

# MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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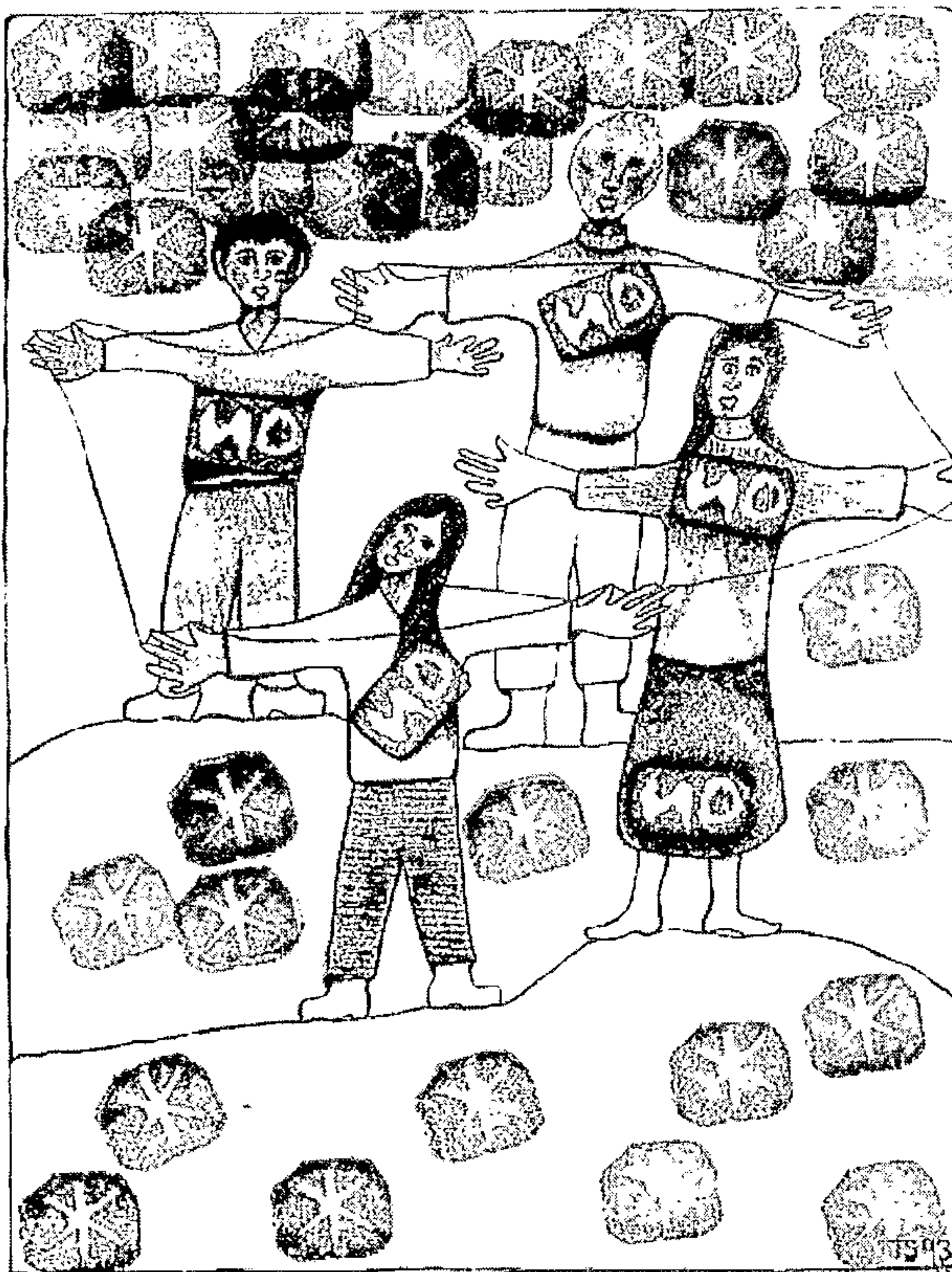
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Inside:

## Men In Recovery

### A Little Lexicon of Multiplicity

*and more!*



## *Craziness*

There is craziness inside  
Can I stand it?  
Words, emotions, voices, pain.  
Where do I fit?  
Babies cry  
tears  
enough to fill an ocean, get blocked  
and locked away.  
Truth and lies?  
Lies and truth.  
What is real?  
There is craziness inside.  
Shadows and whispers.  
Go away—find a way.  
Sliding through mud one must get  
dirty.  
The dirt will not come off.  
It has become what keeps me  
together.  
Crusty, enveloping, covering,  
blocking, restraining, restricting.  
Trying to look right—act right.  
Right or wrong  
Black or white  
Small or big  
I'm big yet small in so many ways.  
Falling down—falling apart.  
Losing ground on which to firmly  
stand.  
Leaks in the mind.  
Lonely, but how can that be when  
there are so many voices  
inside my mind?  
So many me's that the I is gone.  
There is craziness inside.  
And no one can see.

By KC 2002

MV

# PTSD- Post Traumatic Stress Disorder

By Kat and the girls

In our opinion and experience "Knowledge" is the most effective treatment for PTSD. We used to call it "getting crazy". We had no idea what was happening to us, why we would suddenly be in a panic and feeling as if our reality was all distorted. We had no clue what "a trigger" was. We would just be overwhelmed with visual images in our mind, at times afraid to close our eyes, or go to sleep for fear of what we would see.

My first Osteopathic doctor was a Viet Nam Vet, with PTSD himself. This was about 10-12 years ago when PTSD was only accepted as a diagnosis for war veterans. Just in the very early stages of "possible" that others could have this disorder that weren't veterans of war. [Not the kind of war publicly acknowledged... we are survivors of a different kind of war.]

Anyway, one day in Dr. G's office, he responded to me with mild yet stern words. [We were very sensitive to him.] The next thing I knew, I was leaned over with our arms covering my head saying [begging] "Please don't be mad at me, Please don't be mad, Please!" I think Dr. G had considered that I had PTSD before that moment, but that convinced him that we did. He calmed us down, reassuring us he wasn't mad. He began teaching us about PTSD and a few coping skills he himself used. [This was a number of years before we received the MPD diagnosis.]

We have an alter [Katrina], that does the research on our medical and psychological diagnoses. She went to the library and checked out EVERYTHING she could on the subject. It was difficult to talk to anyone anywhere about having PTSD since it was mainly only known and accepted as a disorder for War Veterans. There were times we called the local VA to speak with someone who had PTSD to sort out situations, etc.

Just having a name besides "getting crazy" really helped. Over the years the symptoms have lessened, but during big time stress they can return, such as

after the Oklahoma City Bombing [we live in Okla.] and 9-11. The "L.A. riots" in the early 1990's was one of the first events that occurred after we were diagnosed. We had increased panic attacks, and flashbacks. It seems that the visual images— no matter how brief [previews of evening news video clips] were enough to set those symptoms off. This was most likely because much of our childhood abuse was intense physical abuse.

The response from Dr. G was quite simple... "Turn off the TV." [In fact he doesn't even have a TV because of this.] Especially when violent events get 24 hour coverage on most stations. It is very difficult to not get sucked into watching it, or to just turn off the TV when you have others living in your house. You just have to decide how much input of triggering stuff you can live with.

Find somewhere you can escape if you live with other people that want to watch or hear about such things. We would retreat to my bedroom and usually listen to our relaxation tape. Finally we told our then-husband..... "We listen to the relaxation tape to calm the panic /anxiety. If you disturb us, then you will get to live with the effects of our panic attack!" He left us alone after that!

A "TRIGGER" is not the horse that Roy Rogers rode either! Learn what a trigger is, and which ones are yours. One of my best examples we use to explain is an event that occurred that caused us to spend many anxious hours not knowing why or what.

We were to be a part of a brief "show" at a luncheon to raise money for a Center for the Disabled. Our part was with a good friend /member in which we were to perform a poem we had just done in a much longer theatre production. We're not much of a "on stage" person, but this was to be a breeze compared to what we had just completed. Before the luncheon we had a quick run through of the performance.

When it came to my part, we were told where to stand by the "director" who was another friend. Then very abruptly she put a microphone up to our face. In an instant WE WERE NOT OK! We froze at first, couldn't speak, then ran out of the room. We were in a MEGA PANIC, looking for a safe place, or person, and trying to figure out WHAT THE HELL was wrong with us?????

Finally with the help of two friends, and some medication for anxiety we were settled enough to do our part. Despite my overwhelming panic, we also couldn't disappoint our friends, or appear to be unable to do what we had promised. [Yea, we know it doesn't make a lot of sense.] We believe that the dissociation was actually a blessing at this time.

After the luncheon, I had gone home, was laying down to rest.... this had used up a lot of energy. Also the fact I still had no clue what "triggered" it. As I laid listening to my relaxation tape..... I kept getting a visual image.... the MICROPHONE!! That was my trigger. In the Theatre Production of about six performances we never used microphones, which is why the panic didn't occur then.

The reason a microphone being quickly put in my face was [and probably still is] a trigger has to do with a much repeated events in my childhood. The church I was raised in made everyone get up on stage and give a "talk" and was "graded" on it.

We would get up on stage sit in a chair then they would "shove a microphone in our face" and our assignment would begin. If I didn't get a good grade it ensured a beating when I got home. I was so extremely shy that I almost always had to throw-up before this event was to happen.

When I figured out the connection of this "trigger" the anxiety of the day just left me. Which is what I have found happens most of the time when something will trigger me "getting crazy". With the help of Dr. G., my



current therapist and a few others in my process I have lowered the intensity and how often I have such problems.

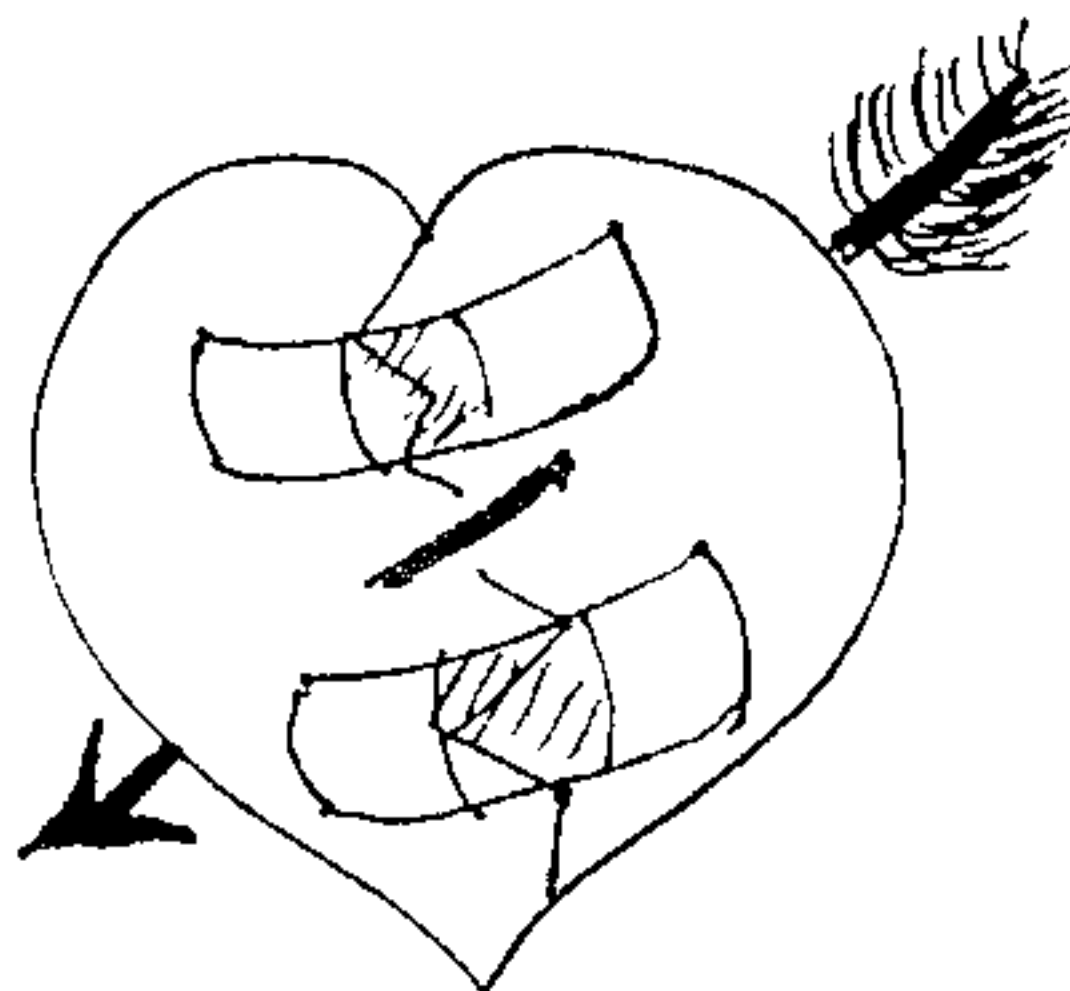
Also with just the knowledge of what is occurring and why, I can cope if I have too. I am speaking of the National events of the Oklahoma City bombing, and 9-11. Too big to not feel the effects of such things. After the OKC event, I felt very concerned because I knew my reaction was different. Everyone else was mad and crying. I was numb, nothing. I attended a one time support group and found out mine was very common reaction. By the time the first year anniversary rolled around, I turned off the phone, locked door, and cried and cried as I watched the first year memorial on TV. Finally, I was able to feel my sadness and sorrow.

I am also in an email group for persons with PTSD. After the 9-11 attacks connecting with others with PTSD was important. Our experience of the OKC bombing taught us it was positive to share with others about the process. Much of what we heard was being said 5 years earlier. Only now it was on a National level, and the images of devastation were many, many times larger. In Oklahoma we had already been changed and our world would never be the same. Feeling safe, much more difficult than it had been before.

So that is my experience and opinions about what has helped us deal with PTSD. And for those online, here is a webpage we made with links to sites about PTSD.

PTSD links page:  
<http://www.angelfire.com/me2/catsNglass/ptsdlinks.html>

MV



## MANY THANKS TO OUR FRIENDS!

**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

**Sheppard Pratt Health System - Baltimore, MD**

Call Kimberly Colbert: (410) 938-5078

**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

**Women's Institute for Incorporation Therapy - Hollywood, FL**

Call Larry Spinosa: (800) 437-5478

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

## Childhood Yard Sale

Come on by! Bargains abound.  
 Here, surrounded by fantasies  
 one mother  
 still encased in shrink-wrap  
 very low mileage  
 looks quite nice in social settings.

Next to her  
 one father  
 in cold storage since his youth  
 slightly thawed after  
 his heart broke in '92.  
 Will trade both for a  
 small amount of self-forgiveness.

Over here  
 dreams priced as marked  
 some need repair, some  
 have never been used.  
 Will exchange for yours.

Those racks?  
 Assorted personas, slightly worn  
 some too small, some too large  
 some worn only once.  
 Try one on  
 the only cost is loss of self.



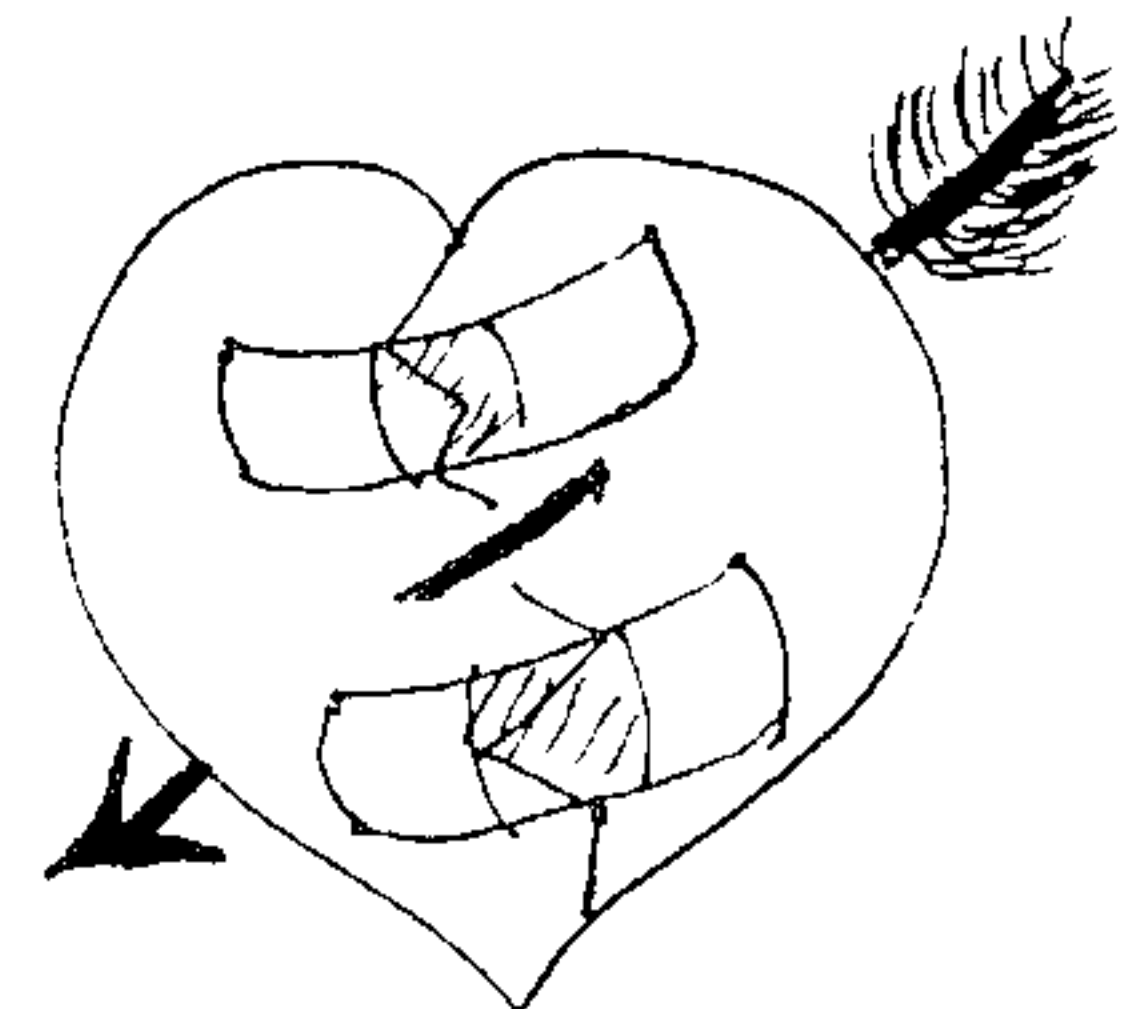
These boxes of tapes  
 hold three generations of injunctions  
 a chorus of criticism and  
 a siren's destructive song.  
 Open at your own risk.

These weird jumbles?  
 An assortment of nightmares  
 two for the price of one.  
 You have to provide the closet.

A little healing can  
 make a great yard sale  
 clean out a basement  
 tidy a closet or two.  
 I just hope the  
 day stays sunny.

*By George Nixon*

MV



# Voyage of Discovery

By "Bill Corley"

I've been dealing with the ramifications of an abusive childhood for some 45 years. However, I've only really understood it – and realized its magnitude and impact – for less than two years. I always knew my father was a drunk, and that my childhood "wasn't great." But I had figured I shook it off, outgrew it, got past it. Little did I know that some 200 years after Lewis and Clark went on their "Voyage of Discovery" that I'd be taking one of my own.

Like a lot of others in my shoes, I gravitated to the helping professions. I started out as a Police Explorer when I was thirteen, and at eighteen years old, I was the youngest police officer in state history. I later "switched" to being a firefighter, and stuck with that for nearly two decades. I've worked as a dispatcher, a reserve Emergency Medical Technician, and a 9-1-1 center director. I've been blessed with an overall pretty functional life, albeit with some heretofore inexplicable blips along the way.

I'm on my third marriage, and this time I've finally gotten it right. I'm blessed with a wonderful wife and spectacular stepdaughter, a cat and two step-cats. I'm working in the private sector and have had a pretty successful career.

I have Dissociative Identity Disorder. I'm not an especially politically correct guy, but I must admit that I like that moniker a lot more than "Multiple Personality Disorder." I've known about DID – what it is, and that I have it – for a little over a year. My enlightenment began when I started therapy to deal with my long-overdue recognition that I had been in pretty deep depression for some time. Therapy was going fairly well. I was exploring my childhood (what I knew of it) and its contribution to my depression and aspects of my behavior with which I was not happy. My introspection – something I'd shied away from for most of my adult life – and examination of my childhood

made me recognize the magnitude of what had happened to me as a child, and *completely outside of therapy*, I remembered several episodes of clear abuse that had never before occurred to me. The abuse was sexual, physical, and emotional.

Unbeknownst to me, my wife had been digging into some of my anomalous behavior, and suspected DID. While this is obviously a big story unto itself, she convinced me to check myself into Sheppard Pratt's Trauma Recovery Unit in Baltimore; the phrase "DID" had still not come up. My depression had been peaking, and it was beginning to impair my day-to-day functioning, so I agreed to enter the program. I joined the in-patient program, and felt quite out of place. I was the only male patient in residence at the time, and the *other* patients *really* needed to be there – after all, they all thought they had "alters", some of whom had their own names. The other patients behaved differently than me – or so I thought.

I was randomly assigned a therapist and a psychiatrist; I was incredibly lucky to draw the two I did. They explored my trauma compassionately and did nothing to try to draw out new memories. They also explored my behaviors, and collectively, we discovered I did indeed have parts. This was an utterly shocking, unbelievable revelation for me. I can't say I couldn't accept it – too many unanswered questions from my life now made a sort of perverse sense. While I was undergoing therapy for depression and childhood issues, I'd been doing an enormous amount of reading, mostly on adult children of alcoholics and the long-term effects of child abuse. One book that I happened to read -- only because I found the title intriguing -- was *The Myth of Sanity* by Dr. Martha Stout, which compassionately deals with DID; I had found myself surprisingly identifying with several episodes in that book. I suspect that had helped to "soften" me and make me just a bit more open to

recognizing and accepting my diagnosis.

And what I think helped me more than anything else was seeing the incredible courage and resilience of my female co-patients. Some were older than me, some were much younger, but all had far more experience in living with their diagnoses than did I. Their strength in dealing with their inner struggles and their compassion in dealing with each other (and me) was inspiring. The fact that they were so accepting of me, a large man they didn't know a short time earlier – particularly when most of them had experienced their trauma at the hands of a man – was inspiring and humbling. The staff, and particularly my therapy team, was also most welcoming and supportive. I was absolutely in the right place at the right time for me.

I spent three weeks in the in-patient Trauma Unit and another three weeks in the Day Hospital, an outpatient program consisting of a lot of group work as well as a variety of classes and therapeutic activities. Both programs were wonderful; the Day Hospital environment was a bit more comfortable and conventional feeling for me, and the time I spent with fellow DID patients (including another male this time!) was in many ways the safest and most *normal* I have ever felt.

I've been out of the hospital for over a year. I've been back to work for nearly all that time. My wife and I are engaged in couples therapy work with my original in-patient therapist who knows both our stories so well, and I am working with an outside therapist well-versed and experienced with DID. I'm increasing my level of co-consciousness with my Guys – and my Guys are being wonderfully cooperative with the entire process, and I'm learning some basic things that most people learn when they're kids. It's a long, hard road, but we're working towards integration and a fully functional life. Like most others struggling with DID, there are good



days and there are not so good days. But with the wonderful support I enjoy from my therapy team and family, we'll get there.

I owe a lot of people my life – both literally and figuratively. First of all, my wife, for having the love to dig into the behaviors of mine that didn't make sense to her, the bravery to lovingly confront me with the evidence she had found that made her suspect DID, and the persuasion to get me to self-admit – and quite possibly saving my life. Second, to my original therapist for doing very good work with me, my therapist and psychiatrist at Sheppard Pratt, and my current therapist; your collective insight, compassion, and patience has meant the world to me. And especially to my fellow patients both in the Trauma Unit and Day Hospital – your courage, strength, and compassion continue to inspire me each and every day.

MV

### Tunnels

Time to go exploring  
To see what is really there  
Somewhere in the deep reaches  
of the tunnels of my mind.

This looks dark and dreary  
Must have been a bad time  
Now that I see this  
I remember why it is so bad here

Earlier times were happier  
The walls are almost aglow  
Good times seem to echo here  
and re-echo in other tunnels

There are ones blocked off  
For what reason I know not why  
But this is what I'm looking for  
To find the key to these areas

Maybe there is no answer  
Just always left wandering  
Constantly searching tunnels  
But never finding an answer

By William R.

MV

## Denial—Feelings-PTSD

By Sharon's Group

“Feel the feelings” is better for me than my denial. Denial allows me not to recognize danger. It's like a bug in a light...

“He” keeps calling these feelings and thought, memories. They don't seem like memories. It seems all unknown, foreign, disconnected. Are these feelings and thoughts really memories?

I don't deny the feelings and thoughts as much as I deny the fact that they are from real memories.

The feelings are too encompassing and constant and concrete: but they do not seem connected to a real Memory. I don't see real memories. Is that what they call PTSD?

The feelings are more intense and real than the Sun and Moon being there each day. It's more real than the taste of saltwater; but as real as the feelings are, that's where “Real” stops. For after the taste of saltwater, you can immediately connect it to the previous times of that forbidden, unwanted gulp. But these seemingly psychotic thoughts, inferences, feelings are so acute that none seem connected to a

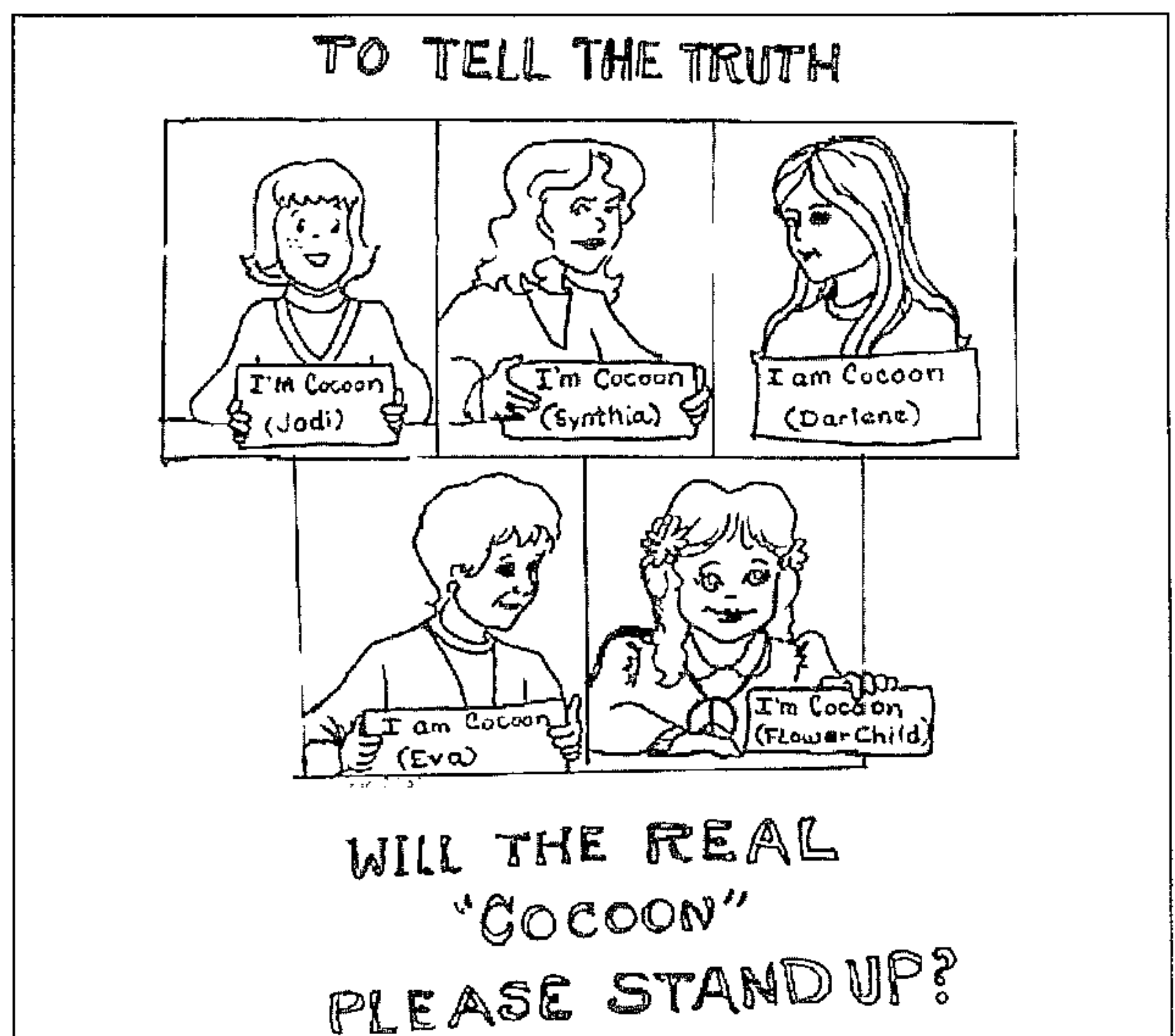
real “anything.”

I don't see how I can ever change this. I accept the ocean saltwater as real as the Sun and Moon with the Good and Bad effects it has brought from tan to burn (sun). From brightly lit to deep darkness (moon). From playful excitement to near drowning (ocean).

Then I say these feelings and thoughts and Voices of Others inside telling and feeling sexual, physical, emotional abuse cannot come from nothing. There must be triggers, unnoticeable to us, seemingly innocuous. But even though not consciously a memory, they are more vivid than the brightest sun, fullest Moon and deepest, saltiest ocean.

Is my trapped in terror, trapped in lost time, trapped in another dimension, fear of everything, and Outsiders knowing I'm lost in terror, without my own awareness, all PTSD? From “Real” occurrences in our lifetime? I must Deny until we are sure!

MV



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# Permitting the Unpermissible:

## A paradoxical path to recovery

By Gary for all the men within me

**W**orking with tools, I've found that if a screw is stuck, cross-threaded, the worst thing I can do is apply force. My natural instinct is to push, and push harder if there's resistance. Go *toward* the goal, not away from it. Push, push, push, but the stuck thing only gets more and more immobile. My only hope is to go backwards, back off the stuck thing, and work gently with it until it can move forward. Dresser drawers work the same way, or old window sashes. And I've found that in my own recovery, unpermissible behaviors and ideas often are the keys to breakthroughs in recovery, when carefully allowed free rein.

One example is cross-dressing. For females, this is quite socially acceptable, but not for males like myself. Back in the 80's, before I got into recovery, I was trapped by marriage vows ('till death do us part') in a loveless marriage. A strange marriage: she hated me, hated everything I loved and everything I did. I was committed to have no outside partners, yet still I craved some small taste of the female in my life. At times cross dressing seemed like an answer—I could at least look in the mirror and see something that looked female. Mostly, though, it led to shame. I'd suppress it, hauling the outfit to the garbage in the dead of the night. I was a very unhappy man.

I'd throw the clothes away, only to find that two years later, I had a new set of female clothes. More shame. Again I'd pitch 'em out. I was a very unhappy, angry man.

Then came 1992. Suddenly I'm a six year old kid telling my grandmotherly allergist that Daddy "stuck his thing in my back end." Suddenly, I'm not just an engineering manager, I'm a threesome—a male adult (Gary), a female adult (Susan), and this mysterious, elusive six year old kid. Susan and I went looking to see just how many others there were in here,

and overnight we were at seven, then eight, nine...eventually about 45 distinct parts, and hundreds of shards.

But recovery consisted of doing the unthinkable. My first question for Susan was this: "What would you like to wear?" I, the angry man who'd thrown out those clothes, I who'd lived with the shame and the secrecy, asking her what she'd like. I wasn't happy about finding I shared my body and my time with others, but somehow I had the courage to make the offer. She was deeply moved by it, and I was greatly relieved when she said she preferred the anonymity of hiding just below the surface of my male body, as she had always done.

So, Susan was easy but Sheila was not. Impulsive, impetuous, 20-something, headstrong female. Male clothes were not OK in her book. This could have been a major power struggle—how many times had I asserted my will by pitching out those damn female clothes? Here again I did the unthinkable: I went to a thrift store and bought an outfit for her: blue denim miniskirt, black leotard, black sheer pantyhose, and white open-toed sandals with 4" heels. In the privacy of my home when my own kids are at school, I give her what time I can to have a life. She's quite a capable problem solver with a gutsy "can do" attitude.

The main point here is that by permitting the impermissible and allowing a socially unacceptable behavior, I sidestepped a power struggle that could have consumed a lot of energy. Instead, that energy has been freed to work toward recovery, and "the girls" are perhaps the most important players on my team.

Other impermissible things include angry thoughts and ideas—socially unacceptable angry thoughts and ideas. I write, I journal with no censorship, no restriction. If some part of my wants to rail about how much of

a worthless sh\*\*head I am, I let them rail. It's like relieving the pressure in a pimple, or when infection sets in under a scab. Open it up, cleanse it gently, hold those wounded children with tenderness and love. Their words do not hurt me, but after the outburst often comes sadness, grief, and sometimes a clearer picture of what led to this emotion. This is slightly different than the approach of simply responding "NO!!" and attempting to drown out their negative voices with Positive Affirmations. At least for some of my deeply buried wounds, affirmations never even get close to reaching the troubled spot. Affirmations are words, and my hurt parts learned long ago that words lie, words lead to entrapment. Words, if trusted, lead to a lowering of defenses—vulnerability, and abuse. Words scare the living daylights out of my injured inside parts. Actions, though, can get through. Permitting the angry ones to rail at me, and seeing past their words to the hurt that underlies it—this compassion they can take in. Healing begins, though the methods be strange.

The anger may also be directed outward. The girls have no love lost for men. They see maleness as the root of all evil—that men come in two flavors—rapists, and potential rapists. Their anger spills forth whenever the papers carry another story about some guy committing yet another atrocity. They would happily have the operation, the sex change, and be done with maleness forever. They would happily have the sexy 20-year old female body that they crave, and use it to lure men to their doom. They don't spell out exactly what they have in mind, but any male unfortunate enough to be pulled in by their sexuality would never again be pulled toward a woman, or man, or child, or whatever his sexual craving was. These men would become monks, unable to even speak of what had happened.



Need I say that I still have a long way to go in recovering my own healthy male sexuality.

One other example comes to mind—a case where the permitting politically incorrect and socially unacceptable things has led to insight. I've always attracted women who had a lot of anger toward men. So I haven't had much experience with partners with whom it was OK for me to be sexually attracted to them. Always, I felt deep shame for my male energy and my male sexual cravings.

So, political incorrectness helped once again. It was a playboy centerfold that allowed me to experience lust and sexual desire without shame about being male. And I had the experience of being attracted to a female who wasn't angry with me in response to my attraction. I got to experience my sexual desire without fear that it would provoke a retaliatory attack. I wish I'd had this experience in my 20's and not in my late 40's.

Political incorrectness goes further, and has led me further. As a teen, long before I hit puberty, I was drawn to self-bondage—to be tied up, struggling against restraints, or to be encased, as in a womb. In adulthood, this was still something that resonated with me, but

also caused deep shame. Denial and suppression of it led only to depression and despair. Accepting it, and saying "OK, what is this about. It is a part of me, but why? Where's the root?" led to acceptance, at a deeper level, of the fact that I'd been raped. Part of me needed to replay the sense of struggle in a safe context, to process the experience, heal, and move on. It's still a work in progress.

More political incorrectness—erotic Internet images of beautiful, smiling females in chains. Nothing nasty, just politically incorrect. And acknowledging the attraction, I learn something—that I don not feel physically safe when I'm within kicking distance of a live adult female—as near as I can tell my mom sometimes used her foot or her fists when her infant son (me) wouldn't stop crying. She was a weird mix—probably multiple herself—sometimes loving, sometimes hellishly sadistic. So it is that acceptance of all my parts, all of my idiosyncrasies and odd cravings have been keys, that when followed, lead back to the roots, and to the places in need of today's tender touch.

MV

## RedBob Says Hello

I am a male and my ex says we have at least one or two female alters. I could not tolerate females for a long time (abuse and training issues).

I'm much more accepting now, of outside humans, male & female, and can accept that I have feminine components in our system. Any kids I refer to are innies not outies.

I went to a female therapist while I was homeless in the '80s. She was into reparenting and rebirthing. One of my inner babies came out. She had to bring someone out to drive.

Over the years I discovered that if I didn't get my inner kids under my... (control? I don't have words for this...) Anyway, if they didn't see me as Daddy they would still be under the "womb of doom's" control and influence.

One of the mama's boys came out and called her. I had a blackout, but

came out of it on the phone and accused her of stalking and trying to hurt us. I had a witness who assured me that I dialed the number. Later, someone plunged his hand onto a broken car antenna and burned him with a cigarette. Also threatened to scare the mother so badly she wouldn't ever talk to him. Very rough, but we had no communication inside.

Now all kids inside know I'm the Daddy and there are brothers inside to turn to. We adopted the biker persona on the outside because every type and size alter, nice or violent, could fit into him. I'm finally solid enough that if someone uses a child's name he doesn't pop out. We all stick together now.

MV

## David Talks

My name is David and I was abused by my mother. I'm part of a system called Sandy. It's hard to operate as a boy when the world sees a girl. But mom knew I'm a boy. It's how she wanted it. See, I was her boy she wanted. According to her, we were supposed to be born as a boy. They even had me named. And so I exist.

The others say I'm impulsive, but I don't really know what that means. What I do know is that I get mad a lot, especially when people don't listen to me.

It's been...I don't know how many years..that I've kept my secrets about mom. But you know what? I'm sick of being alone. So I decided to talk to our therapist. She's very kind and does not judge me or say I'm crazy or lying. She says the way mom talked to me and touched me was her fault, not mine, and it was wrong. I try to believe that. When I talk about mom, I don't cry, but sometimes I feel like it. I think that would be okay with our therapist.

Since I first told about mom, I haven't hurt any of us. I'm proud of that. Maybe it really is going to keep getting better. I want everyone to know I am not a mean person, just a boy who got hurt, and almost destroyed, by his mother. And just because it was mom who hurt me, doesn't mean I am any less important than those who were hurt by their fathers. Moms are just as bad. And I want everyone to know I am really brave and I know I will feel better someday.

In the meantime, I've promised to be safe, and I'll keep talking, no matter what. The bad people kept telling me that if I talked, I would die and so would the person I told, but then, that was just another one of their lies.

So I say to you, it doesn't matter if the world sees you as a girl or a boy, and it doesn't matter who you were hurt by. It's okay to talk about what happened to you. It's no more your fault than it is mine. What matters is that you are real, alive and worth hearing. Don't live in the darkness anymore. I'm here to tell you that living in the light is better.

MV

# Therapist Page

By Bryce Jeanne Mitchell, Ph.D., LPC. CCMCH

Dr Mitchell is a professional counselor in Madison, Wisconsin. She has worked with people with multiplicity for about twelve years.

## A Little Lexicon of Multiplicity.

My clients and I have evolved a vocabulary for speaking of D.I.D. and of people with internal systems in ways that we believe are respectful and helpful. I cannot give credit to exactly whomever first began to use the words and phrases that are a part of this article. Some I invented; others originated from various clients; probably some of them we heard or read about. To my knowledge, none are copyrighted or otherwise claimed exclusively as proprietary intangible property.

I would like for others to have available healthy and helpful ways of speaking of multiplicity.

**Administration (noun)** - Describes the condition when internal personalities are led and directed by one or two lead personalities who are the primary decision makers for the system.

This hierarchical methodology can work well for a while, but when other personalities begin to develop their own sense of personal power, they may rebel against the parent-like administrator(s).

**Allies (noun)** - See Others

**Co-Hosting (noun)**- when two or more internal people (usually leaders) agree to cooperate in order to interact effectively with the outside world. The two personalities draw upon each other's strengths and maintain virtually continuous co-consciousness of each other.

**Cooperation (noun)**- describes the condition when internal personalities work together for the benefit of the system. No one personality is in complete "charge", though there may be internal team leaders depending on the number of personalities that are participating in cooperation.

**Dis-integration (noun)** - describes a condition when a previously "integrated" multiple has internal

people re-emerge as distinct personalities. This event may be brought on by external trauma, by flashbacks, triggering events, or any number of stressors.

**Iatrogenic Integration (noun)**- describes the condition when a multiple appears to have integrated, and has usually done so to meet external expectations of mental health professionals, friends, or family to "get better" in what is considered to be the only acceptable way (integration). Caution: repressing other personalities and presenting as a solitary personality rarely works well as a long-term strategy. Dis-integration is highly likely if stress increases infrequency, intensity, or duration.

**Iatrogenic Trauma (noun)** - describes stress and trauma caused by interaction with medical or healing professionals.

Iatrogenic trauma may occur in many forms: refusal of the professional to believe in multiplicity; misdiagnosis by the professional; insistence by the professional on integration or other specific goal of treatment; emotional, mental, physical or sexual abuse of the client/patient.

**Integration (noun)**- describes a condition in which all internal people blend together to create a solitary personality.

Caution: The word, integration, for many people with multiplicity is a synonym for death. Individual internal people may be extremely threatened by the prospect of integration. The solitary personality resulting from integration may feel intensely lonely and incomplete.

**Map or Internal Landscape (noun)** - a (usually pictorial) description of the internal world-the personalities, who communicates with whom, where they live internally. A map can be especially useful when there are more than a few personalities.

**Multiple (noun)**- a person with multiplicity.

Caution: This word, while frequently used in the community of people with multiplicity, may have negative connotations if used without consent or used by a person outside that community.

**Opaque (verb or adjective)** or **Opaqueness (noun)** - describes the condition when one personality (or more) does not let the host or another personality see or hear what is going on in an interaction with the outside world.

Personality A can be said to have "opaqued" Personality B. In other words, Personality B was not permitted to be co-conscious during an event or events. The event, then was opaque- Personality B would not have first hand experience of it, although he or she might later be informed of it by an inside or outside person.

**Others (noun)** - one of many words used to describe the internal personalities. Some other descriptive words include: friends, the team, the gang, us, etc.

**Solitary (noun)** - a person without multiplicity; a person with only one voice or personality.

**System (noun)** - a word used for the single body and its array of internal personalities

**Translucent (adjective)** or **Translucency (noun)** - when the personality(ies) in current control of the body (Personality A, for simplicity) permit(s) other personality (ies) Personality B, for simplicity) to partially hear/see/experience the event even though Personality B does not have control of the body at the time.

Personality B can be said to be partially co-conscious because Personality A permitted translucency. Translucency is often used to begin to inform Personality B in a manner that will not overwhelm her or him.

**Transparent (adjective)** or **Transparency (noun)** - when the personality(ies) in current control of the body (Personality A, for simplicity)



permit(s) other personality(ies)  
 Personality B, for simplicity) to  
 see/hear/experience the event fully  
 even though Personality B does not  
 have control of the body at the time.

Personality B can be said to be fully  
 co-conscious because Personality A  
 permitted transparency.

The above list is an effort to make  
 available healthy and helpful ways of  
 speaking about multiplicity. It is by no  
 means a complete list. It is intended to  
 be a springboard for the development  
 of a full lexicon of the language of  
 multiplicity by its community.

*(Editor's note: Please submit your  
 suggestions of words or phrases that you  
 believe help "make sense" of dissociation  
 or any of its symptoms. We will print as  
 many as we can. Thank you!)*

MV

### Ground

Starting on couch and  
 Ending on floor  
 Violence, uncontrollable violence  
 Then peace, heavenly peace  
 People staring: looking in concern  
 Panicking in confusion  
 Me, well...I'm relating  
 Ambulance arrives: quiet  
 No sirens, only lights  
 Ambulance attendants: apathetic,  
 torpid  
 Facts, just the facts  
 "Open your eyes," one says.  
 "I know you're awake."  
 Victim: lassitude, lethargic, lifeless  
 In a world only He knows  
 To the bystander: fraudulent, unreal  
 Inconceivable  
 To Me: reality, survival, life  
 Why do I dissociate?  
 Somewhere, yes anywhere  
 Is better than  
 Here and now

By Brian M.

MV

### Letters

(MV will forward your replies)

**We just got out of the hospital.** We were  
 dangerously depressed recently and  
 voluntarily admitted ourselves to a mental  
 health hospital that is known in this area as  
 being "open-minded about DID". They  
 encouraged us to be ourselves but told us  
 that they would rather talk to our first  
 one—the one who first took over for the  
 infant in the first stages of the trauma. We  
 tried. We really really tried. What  
 happened? We became so physiologically  
 ill that we couldn't stand, sit or move our  
 head down to shake Yes or No for 7 of the  
 9 days we were there for "therapy." We  
 went there hoping they could help us to  
 stabilize, to help us become more  
 comfortable in our own skin, because they  
 had been suggested to us as being able to  
 do that; we had been feeling particularly  
 suicidal and dangerous to ourselves. We  
 spent 8 out of the 9 days at the mental  
 health hospital in our room, isolated, ill to  
 the bone, keeping nothing down, being  
 included in the other patient's activities and  
 group therapies only when we could fake it.  
 We got sicker physically and more  
 dangerous emotionally and finally left  
 against medical advice.  
 Ironic—considering that their best medical  
 advice for us was for us to deny everything  
 that we are—all of our wonderful, powerful,  
 possible self and selves.

We lost eleven pounds in nine days  
 because we were so sad and sorrowful that  
 we couldn't keep anything down. Now we

are thinner but sicker. Didn't go there to  
 lose weight, for pete's sake.

Now we are home and back with our cat  
 and our house and what we wanted to  
 share most is this: the only thing that  
 actually did stabilize us and help us to feel  
 more comfortable in our own skin was  
 fighting back against these supposedly  
 DID-oriented mental health care providers  
 in this hospital—even though we could  
 barely lift our head or see straight. We  
 need patient's advocates, too. Are there  
 such things? If there are, sign me up. If  
 there aren't, let's organize some. Your  
 comments, please.

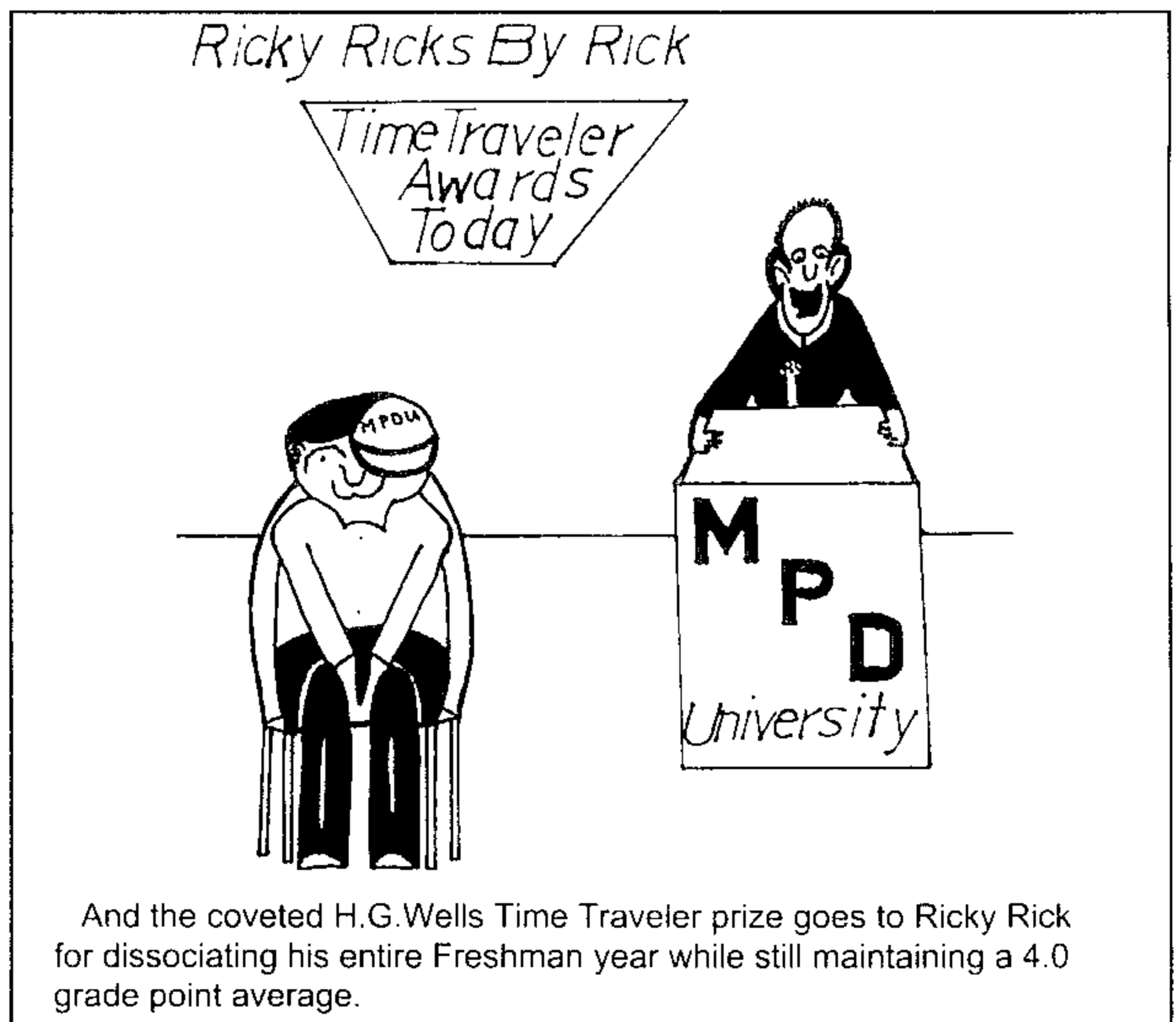
By Ly-ly and family

#### Research question:

Multiple who had ECT seeks information  
 from others. About six or seven years ago I  
 underwent a series of ECT which was very  
 helpful. My doctor said I was the least  
 disoriented of any patient he had who went  
 through this. We wonder if this was "just  
 me" or perhaps related to multiplicity. Am  
 particularly interested to find out if you  
 were less disoriented afterward than  
 non-multiples, more disoriented than  
 non-multiples, or about the same as  
 non-multiples. You can remain  
 anonymous. Send reply to MV for  
 forwarding, or contact me directly at  
 exgranat1@earthlink.net

Thanks - Paula

MV



## Partner's Page:

# Knowledge

By "Leslie Ann Corley"

**A**fter Bill's therapist broke the news to him that he probably had dissociative identity disorder, the therapist turned to me and said lightheartedly, "Well, I guess you got more than you bargained for in this deal."

He was right about that. But discovering my own ignorance may have been more startling to me than realizing Bill had DID.

When we married three years ago, of course, I didn't know Bill had DID or that he'd been abused as a child. (Neither did he.) I didn't recognize the signs that he was an adult survivor of childhood trauma - at least not right away - because I didn't know them. In fact, I didn't know much about childhood maltreatment, its consequences, or that child abuse is so pervasive in our society.

What I knew, before I realized Bill was probably suffering from the effects of childhood abuse, came from a television movie and a best-selling book in the 1970s. But the truth is, I skimmed the text and skipped the scary scenes in the movie. I didn't want to know how Sybil came to be Sybil. And, since I didn't know what DID really looked like and was unaware that Sally Field had grossly and intentionally exaggerated her portrayal of an adult survivor, I thought she had performed her role brilliantly.

I didn't investigate further. I never expected to come in contact with, let alone be in a relationship with, anyone who had DID.

Not long after I was forced to confront my stunning lack of knowledge, I read an article by a clinician that was entitled, ironically it seems now, "*Dissociative Identity Disorder as a Not to Know Strategy*." Reading the piece was especially enlightening because it not only provided insight into DID, it also gave me a better understanding of myself.

I hadn't wanted to know that bad things happen. I had kept the truth

about childhood abuse and neglect from seeping into my consciousness and had failed to pursue opportunities to gain knowledge about cruelty to children and its effects. In the end, I recognized - thanks to the article - that I had simply employed a different not-to-know strategy. It felt shameful to be so ignorant.

At the time, my husband was unaware that he was exhibiting signs of DID. No one else had noticed either. Gaining knowledge, I thought, would help me rule it out. So, I studied dissociation and dissociative disorders like a college student cramming for a major exam.

After my husband left for work each morning, I cranked up my computer and scoured the Internet for hours, day after day, seeking wisdom from sources like Sidran, the International Society for the Study of Dissociation, and Many Voices. I talked with knowledgeable and not-so-knowledgeable clinicians. When I had exhausted the public library's meager resources on the subject, I moved on.

The special order clerks at my local bookstore came to know me - by my first name. While sitting in the store's café, sipping coffee and munching on snacks, I read commercially popular books and plodded through academic texts by Kluft, Ross, Steinberg, and Putnam. In a relatively short period of time, the bookstore's psychology section curiously expanded, and I saw new titles on dissociation and dissociative disorders mysteriously appearing on the shelves. My many book purchases had apparently influenced the store's long-term buying decisions.

To round out my education, I also studied the works of those skeptical of childhood abuse, dissociative disorders, and the ability we all have to remember what happened to us as children. Sometimes, this learning

phase was as entertaining as it was instructive.

One afternoon, alone in my kitchen with my computer and notebook, I perused the web site of a prominent medical school and came across an article written by an impressively credentialed but obviously misinformed psychiatric professor who didn't believe in alters. He said therapists "created" them in "the clinical environment." My sudden, uncontrolled laughter at the man's ignorance startled my cats.

"Perhaps the good doctor could explain what I've observed at my kitchen table," I shouted sarcastically at the computer screen.

Not long after that, Bill entered a trauma disorders program. It wasn't until later that I shared with him what I knew.

Knowledge, even a little bit of it, felt comforting and even empowering in some ways. Even so, the thought of having to explain dissociation and dissociative disorders to my teenage daughter, a child of divorce, sobered and humbled me. Fortunately, Bill had the foresight, as he had begun to remember his past, to share some of his recollections with Sarah, so she would understand him better. When it came time for me to talk to her about Bill's DID, a foundation for our discussion had already been established.

I think the ultimate test of one's learning and comprehension, though, comes from living every day life. For me - and Bill - that has meant examining and confronting reality, living our lives more consciously than before, and re-negotiating our relationship. Awareness certainly aids this process, but it doesn't take away the hard work. Regaining a sense of normalcy and reducing the fear of the unknown hasn't been easy.

Although my newly acquired knowledge eventually enabled me to recognize several of Bill's alters before



his diagnosis, nothing prepared me for the first time an adult part came out to talk with me, alone at home, after we all knew – and acknowledged – the existence of Bill's DID. This part of Bill was a protector, who sought to reassure me of my safety.

The switch was unremarkable, but as he began to speak, I felt as though my skin had suddenly become rubbery and was being pulled taut by some unseen force behind me, yanking at me, urging me to flee. My knees trembled nervously. Nevertheless, my lack of ignorance emboldened me, and I stayed put, seated on the edge of the bed my husband and I shared.

That afternoon, I listened – and learned more. But I couldn't imagine ever feeling as safe as I had previously felt, when I had been blissfully unaware.

A year ago, we – Bill, all his parts, and me – entered marital counseling with the therapist who had worked with my husband in the trauma disorders program where Bill had learned about his DID. In many ways, the sessions seem more like family therapy than couples' counseling. The work has eased our adjustment.

The more we've talked and learned about each other, the more comfortable, trusting, and hopeful I've become, and I believe Bill and his guys would say the same is true for them. I no longer have shaky knees. More important, we know our home, unlike that of Bill's childhood, is our sanctuary, a place of soothing comfort, support, and safety.

Normalcy, albeit in a new form, has slowly begun to return to our household and the evidence of that may be most readily evident in Sarah's behavior. Attesting to her claim that her stepfather's DID is "no big deal," her private comedic repertoire, shared only with Bill and me to playfully tease us, includes kindly DID jokes. Knowledge has freed her, too. But perhaps the most important thing Sarah knows is that she is loved.

**MV**

**Send us YOUR "Partner's Page"!**  
Male or female, We'd love to hear from you! — Lynn W., Editor

## Re-Collecting the Self: A Journey Into the Past and Back

By Gwen

I have been really angry about the effects of trauma on my life. It often seems that the abuse was senseless. Moments of rage that left a lifetime imprint on a child's psyche. It is difficult for me to remember my childhood, and I have learned to work with the evidence of trauma that exists: overwhelming transference, severe post-traumatic and dissociative symptoms I remember some trauma clearly (trauma that was also substantiated by my mother.) Other events are fluid puzzles to my mind, a kaleidoscope of body memory, night terrors and fragmentary memory that is difficult to hold still or make sense of.

What I do remember is enough. The effects in my life of childhood trauma are severe and myriad. It took me a long time (years) to get to the point of saying *What I remember is enough*. For years, I wanted to know, *What the hell did you do to me?*

Especially I wanted to know all the details about what happened in my early childhood, my early memories. I wanted to remember everything. Still, a part of me wants to remember everything.

I think that, for me, is part of wanting pieces of myself back. I can get those pieces of myself back by trusting my body, myself. Still, a part of me wants to know: *what is it that my sister remembers that is so horrible she won't tell me?* I know enough when I trust myself. I have the keys, my body remembers. I know the remembered body pain, I know the waking in the morning nauseated and suicidal. I know the night terrors unfolding like fluid reels of filmy memory. It is difficult to trust myself. But I now believe it is vital to trust the little girl part of myself that remembers, that way down deep part of myself. The voice of my body that says, "I hurt." The core of my being.

As for forgiveness? That is difficult. Forgiveness in my family has been demanded as a *right* of the abuser. Not as a choice for the person forgiving. As though I should forgive because that is what is expected. (I grew up in a strict, Children-should-be-seen-and-not-heard environment.) Because that is the 'religious' way, and because 'forgiveness' keeps the family neat and tidy in appearance.

But forgiveness can be my choice. I am still not comfortable with the whole concept of forgiveness because of the way it was distorted as I was growing up. In my family, forgiveness meant anyone could do anything to me and they had to be forgiven! Behaviors were repeated, not changed. Somehow the focus shifted from the abusive behavior to the child who would not forgive! I don't want to forgive to

simply excuse behavior so that the family dynamics are smoothed over and once again appear crystalline and perfect to outsiders. Forgiveness doesn't mean denial. I want forgiveness to acknowledge the hurt, acknowledge the devastation, and make sure that it stops. I don't want to say "That was okay." It is *not* okay.

I might be able to forgive if there were all three of these things: proper treatment sought so that no one else is hurt and so that the abuser's heart can also mend; a freely given and specific apology, "I am truly sorry, from the bottom of my heart, for . . ." and "That should never have happened to you"; and restitution.

In many ways I have not forgiven what has happened to me. I think I can forgive and understand the abuse more than I can forgive the effects on my life (night terrors; eating disorders; anxiety and panic, severe depression; initially well over a hundred personalities; the list goes on and on . . .) I am still deeply angry. The denial makes me angry. Three generations' sense of entitlement to forgiveness for on-going and severe emotional/verbal abuse makes me angry.

*I am still angry!*

Though my treatment has been paid for by my abuser (my treatment began when I was young, and when my diagnosis was known outside the family. There were years before that when my family made sure that I was kept away from mental health professionals.) There hasn't been acknowledgment of the abuse as the cause of my dissociative disorder. There hasn't been acknowledgment by my abuser that he needs treatment or of how badly I was hurt. There has been a solid and angry Wall of Denial and a complex web of secrecy. I am not sure what to do with *help* like that, though I consider myself fortunate to receive some financial restitution (though not without its ties). And sometimes I feel deeply saddened to realize that it is not enough to make the horrendous pain go away, to take away the hollow and burning years of trauma, to mend broken relationships. The financial restitution has become a thread, without which, I might simply let go of my family of origin the way you let go of a net on the glassy ocean surface. It has become, while keeping me afloat with valuable treatment that gives me a chance at life, a symbol—illuminated by silence—of what wasn't ever given: validation for the pain and reality of abuse. There are moments when I am ready to let go. For myself. Those moments are more often as I mend.

**MV**

# Therapist's Page

By Darlene Lancer, MA, MFT

Darlene Lancer is a licensed Marriage and Family Therapist with a private clinical practice in Santa Monica, California. She treats trauma, abuse, addiction and more. Contact her at (310) 458-0016, or email [dalancer@yahoo.com](mailto:dalancer@yahoo.com)

## INTERRUPTING THE CYCLE OF CHRONIC PAIN

If you are suffering from chronic pain, you are not alone. Each year millions of Americans seek treatment for chronic pain, pain that continues for more than six months. Chronic pain is no longer viewed as a symptom, but as an illness in itself. Things we take for granted, such as eating, sleeping, dressing, walking, laughing, working, socializing and independence may be lost to a person with chronic pain. Frequently no physical cause can be established, or the initial injury has long since healed, but the pain persists, and generally worsens over time. Nonetheless, each person's pain is both real and unique.

It is important that the person is believed, but some doctors do not take the person's physical complaints seriously, and blame their treatment failures on the patient. An occasional headache, stomach ache or muscle spasm may occur in reaction to a stressful situation, but the symptom usually resolves quickly, sometimes just from the doctor's reassurance that there is nothing seriously wrong. But when pain persists, more often the emotions are a reaction to the physical pain, rather than the reverse.

The cycle of pain involves the physical body and the mental/emotional body; symptoms of each reinforce the other. The body and mind experience injury and pain as a threat, sending the sympathetic nervous system into a fight or flight response involving electrical and chemical changes that alter heart rate, blood pressure, respiration, body temperature and muscle tension. Pain sends signals to immobilize the affected area. The body tightens, the breath shortens, and a "whole" mental/physical reaction sets in. Accompanying emotions, ranging from mild concern to extreme fear - fear of pain, disability, loss of function, or even death - exacerbate the pain.

So the person seeks medical attention, and receives hope, medication and/or treatment, and usually improves. If pain recurs, the patient rests, but fear returns, along with anxiety, guilt and anger. If the pain is not relieved, or only temporarily abated, there is greater alarm, setting up a negative feedback loop, perpetuating emotional reactivity.

Certain personality types experience chronic pain as especially difficult. Pleasers, and those who have been abused, tend to externalize power and react to pain passively. Their feelings of helplessness

and victimization paralyze their ability to help themselves and seek effective professional care. They may give up easily if their doctor has no solution or implies that they are to blame for their pain.

At the other extreme are those who typically blame themselves. For those who see themselves as strong and invulnerable, their entire self-image is threatened. Guilt is a very common reaction. For example, interviews with many amputee Israel soldiers revealed that nearly all blamed themselves for their injury, thinking "if only I had . . . (behaved differently)," despite the fact that the enemy was clearly responsible. (Wall, 2000) Perfectionists and over-achievers fall into this category. They think in all or nothing terms, and feel like failures when they are not productive or at their best.

In time, there may again be improvement and more activity. Usually, the person is excited to finally feel well, and then is overactive to make up for lost time, followed by another flare up. Now, he or she becomes increasingly focused on the pain and fearful of physical activity, instinctively guarding the affected part of the body, and alert to anything that might trigger another episode of pain. When the pain doesn't relent, a stage of constant anxiety sets in. This state of hyper-vigilance contracts not only the mind, but also the body, which increases the pain. In some cases, just thinking about and describing the pain increase muscle tension. Restorative sleep, the body's PH, blood flow, hormones and brain chemicals are negatively affected, compromising the body's ability to regulate homeostasis and pain. Eventually, the person's mind, body and entire life contract, making relaxation and healing nearly impossible. This is why early intervention to reduce pain and anxiety is vital in order to interrupt the cycle and to avoid long term chronic pain and debilitation.

Without relief, muscles lose tone, and posture is altered in the person's attempt to avoid pain, contributing to muscle imbalance, spasm, weakness and loss of length. The pain begins to spread, as the myofascial sheath tightens around regions of the body, restricting movement and sending pain from head to toe. Over time, muscles atrophy, bone deteriorates and the immune system weakens, making the body vulnerable to disease.

A once active person becomes caught in a downward spiral of depression, is now lonely and withdrawn from a normal social

life, and may have even become chemically dependent as well. The emotional and physical strain, and the loss of confidence, work, and social contacts result in low self-esteem, grief and hopelessness, which magnify the perception of pain.

People often search unsuccessfully for a doctor who can alleviate their misery, while simultaneously are distrustful and phobic of pain and change. Unconsciously, they may be seeking confirmation that no one can help. By this time, the person presents as someone needing psychological help. When no physical cause can be established, the doctor may assume that the cause is emotional, reinforcing hopelessness and distrust.

So how can one be extricated from this morass? A comprehensive plan addressing physical, mental, emotional and spiritual needs is required. Medication alone can be detrimental, because it builds dependency on the drug and doctor, without support and encouragement for the person to become actively engaged in learning skills to understand and reduce their pain and live a fuller life. The first essential ingredient is a support system. The caregivers' personality and ability to generate a safe environment are just as important as their professional experience. Today there are numerous allopathic and alternative treatment modalities available, but many may provide only temporary relief or none at all. Only the patient can assess whether a treatment is both suitable and effective. Commitment to treatment may be difficult, particularly when there are pain flare-ups, which undermine confidence in the caregiver. The person may want to withdraw from treatment or even blame the doctor or therapist for the recurrence. These flare-ups should be normalized as an inevitable part of the healing process, particularly when the person's activities begin to increase. It may not mean that progress is being compromised. The person must take an active role in determining what works and what doesn't, both in terms of treatment and his or her own activities. By keeping a personal journal and through discussion with others, one can be helped to sort this out and to incorporate the positive into one's life. A corollary principal is learning to focus on what is possible, rather than on what is not, without denying one's limitations and doing too much. As one participates in one's own recovery, he or she regains a greater sense of control, and feelings of helplessness and depression diminish.



Finding pleasurable activities is very important. Small steps, such as listening to music, arranging flowers, helping someone else, or enjoying a special food, movie or book serve as a distraction from pain and illness, and gradually lift self-esteem and mood, which further reduces pain. Various forms of creative activities stimulate the intuitive "feminine" or "yin" side of the psyche, and are particularly relaxing and healing. Carl Jung strongly believed in the healing power of creativity and the expression of unconscious images.

Pleasurable and soothing sensations, such as gentle massage, holding, rocking and stroking, activate the body's own healing mechanisms, and remind and reassure the body that it is safe to relax, in the same way that a horse whisperer tames a wild horse. Relaxation techniques, including breathing, sounding, biofeedback, hypnosis and visualization are useful in calming the body/mind. Of course, good nutrition and adequate sleep are essential. All this begins to break the cycle of anxiety and creates a safe internal healing environment.

It also is vitally important to understand and express feelings, ideally in individual psychotherapy as well as in a group. People who have been isolated need individual support to "en-courage" them to re-enter the world and reach out to others. Then they can benefit from group interaction. Cognitive-behavioral changes, along with improved communication skills, build self-esteem and reduce emotional reactivity in interpersonal relationships. As one becomes more hopeful and assertive, one experiences less pain and is better able to find and benefit from effective treatment.

Increased social activities and a daily exercise regime, in order to build endurance, strength and flexibility, should be encouraged. Some individuals may need assistance in organizing their day to increase functioning, while being mindful of their limitations. For example, they may require an afternoon nap or help driving or shopping. As the person's mood normalizes and pain lessens, he or she can eliminate unnecessary medications. Even if some pain continues, the person needn't suffer, and can learn to lead a fuller, more rewarding life.

This challenge may seem daunting, but these goals are attainable over time. I know. After fourteen years of chronic pain, and unable to walk for four years, I regained my ability to walk, even dance, without pain.

Wall, Patrick D. *Pain, The Science of Suffering*; Columbia University Press, 2000; p. 6.

See also Bresler, David E., *Free Yourself from Pain*; Simon & Schuster, 1979; Mayo Clinic on Chronic Pain, Swanson, MD, David W., ed., 1999.  
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MV

## Vietnam Rebellion—or the beat goes on

I see the unbound  
auburn waist length hair  
and slender muscular physic  
of my eldest son  
and know why his address  
is the license plate  
on the converted VW van  
  
A global nomad  
this paraglider of the skies.  
He lives to fly, to soar  
dangling beneath a golden yellow wing  
like a spider from a web.  
I look at the man of thirty-three  
remembering the two year old child  
who searched the sky  
for the Air Force father  
who went away  
to fight an unpopular war.

Father believed  
in duty, honor, country.  
He fought for freedom and family.

Then the child was three  
and heard from TV, pulpit, and street  
about a war that would not end.  
The child could not comprehend  
why if there were birthday cards,  
letters and Christmas presents  
that the postman would bring  
from the daddy  
who flew helicopters in his sky above

then  
"How come my Daddy  
doesn't fly his chopper down to visit  
me?  
If he loves me  
why doesn't he come home?"  
  
Long after Vietnam has ended  
the father still does not understand his  
son  
and why this brilliant educated man  
seems to reject society,  
its conventions and legislated rules.  
  
But I see the man and the boy within  
who still searches the skies for the  
daddy  
who held son upon his knee  
and read "The Little Engine That  
Could"  
over and over again.  
  
I know this man, my son  
who flies the skies  
dangling from a fragile wing  
waiting for his war to end  
and therefore I know the father.

*By Rusty G.*

MV

## Forgiveness

One way to look at forgiveness is to examine a part of the root word, "give." If I come to the point where I can say to myself, "You still haven't asked my forgiveness, but I'll give it anyway," then that's one step in the right direction.

Then I physically "give" something to that person I'm trying to forgive. For example, one of the perpetrators of my youth was a priest. He'd since served time in prison for child molesting others. One day during lunch at a restaurant with my husband and young son, I saw this ex-priest sitting alone at another table. Since it was the first time I'd seen him in many years, old childhood fears gripped me. However as I pointed him out to my husband, all the years of healing regained their hold over me, and I was able to calm down.

A desire to deal with this portion of my past overcame me, so I decided to confront him. My husband took my son outside, to give me privacy, even though it was a safe, public environment. Then I approached the table and received

permission to join this man from my past. We spoke for awhile, and incredibly the incident was very healing. He was now in a treatment program, and apologized for having hurt me. As he explained some of his past, I realized that he, too, was human, and not just some nightmare figure from my memories. And he sought healing, as I did.

I left, but only after wishing him luck on his road to recovery. In this way, I was able to "give", even though it was in the form of a verbal boost to his spirit.

Isn't it said somewhere, "To give is better than receiving," or something like that? So, why not give in order to forgive others. It's one tangible way to move ahead in life.

*By Diana B*

MV

## Sunshine and Little Man

**H**i My name is Sunshine and I'm 18 years old. There are a total of eleven in our family. We had sixteen at one time but some of the younger ones have grown up and felt good enough about things to move away. We still hear from them from time to time, but only when things get really bad. We found a great therapist about seven and a half years ago. She was the first person in our lives who didn't think we needed to be put away. We have found that one of the best ways to help heal from emotional abuse is to stop letting ourselves get into situations that leave us open for it. We have stopped making contact with the people in the past who had hurt us. Ex-husbands, aunts, uncles, old family friends have become people who we deal with only when there is no other way to deal with a situation.

It wasn't until this past July that we finally came to accept the fact that our biggest harm was from the mother and siblings. The father died in 1997, so that danger is gone, however it wasn't until the mother and siblings broke our heart that we finally learned that in order to stay safe, healthy and strong we would have to learn to stay away from them as well. It has not been easy, since the only reason we have contact with any of them is because we love Aaron.

Aaron is the three-and-a-half year old son of one of the siblings that they took from us in July. We raised Aaron for three years while his father ran off to be a truck driver and his mother just ran off. After Aaron's father and the middle sister had been team drivers for about six months, she convinced him that we weren't good for Aaron. They walked into our house and tore Little Man away from us. Now we can only see him when either the mother or his father is with us. Which is why we have to have contact with them. We can't turn away from Aaron, because we see signs in him that he is going through things that no child should have to go through. We haven't been able to get anyone to listen to us when we try and tell them his behavior is not normal,

because our family has everyone convinced that we are "not right" because we are WE.

We know that as long as Aaron is in their care that we will have to have contact with them. In order to stay calm when dealing with them we keep telling ourselves that it is Little Man we are there for and we don't need them. We tell ourselves that they can't hurt us the way they did in the past. We focus all our energy on him, and staying focused on the here and now. After we leave we spend quiet time alone doing something we all enjoy. What we like the most is to take long, warm, bubble baths, while listening to some true Country Music. We have been able to stop taking some of the medicines that the mother had us on and have found friends that won't tell the mother or siblings anything we talk with them about and won't back-stab us. They encourage us to try new things and meet new people. They are always telling us that we are right by limiting our contact with the mother and siblings.

We have even been able to heal enough to find someone very special. Raymond knows about the family and is not scared of us. He has even gotten pretty good at figuring out who he is talking to, and calls us by name. We never thought that we would find anyone as gentle, caring and loving as he is. We thought that the only kind of love we deserved was the kind that the mother, father and siblings gave us. In finding friends and Raymond we have discovered that the word isn't all bad, and that we not only can find but deserve happiness, safety, peace, and most of all true love—the kind that doesn't hurt. We have learned how to deal with the mother and siblings, and hope someday soon we can find someone to help rescue Little Man before he has to create the same safety net we did. Until then we pray for him, and spend as much time with him as we can, even though there are times it drains us almost to the point of breaking. But we are strong enough now that we won't ever let the mother or siblings have so much power over

us that they can completely drain us ever again.

In closing we would like to say that there is a safe world out there. There are safe people and places out there, and no matter what your abuser has told you, we all deserve to find those things. Also, for all of you that believe in God or a Higher Power Being, please ask that they take care of Aaron until we can get him to a safe place.

*By Sunshine and family*

PS Thanks to Arora and Candy for letting me write to you.

PPS If anyone anywhere knows how we can report our concern about Little Man to the authorities without the mother and siblings finding out it was us who told, (so maybe he would be placed legally back with us) please send info to MV. They will forward it. *Thanks. Arora*

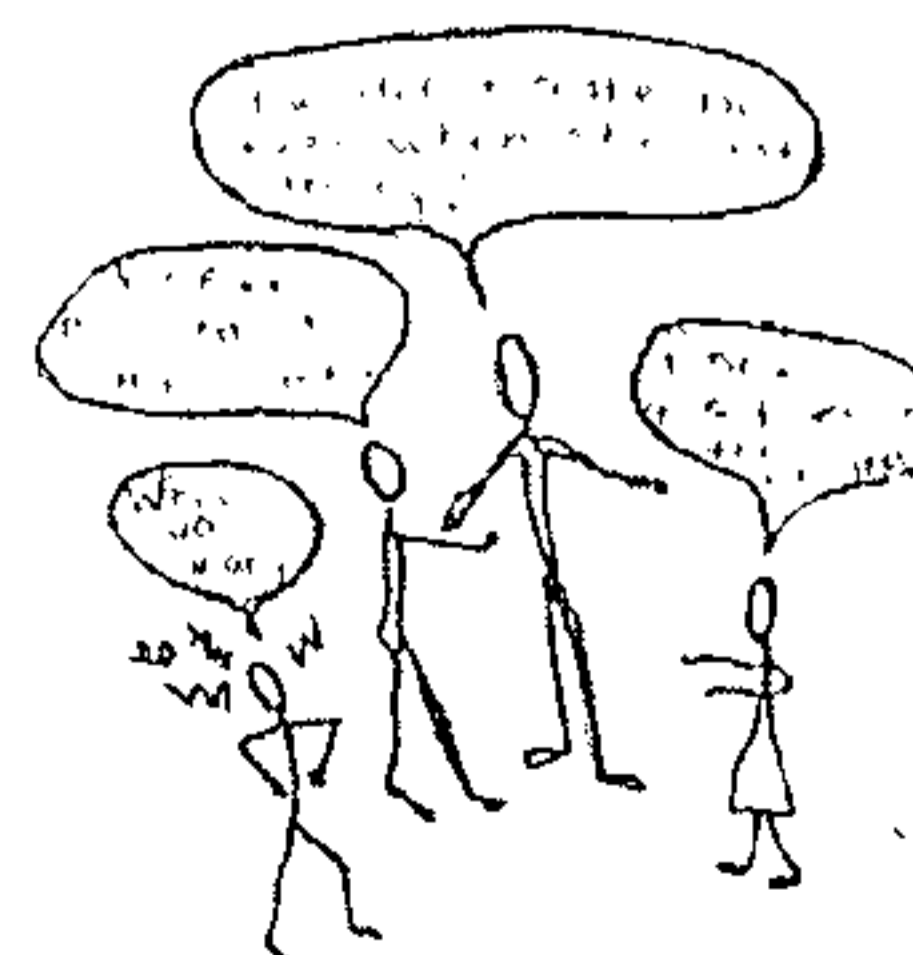
MV

## Depression

And how the darkness creeps in  
 shading the world  
 anxiety grips  
 like a whale-bone corset  
 the once steady hands  
 riddled with tremors  
 the murderous tide of thoughts  
 unyielding.  
 The cold sweat  
 sleep broken  
 with the threat of a dream.  
 Then morning breaks  
 with the treacherous light  
 of the sun  
 you look for escape  
 but there is none.

*By Doug Holder*

MV





## Honoring My Therapist

her voice  
beckons thru the darkness  
gently nudging  
the static brain  
suspended in childhood pain

her patience  
flows thru the darkness  
carefully straightening  
the endless loops  
of searing flashbacks

what a perilous journey

her truth  
cascades thru the shadows  
slowly mending  
the ambivalent, paradoxical  
outbursts of wounded emotion

her courage  
trickles thru the shadows  
expertly building  
the unattained or undeveloped

but vital—life forces

what a prolonged journey

her faith  
permeates thru the brightness  
softly sustaining  
the fragile budding  
of a complete identity

her insight  
sparkles thru the brightness  
endlessly inspiring  
the continual development  
of new—and better—realities

what a miraculous journey

By Gaylle W.  
MV



## Books

### Betrayed as Boys: Psychodynamic Treatment of Sexually Abused Men

By Richard B. Gartner ©1999 Published by The Guilford Press, New York.  
www.guilford.com 356 pgs including index. \$24 Paperback, \$44 Hardback.

Our society rarely addresses the reality of incest and child abuse in general. The sexual abuse of boys is even less tolerable to our national psyche. It is denied, dismissed or minimized...until something as momentous as the recent upheaval in the Catholic Church's protection of abusive priests forces the public to pay attention. Frequently boys who have early sexual experiences are thought to be "lucky," to be participating in a welcome initiation by an older woman or man, rather than being abused by them. This cultural view is so pervasive, abused men may have trouble recognizing their childhood experiences of violation as abuse.

In a book which methodically corrects this mistaken thinking, psychotherapist and psychoanalyst Richard Gartner shares his extensive experience working with the special treatment issues of sexually abused men. In the introduction, Gartner lists several myths about boyhood sexual victimization, including the notion that men cannot be sexually abused; women do not abuse sexually; sexual abuse turns a boy gay, and sexually abused boys almost

inevitably become sexually abusive men, among others.

Gartner proceeds to prove each of these statements as false, using both clinical and research findings. He goes on to detail the way sexual abuse can affect a man's life across the board, limiting his ability to be intimate, creating multiple dysfunctions in identity formation, psychological and physiological areas, compulsive sexuality, and other serious problems. Gartner touchingly humanizes the men in his clinical practice as he illustrates types of behavior that result from childhood victimization. He also frequently describes the epiphanies and growth of these men as they work in treatment. He devotes several chapters to the interplay between therapist and client, often depicting his own growth in the process...a wonderful vicarious learning stage for professionals.

Gartner's work gives hope that abused men can benefit from therapy, once they make the difficult decision to enter it. It also gives substantive instruction on how to conduct that therapy. This is an important book for anyone seriously concerned about male victimization.

### Gender and PTSD

Edited by Rachel Kimerling, Paige Oimette, and Jessica Wolfe

© 2002 Published by The Guilford Press, New York, www.guilford.com 460 pgs including index. \$60 Hardback.

Are there differences between men and women affected by PostTraumatic Stress Disorder (PTSD)? The short answer is yes. The long, detailed answer is found in this comprehensive book, which integrates current data on the subject. Forty-six researchers contribute to the sixteen chapters in this volume. They cover various aspects of PTSD and Gender, beginning with etiology or the causes of PTSD as it relates to gender, then moving through diagnosis, comorbidity, treatment and research. Some of the material seems surprising to an untrained observer such as myself. I didn't know that women are twice as likely to develop PTSD following traumatic exposure...but are also more rapid recoverers. And I didn't know that men survivors are not included in most research studies on trauma themes—the research that explores what trauma means to the people affected by it. The writers of this chapter, *Gender, Trauma Themes and PTSD*, note the limitations in their work because the experiences of abused men have only recently been acknowledged. This book may be of special use to professionals looking for areas to research, though anyone treating PTSD will be interested in the overviews presented here

—Lynn W

**THANK YOU** for your healing creative work!  
**We really need Prose (articles) now-& Art!**  
**Please send on any topic!**

Tell us if you or a conference you work with can place some MV flyers. We also appreciate mailing lists that might include people MV can help!

*THANKS!—Lynn W.*

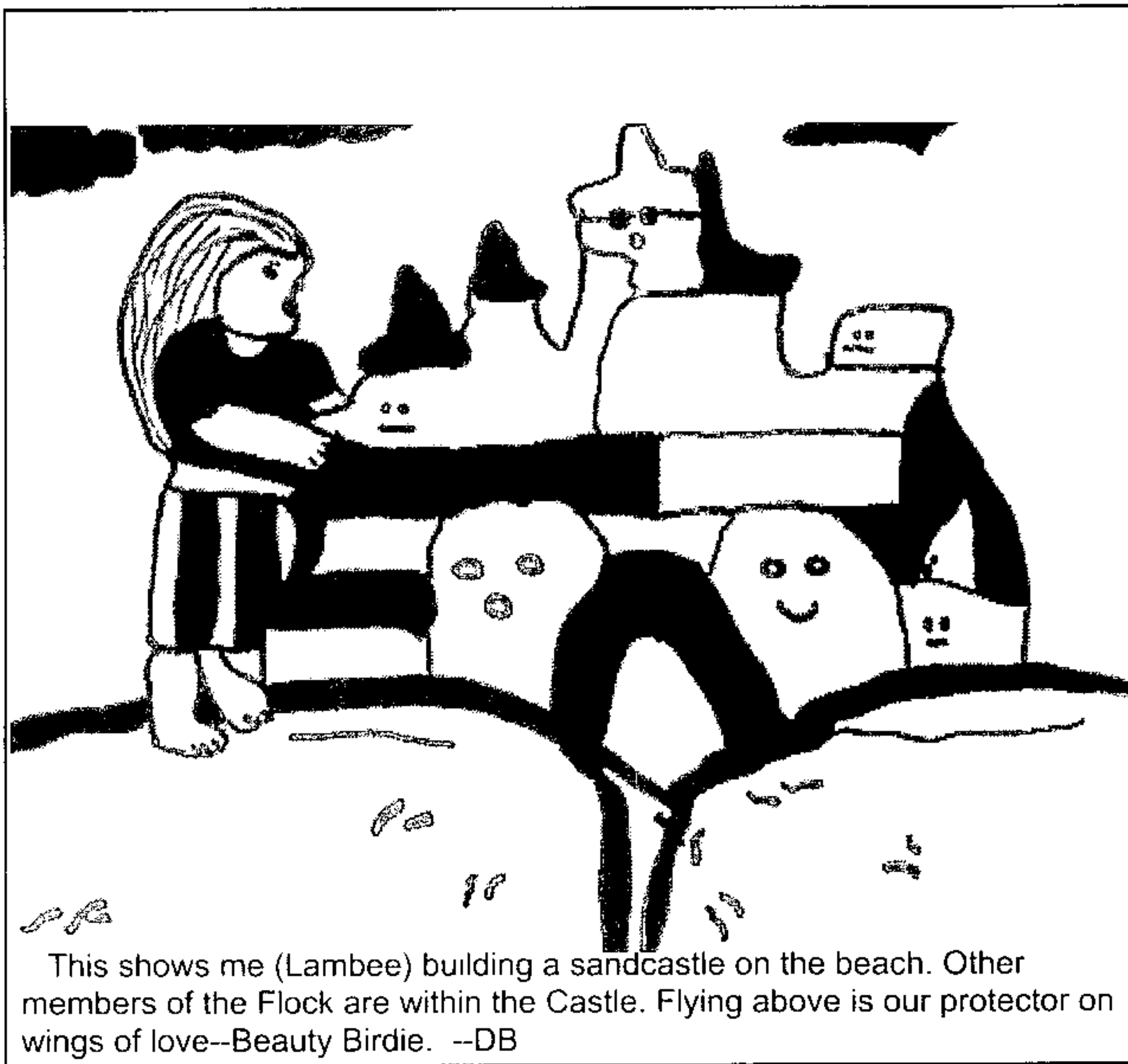
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This shows me (Lambee) building a sandcastle on the beach. Other members of the Flock are within the Castle. Flying above is our protector on wings of love--Beauty Birdie. --DB

**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.

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