tending to my flower is a lot of hard work.
But in the end, I know it will be beautiful.

By Mary
Mind Distortions

By Julie M and the Miracle System

This is in response to Darlene and the Inside Kids’ letter on page 14 of the February 2001 Many Voices issue. I have for years had what I called “thought distortions” or “insanity” that I figured was verified proof of my unmentionable and feared “schizophrenic” diagnosis soon to be discovered. In actuality, that was one diagnosis I was never given except inside my own head. My now-therapist tells me that the paranoia, distortions, insanity, and confusion come from my coping mechanisms and shattered trust as a result of the chronic childhood abuse I sustained. Before I had her as a therapist, and everyone else couldn’t seem to figure me out, I had learned ways of coping. First I had to learn to accept myself when for years my unpredictability, changes, inconsistency, moods, panic, depression, and behavior embarrassed, humiliated, and shamed me. This caused only further hatred toward myself and more isolation to pretend it didn’t exist. Alternatively, I drank to sedate all my emotions or to at least not care when they came out. Through years of patterns, I came to understand what made my life “crazy” or “insane.” I learned to maintain my symptoms so I could sort of appear functional and exist. I stopped feeling, became “anal,” and stayed away from people. Good luck! Yet, sadly I began to succeed for years in this squelched form of existence, trying to cope and survive.

Acceptance of all my “sides” took years, but I came to understand that since I couldn’t control them, I better at least accept them so I could live without hating myself. In giving myself permission to be whoever I was at any given moment, I began to learn self-love and reduce the anxiety that resulted from my unexplained and sometimes radical perceptual and behavioral changes. As years went by, I came to know and understand my sides, identify their differences, call them by descriptive names, notice when they seem to come out, and try to decipher the patterns (my cycle) and what that meant. My head was constantly going—whether I knew it or not.

As I became more co-conscious, I began to understand that all I had to do was think one little, tiny, bsty thought and I change usually for the worst. Yet, I couldn’t control where my head went. By the time I came back, I was lost again, or afraid to think at all. I always felt like a ping pong ball just bouncing around with no control of whether I was coming or going or where I will end up. It’s like I’m lost in a maze and have no way out and lack awareness that I’m even in a maze. Then to make matters worse, each side of me is spun in a spider web with twists and turns that have no clear direction of where they begin or end. Some are connected and others aren’t. And there are some in the back corner of the web that can only be accessed through a particular route that you have no map on how to get to until you switch there. Then you can’t get out or even know you left until you’re back in another wing of the web, clueless and confused—something happened, but no words to express. Other times, you want to recall knowledge that you only seem to have when in one of those side wings, but you don’t know where it is or how to get there again. When you come out of it you don’t quite know you were there, but it’s like you lost something important that you thought you knew (or were you just imagining that?)

I came to discern that I am an extremely complex, tangled knot that seemed impossible to untangle. Where is the hope when you come to comprehend somewhere inside that not only are you an incomprehensible tangled mess, but that your circuits are worsening to the point you are being sent or triggered all over the place—all the time! No wonder you were once diagnosed “rapid cycles.” Not something you want to know, because where is the hope in this growing awareness? How do you even begin to articulate to a therapist the help you need when that understanding developing within your being is not even conscious but instead trapped inside, mute? I became aware of how often the inner dialogues of negative thoughts, distortions, and criticisms swirled through my head. Besides acceptance of all of me, two things helped incredibly: 1) Meditations and 2) Affirmations.

In 1997, I began nutritionally juicing carrots, celery, spinach, green lettuce and apples to maintain emotional balance. Additionally, running has become a necessity to calm me down mentally and physically, so that I could maintain sanity.

For the past eight years, each morning I have been reading one page out of daily meditation books. This started with one that was given to me by an early sponsor. I then began to accumulate seven more. These include Each Day a New Beginning (Hazeldon); Days of Healing; Days of Joy (Hazeldon); The Language of Letting Go (Melody Beattie on Co-Dependency); Daybreak (Maureen Brady’s Meditations for Women Survivors of Sexual Abuse); The Courage to See (Deborah M Hazeldon); Inner Child; 365 Bible Promises for Hurting People (Alice Chaplin); and The Bible.

All I know is that immediately after reading, I feel like the default of my "stinkin’ thinkin’" is transformed to a more bearable existence. I am centered, at peace, and through years of repetition, I have come to love myself more. It is like you go beyond and above yourselves into the light and love, that then surrounds your little ones. Those meditations help me see how not alone I am, and help give me validation and hope. They also changed my way of treating or seeing the world and the “enemies.” I began to place the anticipated hurt, betrayal, hate and mirrored projection of the rejection of myself into proper perspective, where I came to see the world through a place of love and kindness. That changed my early mornings so completely as I attempted to work.

As years went by, and I would be triggered constantly, I came to have enough love, wisdom, hope and positivity from those books and the faith that I could counter the unproductive places I go, or at least try to hold sight of the glimpses of clarity I grasped. That way, the next time we “go there,” one of the little ones may behave differently. In order to change my head, I have to allow myself to hear what my head is saying. I have come to know that the voices are always there, whether I hear them as vague chatter or as sometimes clearly undesired spoken words that I would rather not know. As a child, when I began to hear the voices that I now know are my sides, I learned how to deny their existence so that I could feel sane.

Second, positive affirmations are very helpful too. Through the years of self-help books, tapes, therapy, recovery programs, and prayer, I acquired index cards of many short, positive statements about myself. I began these affirmations with “I” or “We” and stated them in the present tense. Years ago, I placed those on a cassette tape that I keep in my car and recite aloud with emotion as I drive. (Now with cellular phones being so popular, your talking to yourself will probably be interpreted as a phone conversation! Ha! Ha! At any rate, after doing this consistently for a few months and years, I began to notice that my default is now to nurture myself. In the past if something “bad” happened to me or around me or was said to me or perceived by me, I would at times catch agreement somewhere inside us to how bad, sick, awful, stupid, crazy, lazy, selfish, ugly, terrible, twisted, devious, manipulative...I was. Thus, further degradations would be handed down and perpetuated.
For years, I have been saying one special affirmation as I face myself in the mirror every night before bed—no matter how many objections I hear. Now, I usually hear agreement. I also have a big white fuzzy bear that sleeps with me every night, because soft touch is nurturing and necessary—since relationships are still very difficult for me. I’d say impossible, but I’m being positive and have hope now.) Some day the little ones inside will be safe enough for us to grow and integrate so that I can be in a healthy relationship willing and able to give and receive love.

Whenever I am hurt, angry, ashamed, lonely, and especially when I hate myself, I hold my bear and tell my bear how much I love all of me. And when I need to cry, I do so because I can today.

I let all my feeling flow, that is human. When I know who is hurting or acting out or hating, I specifically say his or her name. Sometimes I say different things to each of them since they each are unique. Though I have to say that took much coaxing from my therapist.

Previously, I felt “crazy” and doubted my diagnosis on my misunderstood belief of what that meant. Only when desperate, years before, I would consciously ask one of my sides to come out or go away, not quite understanding what my communication with them meant, except that it sometimes worked. Ironically, reality sunk in when about three years ago, my therapist asked me to write to one of my sides that holds some of the terror memories. I felt “ridiculous.” I threw the letter and its “so-called” response recklessly on the backboard of my bed again, explaining idiosyncrasies. As I fell asleep, I woke in terror with memories and temporary paralysis three to four times. I had to call my therapist in the middle of the night, which I rarely do.

I try my best not to invalidate any of my sides any longer. They have things to tell me when I’m willing and ready to hear them. I have spent my life denying them and repressing them out of fear their existence meant I was crazy. Not anymore. They kept me alive, and I love them. They are all part of me.

(Julie is writing books and will soon have her website up at jmmiraclesystempress.com.)

This is one of a series of poems I refer to as the “god poems” (others appeared in MV issue December 2000). These poems were written over several years as I attempted to find a gentle god to replace the angry, punishing God my mother used as permission to abuse me in multiple ways. A male or female God didn’t do much for me. One day when I was writing some poems for a liberal minister friend of mine who needed something to get people’s attention during the Holiday season, I felt secure enough to give god a male human form. A friend of mine who has illustrated some of them in water-color and other paints drew this god as an old hippie-looking type guy. The image fit my poems perfectly. —Hannah D.

The Playground

on a lonely playground
god sat quietly
perched on the edge of a sandbox
absentmindedly making
what appeared to be roads
in the damp sand.
Swings softly rattled their chains
the merry-go-round creaked
while see-saws rocked crazily
as if remembering busier days.

Missing were the voices
of children
still snugled in bed
or enjoying Rice Krispies
and hot chocolate
in front of Saturday morning cartoons.

Except for one little girl
alone
walking slowly
head bowed
to a too big jacket
covering her slender frame
god watched her
Deep in thought
hands stuffed deeply into pockets
she continued making her way
across snowy-laced gravel
deftly sidestepping puddles
left by February’s premature thaw.

A study in sadness
she raised her head
scanning the horizon
expression blank except for the deep sadness
she still saw in her eyes.
As he observed more closely
god noticed the wet redness
announcing tears
saw her shiver
in response to a chill wind
only she could feel.

Why, he wondered, was she crying?
It was her birthday.
She should be home
ripping gaily wrapped presents
drinking root beer
shivering only
as cold strawberry ice cream
chilled her otherwise warm insides
laughing
blowing out candles
getting frosting on her nose.

Abruptly she stopped
gazing with longing
at an empty swing. “Go on” he urged.

“It’s your birthday.
Swing in celebration of your eight years.”

Hesitantly she moved forward
Sorrow on her young face
reminding god of an old woman
celebrating eighty years instead of eight.
Reaching the swing at last,
she sat gingerly
pain making its way
down her legs and out her toes.
Shuddering, she grasped the steel chains
with hands blistered and bandaged
finding comfort in their icy coldness
visions of a wooden spoon
mocking her nakedness with every stroke
by a mother gone mad.

Cleaning up birthday cake
smashed in rage
Memories of flickering birthday candles
searing small hands
fighting for deep pocket safety.

god’s sorrow closed his eyes
blurring for a moment
the frightened child before him.
Making his way toward the swing
and its battered occupant
whispered,
“Swing my child, swing.
I will give you flying lessons.”
And placed his strong hand
against the bony little back
pushing ever so gently
as the swing made its way
higher and higher into the sky
while for a few precious minutes
a little girl’s broken wings
were mended by the hand of god
as she soared above her scary world
and all its pain.

And the little girl
feeling a sudden warmth
Smiled.
Here are some responses to the partner’s page note by Richard, in MV’s issue of August 2001:

**Regarding Intimacy**

When I read about Richard from Partner’s Page, and his impending divorce, I cried. I cried inside and I cried out loud. I cried for all of us here who have never been able to find love, or who have wanted to love and could not, who do not know what love is and want to know so very badly, who have never been loved, or if they have, cannot feel it because they are too afraid. I cried for the isolation I find myself in constantly, even though I am in a relationship and have been for almost ten years. It’s a good relationship, full of loving support and encouragement. He knows about all of us here and loves us regardless. And yet I am not sure what we feel for him. Is this love? Do we even know what love is? We have learned from the beginning to isolate ourselves, to not trust, to adapt to whatever another expects and wants from us. Play a role and smile and be whatever we need to be to be accepted or to stay out of harm’s way. To think that someone stayed with someone like us and wanted to stay is too much for our very slim veil of control to handle. We wanted so much to believe in Richard and his partner. We want so much to believe in our own relationship. But we are not always there for our own and sometimes reading about someone else’s seemed more real than our own. I see faces inside my head of people who have interacted with throughout the years, and who are now gone. People who I liked very much and yet could not reciprocate with, and so they have gone. They did not understand and I could not explain. People who went away puzzled at my lack of returned involvement. People who I am sure that we hurt. We meant well but we could not go beyond a certain point—the point where any involvement caused the alarm to be run within the system and so any feelings were quickly shut down. Must keep safe at all costs, and we have been trained to know that closeness is not safe. So we could act the part but not feel the part. And we do so much want to stop acting. It is a wonder that we have managed to continue to keep this relationship of ours for so long. It is a tribute to our partner who hangs on despite us and all our inconsistencies. We have caused him so much heartache in our struggle to understand intimacy, in our struggle to understand love, in our struggle to trust. We recently had quite a struggle over sex. I cannot begin to participate in sexual intimacy and he was hurt by it. But all I could do is cry and tell him that under no circumstances could I perform. I told him to find another and yet he stays. And he continues to stay. Why does he doom himself to a relationship where even this most basic of intimacies is denied? Why does he wish to be another victim of our own childhood abuse? I cannot ever begin to understand. Richard’s column helped us to understand a little of what our partner may be going through, and gave us hope that maybe things could work out after all.

Peace is what we wish for you, Richard, and all the other partners who either had to leave or chose to stay. We think of you with much gratitude for the struggle you helped with for awhile. We feel grateful to you who stay to help us carry on and help us to stand on our own two feet. And we understand when you must leave. Sometimes self-preservation is important. And we certainly know all about that.

*By Molly of the Little Birds*

**Boy was I floored** to read Richard’s Partner Page in the August issue! I had really looked forward to each article from him and read them to my husband. The sad news was initially a great shock, then fear of what lay ahead for my marriage. The benefit was that it caused me to take a long appreciative look at my 20-year marriage and treasure my husband’s commitment, sacrifices and dedication to my healing. He has always put his needs secondary to mine and those of our children. Now, whenever any part of me begins to complain internally, I remind my self how much we have, which is far greater than those petty complaints. It seemed as though Richard and his wife took many healthy strides toward the improvement of their marriage, yet still it fell. Which means mine could too, unless I keep a close watch on how all parts of me treat my husband. I know my husband is not perfect, but I also realize how badly “I” have treated him, and given him plenty of reasons to leave me. Legally, he could have put me away. My husband makes decent money, but we never can seem to get ahead because all our money is eaten up in counseling costs. He would probably be far better off without me, at least economically, but yet still he stays, and for that commitment I will be eternally grateful!

I am so sorry for Richard and his wife. I think Richard should be commended for his commitment to his wife and all he did to keep himself sane throughout it all—like attending a support group. It also sounds like his wife did appreciate him, and I am glad she is not vindictive. I know it is very hard for survivors to remain married, because so much of the experience can be so triggering, so I understand. I wish the best for them both and appreciate their willingness to be open in sharing their personal married life struggles with us. Even though their marriage did not survive the storm, the survival skills that helped them through the years also helped me and my husband, and I am sure, many other readers. Thank you Richard, and your dear wife.

*By Cocoon.*

**Getting Healthy**

We have never been able to support ourselves financially. We keep doing our writing, art, and crafts, and trying to sell them, and someday we hope to be self-supporting.

Emotionally we struggle with feelings and thoughts of inferiority, low self-worth, guilt and unforgiveness.

We try to surround ourselves with friends and others who value us, appreciate us, and urge us to improve our lives.

We encourage ourselves to look at our good points and to see ourselves as worthy and valuable people. We do this through our art work and writing, and also through keeping a positive outlook and growing spirituality.

*By Sally B.*

*MV*
Mosaic

Trees filled with kelly green crystals, with buds of many varied roses, pinks, whites, oranges and buttery yellows, promising fruits, flowers and beauty beyond the mind's grasp.

Graphite gray toumber bowns of trunks, limbs as outstretched arms, linking another parcel of the continuing flow of life.

Surrounding the trees are grasses from jades to golds and onto Kentucky Bluegrass. Awe-inspiring, mind-boggling simplicity.

Among the grasses are scattered more flowers of every size, shape, scent and colour.

Plants, sun-touched, water-spaccked and earth-grown, are also offered as bounty.

Just as trees, plants and flowers mix their charms, so do the creatures of our lands, continuing the cycle of life, death and recreation, bringing forth an inspirational belief of life after life.

A Higher Power managing the biggest balancing act ever. His shoulders never seeming overburdened. Strengths coming from Jesus, the Holy Spirit, undeniable faith, hearts, heads and minds focused on the missions, gospels, random acts of kindness and continuing growth of many forms; seen and unseen.

Blessed be the passions for life on Our Planet. Our Home. Our unspeakable Grace and beauty set here for everyone and everything.

Thank you, God.

By Linda K.

Books

The Therapist's Internet Handbook: More than 1300 Web Sites and Resources for Mental Health Professionals
By Robert F. Stamps and Peter M. Barach
800/233-4830. 368 ggs + CD-Rom. $32US, $47CAN Paperback.

An incredible amount of intelligent staring into computer screens went into this project, which is very near perfect—except that it left out www.manyvoicespress.com! However, that's ok. The rest of the book is remarkable for both scope (everything from Motor Skills Disorders to Mental Health Law) and detail (Twelve websites for psychoanalysis alone! Who says Freud is passe?) This is a book that will keep psychology addicts glued to the computer for hours.

Categories that might be of special interest to MV-readers include Eating Disorders, Sleep Disorders, Dissociative Disorders (no surprise there, since Peter Barach is a former president of ISSD), the FMS controversy (just to keep your blood pressure up), Gender Identity Disorder, Substance-related disorders covering substances I don't even know about, Legal Issues, and a host of Alternative Treatment Modalities, so therapy will never be boring (or concluded, either.) Plus, there's a CD-ROM that promises to link you up to your choices without a lot of tedious typing of URLs. Thanks, Robert & Peter (to your assistants) for a mind-blowing resource useful for professionals and clients as well.

Treating Youth Who Sexually Abuse: An Integrated Multi-Component Approach
800/895-0982. 306 ggs with index. $59.95 hardback, $24.95 softcover.

The treatment of juvenile sex offenders is a subject that is difficult for the public and many professionals to grasp. Yet it is a critical issue for those who would like to see abuse statistics decline. The author of this book, whose first job out of college was in a juvenile detention center, later worked as a clinician in treatment programs at locked psychiatric wards, residential programs, group homes and outreach to troubled youth. His intent in writing this book was to bring together the varied approaches of treating juvenile offenders into a unified strategy for treatment. His position is clearly stated in the introduction: "I believe that these young people are not 'bad,' that (except in the case of severe psychopathy) they are treatable, that there is hope for them, and that they are redeemable—regardless of what term we or anyone else uses when referring to them." (Author's emphasis.)

The book discusses such topics as group care, outpatient, and sex-offense-specific treatment. Both family therapy and individual therapy for the offender are addressed, including the risk of "isolation" in individual treatment, and how to avoid being led into a secretive bond with the client. Assessment, pretreatment and aftercare are presented, and the appendix offers component materials and plans. An extensive list of references directs readers to more in-depth information. This clear and well-organized book deserves a thorough reading and a permanent place on the reference shelf of those treating adolescents.—Lynn W.
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THANKS!—Lynn W.

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