

# MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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# Post Traumatic Stress Disorder

By Jenn J.

**PTSD.** It sounds so simple with the initials. I have found it to be anything but simple! In some people, especially rescue workers, policemen, therapists, the PTSD symptoms show up pretty quickly after the Trauma occurs. This condition is called "Acute Stress Disorder". Often in these situations a "debriefing" right after the trauma seems to help reduce the prevalence of PTSD.

In more severe situations such as child abuse, sexual abuse, emotional abuse, threats of death or seeing someone tortured or witnessing a major traumatic event, PTSD symptoms can be delayed in onset. I believe that it is because the child has been forced to act "normal" and not tell as well as act appropriately according to the abuser's standards. Yet, not everyone who experiences a terrifying event, experiences PTSD. There is more research on this subject out there online.

The symptoms of PTSD are: easily startled, flashbacks, return to emotional state of abuse due to triggers, nightmares and avoiding situations that remind the survivor of the past abuse. Additionally, the more trauma experienced, the stronger the PTSD symptoms manifest themselves. It is kind of like your brain pushing the feelings away in order to survive the abusive situation. I guess that is why, for me, that healing can sometimes seem harder than the original event. Feelings hurt! – which is why we were able to survive by not feeling.

If the PTSD symptoms last for a significant amount of time, it is called chronic PTSD. I have chronic PTSD. My symptoms increase with anniversary times, and certain triggers. I feel fearful that I'm going to get "caught," I get really jumpy, and my anxiety skyrockets. So I take meds for anxiety to help the symptoms. If I don't take meds for symptoms I become very inefficient in life skills. All I can concentrate on is staying safe from harm. Sometimes

the anxiety becomes so unmanageable that I can only see one solution – sleep and remove all stimuli. This is not the preferred coping mechanism, to be sure. I am learning better coping strategies through a group I attend.

The idea in therapy for me has been to cognitively understand and believe that my abusers have no interest in harming me now. I forget that a lot. The idea becomes a totally irrational fear, and sometimes panic. If I can realize that my abuse happened almost 30 years ago, I can understand that if my abusers wanted to harm me they probably would have done so in the past 30 years. It seems very odd to have these strong feelings after thirty years. I suppose if one doesn't process the trauma, the feelings and beliefs formed from the event continue to affect your actions. Processing means freedom to me. Freedom means hope.

Most survivors know that there is a dissociative component to PTSD. That component helped us survive the abuse, but at some time we need to learn to cope in a more "in the present" way. Eventually we learn that we do not need to dissociate. Of course, we need to let our parts know that the danger is past and they are free to live without fear of being hurt. We know that this is a long arduous process. PTSD is just one aspect that the therapeutic process works on. I believe that good therapy includes different modalities of treatment which target more than one diagnosis.

One thing that I found interesting about PTSD for me is that I would react to situations that were nothing at all like my trauma. When the attack on the World Trade Center happened, I became startled very easily. Whenever I heard sirens I would startle. A coworker of mine said "I thought you took care of that in therapy." I was angry and told her as civilly as I could, that therapy does not cover all situations that might

trigger you. Also, the entire country had a kind of PTSD about the whole thing.

On the subject of diagnoses, I believe that labels are a guide to treatment, not a component of our identity. This just adds to the stigma of mental illness.

Labeling becomes something like: "I've got the schizophrenic; would you take the bipolar over there?" We are more than our diagnosis! I am Jennifer and I have bipolar disorder and PTSD. If you are going to use my diagnosis label instead of my name, I am not going to believe I can get well. If you want to call me anything please note that "I am a survivor of abuse." I am a strong person because I survived. Please remember that something was done to me that resulted in the condition I am suffering from. I am a person just like you.

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## Beyond Measure

It was never our fault  
That we were unworthy  
We could not have controlled  
something we didn't create

It isn't our fault  
That our value, so sturdy  
That they believed they could change  
something so innate

When they stepped on us  
And the weight was so crushing  
Our hearts and beliefs were crushed  
at their leisure

But the value we carry  
Could not be affected  
We had no choice that we were  
made valuable beyond measure.

By Daniel S.

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## Out from Amnesia

How beautiful it is  
to let long buried grief flow.  
This healing pain—  
I would call it sweet.

I would call it  
the sweetest sorrow,  
this gentle loosening  
of the tight bonds of loss.

Hidden in the brain's darkness,  
in the dumb acres of the body  
was my heart's loss  
—sweet children torn from me.

Now I am in my body,  
every inch, every cell  
No longer does the mind  
blank out  
the horrors of my youth.

Not to know your pain  
—this is hell.  
Not to know your life  
—this is robbery.

To have no memory  
is the hardest life of all.  
How sweet is this pain  
that restores me to myself.

How sweet is this river of tears,  
welling up from the  
heart's core,  
watering the desert  
of this new land called memory  
to join the river of sorrow  
that flows through our world.

By Kate Evans

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## MANY THANKS TO OUR FRIENDS!

### Del Amo Hospital - Torrance, CA

Call Francis Galura: (310) 784-2289 or (800) 533-5266

### Bridges To Recovery - Pacific Palisades, CA

Call Tonda Williams: (877)-7BRIDGE

### 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 or (800) 627-0330 x5078

### Timberlawn Mental Health System - Dallas, TX

Call Peyton Orr: (214) 381-7181 or (800) 426-4944

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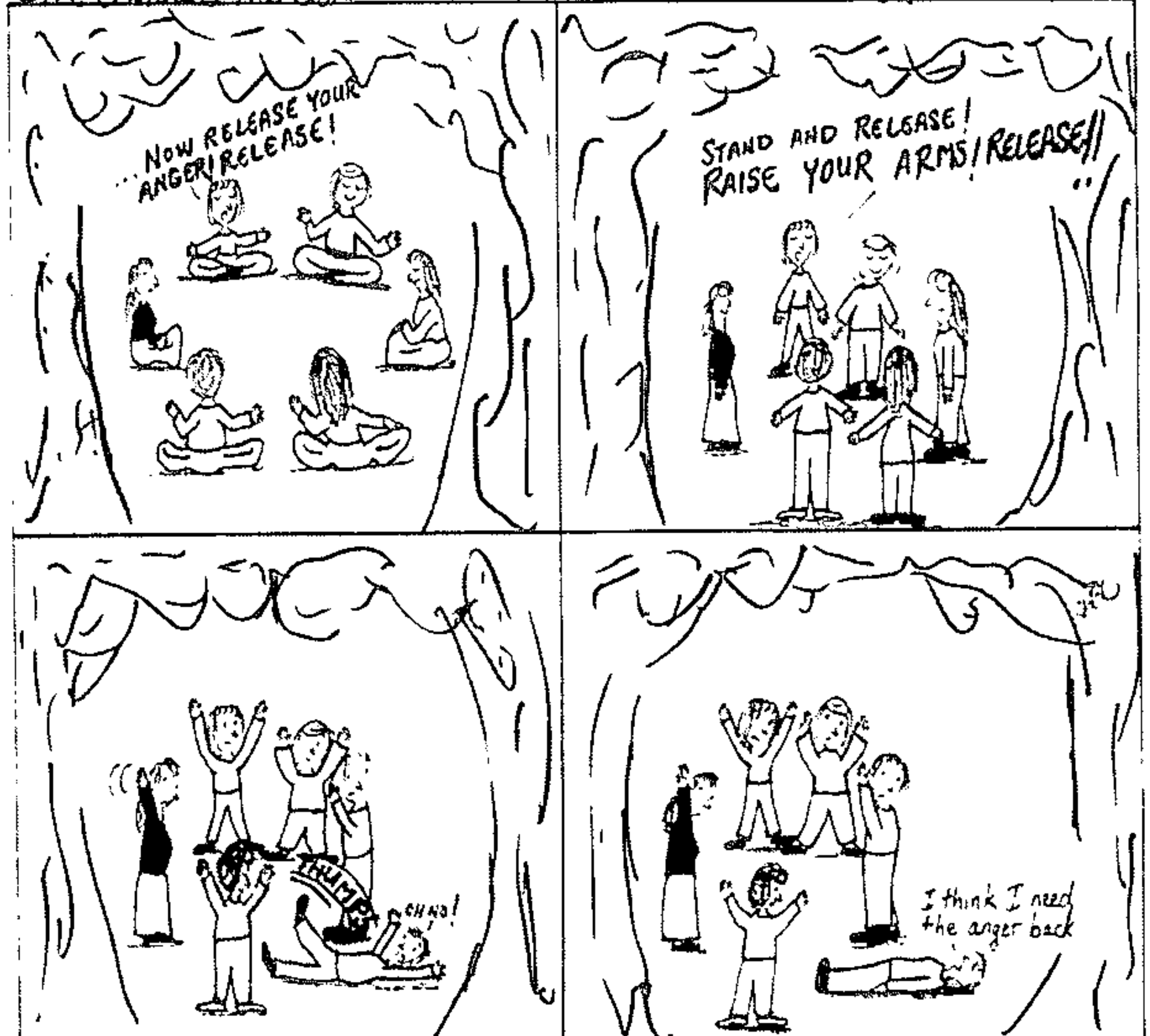
Does your clinic or conference need flyers? If so, please call 513-751-8020.

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Tax-deductible donations, volunteer help, and good ideas are always welcome! We appreciate your support! —Lynn W., Editor

### LIFE OUTSIDE THE BOX

BY SHEREE A. BRADFORD-LEA



# Recovering for Men: What's Different?

By Mike Skinner

When I first saw this article idea posted in the *MANY VOICES* themes for the upcoming issues, I thought this would be something I could write about and hopefully pass on some information and awareness to others of what is different for men, and maybe start to change some long held misperceptions, distortions, and simple discrimination that most male survivors of sexual abuse are going to experience in their healing journey. Those experiences and encounters only help to perpetuate a longer period of time for healing. My own experiences and the shared collective knowledge of knowing so many other male survivors and countless articles and books I have read have brought me to my beliefs in how difficult it can be for a male recovering from sexual abuse.

As a male survivor of severe and prolonged emotional, physical, and sexual abuse at the hands of both of my parents and some of their friends, it left me with a legacy of having to deal with post-traumatic stress disorder [PTSD] and depression. I understand only too well the impact of the shame, the sorrow, and the pain one experiences because of the horrific abuse so many of us have had to endure in our lives. I am assuming the readers of *Many Voices* know the symptoms and the physiology of what happens to those who deal with PTSD and depression caused by sexual abuse, so I don't feel it is necessary to list all of them. But what I have never understood is why men are treated differently by so many in society, whether it is the treating professionals, the general public, or sadly, from our fellow female counterparts who have also suffered from sexual abuse. I feel quite strongly that this form of discrimination and stigma a male survivor has to deal with causes more isolation and feelings of shame and helps to keep too many male survivors from speaking up and breaking the silence of their abuse. Two of my brothers have committed suicide and I

have long felt their inability to speak up and to get the appropriate help led them onto that sad path of destruction.

When my horrors of the past came back to haunt me back in 1992 and 1993, it seemed the flashbacks would never end. Yet when trying to finally reach out to get help, I remember only too well the attitudes of so many that I needed to just get over it; it was in the past, and to forget about it.

Most survivors, male and female have heard those statements. But in trying to find resources and help specifically for my sexual abuse issues I seemed to run into constant roadblocks. When I would call the respective support centers that are funded and mandated to help survivors of sexual abuse I found most to be a center for females only, and it was made clear to me that there were no services for men and we were not welcomed. Some would use the excuse that they don't get enough male survivors calling for help. I would wonder why these centers designed to help survivors didn't have males on their staff as well.

In my advocacy efforts and travels I have come to know many female friends who do work or have worked at these centers and shelters and they did let me know that yes, men were not welcomed or wanted. I am close to Boston, MA where there are several well-known places that treat or study trauma; they would post news of needing study subjects and with this would come treatment help. I would call and write to these as well and was again only to be told, *no males*. I was reading as much literature and information on the effects of childhood sexual abuse to help me in my healing, yet so many books and articles laid the blame at the feet of men, that all men were guilty. Hardly a word would be spoken of male survivors let alone female perpetrators. Pretending to believe they don't exist doesn't make it so. One of my perpetrators was my mother and some other female friends

[and male] of my parents. As a young teen who did a lot of babysitting, I also experienced a woman in her mid-thirties pinning me against a wall and trying to 'seduce' me. I was frightened and numb with paralysis as this took place, finally I was able to break free, yet that moment has long been etched in my mind as to how scared I was.

I experienced a similar situation about a year or so later at the age of 15 when at a party where my band had just performed. That too left me numb and befuddled for several moments till finally able to get away. When those experiences happen to a female, great scorn is heaped upon the offending perpetrator; for a male it seems to be dismissed as a simple rite of passage – why?

Many years later I did find a few support groups associated with Survivors of Incest Anonymous, yet most of the literature again emphasized blaming males. That would make me feel too uncomfortable so I would stop going to meetings. Too many people assume that because I was abused as a child that I too would abuse. I have five daughters who I love and cherish dearly as a loving father; I do a fair amount of public speaking and still get the question of how did I prevent myself from abusing my daughters? Do we assume and expect that female survivors have all grown up to become abusers?

I remember attending a Speak Out against sexual abuse and a male survivor got up to share – he shared a letter sent to him from a well-known advocate against abuse towards women. This letter was full of hate towards men and she let him know in no uncertain terms that she did not care what had happened to him and she did indeed blame men. This man who had written for help was once a young boy, a child, just as I was. What are we as men supposed to feel and think when we get such responses? I know for myself it had a most profound effect upon me. I am



grateful and thankful that some of my best friends are women – survivors and 'civilians' – and I have found some wonderful allies in healing and advocating from my women counterparts. But even to this day I still come across walls of resistance, denial, and avoidance from too many. The women I have met who are active in trying to end this form of stigma and discrimination have received serious resistance and flack for their openness in wanting to work with male survivors. We ALL have suffered and by working together we will do much to end sexual abuse as we know it.

I will close with this thought: Mic Hunter wrote a book many years ago: *"ABUSED BOYS – The Neglected Victims of Sexual Abuse."* We have come far, but we still have a long ways to go. By opening up all of the pathways to healing it will help bring more male survivors out of the dark and into the light of hope. Think of how far we can go by working together instead of polarized into separate camps. It's been said before, but "United We Stand, Divided We Fall."

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## On Illness, Death, and Dissociation

By Lynn W.

Over the years, MV has lost a lot of readers... some through recovery (always a cause for celebration!), some from disinterest, and others through death. The death losses are the tough ones, of course. It hits me hard each time, because in a way I feel I know each one of you, especially if you've contributed artwork or writing, and so I mourn, privately, whenever I receive a note from a bereaved spouse or friend or family member – or (the worst) when an issue comes back to me with DECEASED scribbled across the label, by a stranger in the Post Office, so I never know "what happened."

Some of the deaths are, sadly, suicides—the people who, for whatever reason, simply could not continue their recovery process. But most MV readers are fighters—determined to survive and thrive, openly or quietly, as suits their internal preference. Yet these readers too, pass on. Just as we all will do, eventually.

Personally I know, right now, a handful of readers who believe, with some medical justification, that their time with the rest of us may be short. Of course, there are no guarantees for any of us, when we get up in the morning, that we will be "here" come

nightfall. But the awareness of an imminent death brought on by serious illness or age is different. This was brought home to me by a recent communication with Hannah, a survivor and poet whose charming and meaningful work graced several issues of MV a few years ago. Her husband also wrote a Partner's Page for us, discussing their courtship, marriage and the way the two of them engaged with her recovery process. In writing to me after a long absence of communication, she mentioned her stage 3 cancer diagnosis, and her doctors' statement that the cancer will probably cause death within a year or two.

Many of you have gone through life-threatening surgeries, often with prolonged or permanent disabilities...while still others suffer from those slow, chronic diseases like multiple sclerosis. I want everyone who is suffering these crises to know I am open to hearing your news, even if it is sad, or frustrating, and even if you are angry about the unfairness of it all. Why should someone who was dealt a terrible hand of abuse in childhood find themselves on the brink of a physical disaster, much too soon? But MV is a connection with the world, for me and for you. So please feel free to use that connection, when you are stressed or feel alone. MV is a newsletter, not an emergency help line – and I am a writer/editor, not a therapist. There's no professional counseling here – but you have a friend.

Because facing death is inevitable—whether one's own or that of a loved one—In this issue I reviewed some comforting books that you might find helpful. I hope that those with questions, concerns or statements about death in the midst of dissociation and recovery will share your thoughts with MV readers for future issues.

And as Hannah always signs off: "Peace."

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# Up Against a Corporation

By A Survivor

**H**ere I am. I am working at the bottom line of a huge corporation. My boss, well, was very controlling and distributed his tasks on everyone working in our branch among hundreds of other branches. This put more stress on everyone trying to do their job besides his. So there he was, reading one of his many newspapers while shouting out commands. My first year and a half at this place, I had seen many others hired come and go. The reason was clear. They did not want to put up with the abusive situations nor to be treated like a mat to walk all over.

When I hit my second anniversary there, I received a promotion. I had little training but knew within a short time I could do that job. Things began to get worse with my boss. Being abused for many years as a child, I thought I could tackle anything. Work was so stressful on me, the sessions with my therapist consisted of discussions revolving around my job. As suggested by my therapist, I needed to record a detailed, dated log of all events at work, in case I ever needed it. This I did faithfully. My physician also increased my antidepressant and anti-anxiety medication so I could make it through each work day.

To give you an idea of other situations which happened to me after my promotion--one morning when I got to work, my boss handed me a paper bag. I was told not to open it until I got home. When I got home I opened the bag. Inside were three VCR tapes with hunting jackets. I figured they were for my husband since he hunted. That night the first tape was plugged into the VCR player. I was shocked to see what appeared on the television. Not to go into great depth, needless to say, they were X-rated movies. I quickly stopped the tape and began to cry. I didn't know what to make of this.

Of course, the next morning I took them back to the boss. I told him I was shocked he would do such a thing and I did not appreciate it one bit.

He was very upset with me. This is when everything started to sour and go downhill fast. I thought about turning him in but who would Human Resources

believe; a fairly new, down the ladder woman or a long-time, bullshitting boss?

More commands and orders started coming my way making it more difficult to keep up with my regular job. I was yelled at for not coming in earlier. A week later I was yelled at for coming in too early. Whatever the situation I was in, it was always wrong. My self esteem was getting lower and lower. My dissociation was getting worse and worse.

It was not long and it was evaluation time. My past evaluations were great and even had one superb evaluation for my promotional job. However, this time it was not meant to be. I received the worst evaluation possible. I was prepared for this; so I thought. I knew evaluations were coming and with my therapist we discussed this at great length. At the end of the evaluation, a letter could be attached to the back with comments. I had pre-typed a letter, attached it to the back, and did not sign my evaluation. I believed I was being discriminated against. Our branches evaluations were sent to Human Resources. When HR received my unsigned evaluation along with my letter, they immediately contacted my boss. My boss called me into his office, with a red face, screaming and accusing me of hiding the letter. I tried to calmly explain that he was the last person to have the evaluations before he sent them to HR. It was his job to check for any details. I knew in my head that things were going to get worse.

Where I worked, there was one regular customer who came in nearly every day. He would go into the bosses' office and close the door. One day after meeting with this customer, my boss called me in his office. He slipped something into my hand. It was a little blue pill in a foiled package. I asked what it was. The boss told me it was a Viagra pill. My boss told me he got it from this customer for doing favors for him. He then asked me to convince my husband to take it and asked if I would take nude pictures of us with no head shots so no one would know who it was. I could feel my inner, scared child coming out. I was so scared I froze and could say nothing. I went home during lunch and showed my husband the blue

pill. He asked me what it was. I told him everything that was said. My husband was very angry and did not know what to do either. He wanted to go to my work place and punch him in the face. But he knew he would be in hot water with the law and it would not solve anything.

A week later, first thing in the morning, my boss called me into his office. He asked me if my husband took the pill yet. I said, "No". He then asked me what kind of underwear I wore. I could hardly breathe and started to freeze. Just like when I was a child. I said *regular underwear* and left his office in a hurry before he could say more.

My boss was getting more and more impatient with me but kept making sexual remarks. I found myself crying every morning going to work and every night crying while going home. I even had to make more and more emergency calls to my therapist. I thank God for my therapist and my loving husband.

There was one day I had asked to take a day off to attend the funeral of a close friend's daughter. My boss told me, "No". Work comes before family. I started crying right then and there. My boss then yelled at me for crying for it was unprofessional. I still feel the hate inside me against him for not letting me attend the young woman's funeral. It makes me angry just writing this.

As days passed, I was getting yelled at for anything the boss could dig up. I was under so much stress, thoughts of suicide occurred often. Why didn't I quit? I liked my job and the customers we served. One, and only one, person was standing in my way. I am not a quitter. I was in therapy for being sexually abused for years as a child. Now, as an adult I was being sexually abused again. What could I do?

After time off from a holiday, I was immediately called into the conference room first thing in the morning. I was confronted by my boss and the person under him. I was handed a notice I was demanded to sign. The notice was a demotion form. My boss told me I had to sign it or I would be fired. So I signed it. Yet, I still had to do the duties he said I could not do, until they found a replacement. I thought to myself, if I am



as bad at that job as the boss says why do I still have to do that job? I could say I was angry, but it was much more than that. My blood just boiled.

I could take no more. I had to do something. My abuser, when I was a child, got away with what he did to me. I was not going to let this abuser off. He was going to pay for the torture he was putting me through.

I decided the next week I needed a sick day off. On my sick day off, I went to a place where employees could file a law suit against employers through state officials. This was easier said than done.

In less than a week, my boss and the head of the corporation received their official state complaint. I began to wonder if I did the right thing. My therapist thought it would be too stressful for me to handle. He also said he would respect any decision I made. My husband told me whatever I decided to do he would be by my side. I could feel this push on my back, so forward I marched.

I was hoping the sexual harassments and the threats would stop. I was hoping my boss got what he deserved. I was hoping I was doing the right thing. But most of all, I was hoping God would be with me all the way.

Two business days later, I was called to another branch to speak with the head of Human Resources and the head of security. They interrogated me for seven hours straight with no bathroom break and no food. I repeatedly told them everything in my complaint and nothing less.

I was then told I was being put on a leave of absence with pay. This was fine with me as it gave me time to find a good lawyer. Since this large corporation had dealt with many lawyers, finding a good one was a difficult task.

I was finally referred to one by another lawyer. On my time off, I called this lawyer to see if he would be willing to meet with me and take my case. He set a date and time to talk. After hearing what I had to say, seen what I had documented, saw the little blue pill I still have, and knowing I filed with the state, he agreed to take my case.

The first thing I had to do was to write a long, formal complaint (including times and dates) of everything that occurred at work. This was sent to the lawyers of the corporation. They, in turn, had to file a formal rebuttal. I then had to write a

response to their rebuttal. This may sound easy and fast. In fact, this was a painstaking slow process and extremely harsh on my mental status. It was months until the time came for the state investigator to set the date for a formal hearing. My lawyer tried to settle out of court but the corporation did not want to.

When the time came for the hearing, I had two witnesses with me and as support, a person from an organization for people who have been or are abused. As I anticipated, my boss did not show for the hearing. Something came up, so it was said. My witnesses were a great help for my case and the corporation side was weak. The state investigator said she needed to speak to my boss before she made any recommendation to the state officials. Two weeks later, I received in the mail the results from the state investigator interviewing my boss. I was surprised he finally admitted to giving me the X-rated VCR tapes. He apologized for not telling the truth in the first place. Other things he mentioned had changed also. I now had three formal documents of his statements and none of them matched. I began to feel a glimmer of hope.

All that has happened took over a year. I finally got the good news in the mail regarding the states findings. Since my boss's stories never matched and he did admit to some of what I had said, they found in my favor. Now the case is going to a public state hearing to finalize it. My lawyer was great. He said the time was right to make another offer to settle. He said a big corporation never likes to see their name in the newspapers for issues such as this. My lawyer set a price he was sure he could get but was asking for more first. This corporation did not want to go public with this case so they settled.

Did I get what I deserved? I believe I did. My ex-boss suddenly retired very early. I received a settlement to pay for many of my expenses.

I was transferred to another branch where I still am and love it there. I now have a great boss and he says family comes before work. My co-workers are fantastic and funny. I feel like I won all the way around. My evaluations are great. I love my job even more. Was all this worth it? I'd say yes it was. Even though it created health issues with my body, I did learn one little person can do anything if they try hard enough. Yes, it was extremely difficult but worth it.

In conclusion, let me say that I have reflected back on what I have written and the thought occurs to me that this is perhaps too sugar coated. That is, there was stronger emotion here. Stronger feelings, greater upset, greater turmoil, and greater problems this posed for me than the words I have written suggest. Then I thought perhaps I should let it hang out more. Then I thought maybe not. I am not ready to do that.

So I chose not to. But I thought at the same time I should let all of you know, who are reading this, that this is one of the effects of being abused and that everyone must start somewhere. This is where I chose to start. Perhaps if you look in another year or two, I will be back. And the new and improved version will be one in which I am able to say more and speak more from the depth of my feelings than I can now. So I look forward to that happening if and when it does.

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*If you would like "A Survivor" to know what you think about her courage and determination in winning this battle, please write to her, c/o Many Voices, by regular or email. I will make sure that she receives your notes. And if others of you have situations that need to be addressed--please share your experiences with MV. My personal thanks to "A Survivor" for standing up for yourself, and sharing that courage with us.*

*Lynn W., Editor*

**MV**



# Therapists' Page

By Kathleen Adams, PhD

Kathleen Adams, PhD is a clinical psychologist in private practice, based in Austin, TX. She primarily works with DDNOS patients working through emotional neglect, attachment chaos, 'mysterious' chronic pain in the body, and the aftermath of traumatic accidents and medical interventions in childhood. She is a long-standing professional member of ISSTD who frequently writes and lectures on therapy techniques. The following article is a greatly simplified modification of her well-respected paper, *Falling Forever: The Price of Chronic Shock*, which appeared in *The International Journal of Group Therapy*, 2006 Apr; 56(2):127-72. Read the full version on her website at [www.kathleenadamsphd.com](http://www.kathleenadamsphd.com); click on 'For Therapists Only' link for the full text.

## ROOTS OF DDNOS: CHRONIC SHOCK

**Dissociative Disorder Not Otherwise Specified (DDNOS)** sounds like a catch-all diagnosis, but it's a valuable distinction for therapists who see dissociated aspects of clients who don't experience the extremes of amnesia and numerous alter personalities that characterize full-blown Dissociative Identity Disorder. From an outside view, many DDNOS patients appear to function well. They may succeed in the workplace as CEOs, physicians, therapists and in other demanding professions. They may be married, with families, and appear 'normal' to casual observers, or even to therapists.

But the internal world of DDNOS is usually far from "normal"...a painful, bleak place where feelings are banished or roller-coaster to the point of explosion or utter collapse—beyond the reach of the apparently capable "functional" self. Self-states of DDNOS patients think concretely and often feel 'young,' like the alters of more severe dissociative-spectrum patients. However these self-states seldom have names that vary significantly from the primary personality. Their function is to sequester painful memories or bundles of traumatic feelings from everyday life.

Clients diagnosed with DDNOS may wonder, "How did I get this diagnosis if I wasn't sexually or physically abused?" But sexual abuse is not a prerequisite. While some DDNOS clients emerge from an obviously abusive environment, I've found it is often *chronic shock* that causes a child to shrivel or retreat into one or more encapsulated self-states. Chronic shock may derive from repetitive pain and medical procedures during infancy and childhood; serious accidents; unusual appearance or disfigurement that triggers on-going peer ridicule, or attachment

issues such as early neglect and deprivation, as described below in the case of my client, Marilyn.

Marilyn was a thirty-year old company CEO who loathed group therapy. She said I ignored her and gave preferential treatment to all the other group members. Worse yet, she could hardly stand to look at me because I resembled the Wicked Witch of the West. For four years, she had been gamey, sulky and non-communicative in group. I knew from her individual therapist that she desperately longed for my "eyes," my warmth, yet whenever we tried to engage one another, I felt rebuffed, inadequate, incompetent. I would catch her eyes and smile the moment she walked into the group room and she would light up, only to descend into haughty frozenness once group began. She spoke in a rote, distant, intellectualized manner that was perplexing, given the vulnerability she brought to her individual therapy. She confided to her therapist that she had fantasies of throwing herself down my stairs to compel my concern, but would become blank and dismissive when I asked her about these fantasies. She knew that her therapist and I discussed her progress on a weekly basis. Since she was working actively in individual therapy about the agony she experienced with me, but was "playing hard to get" with me in group, I allowed her to wrestle silently with her ambivalence, inviting her to share her disappointments in me but not pressing the point when she chose to be dismissive. I thought of her as an entrenched, "help-rejecting complainer" who was stuck in a re-enactment of her early childhood with me.

A bit of background: Marilyn's mother was abandoned to an orphanage at an early age and tended to be eerily silent. Her father was a combat veteran, unable to talk about his feelings. When Marilyn was one, her mother had another baby.

Simultaneously, the mother became gravely ill and was bed-bound for two years. During Marilyn's toddlerhood she had to gaze distraughtly from the floor at her mother holding the new baby; she was not big enough to crawl up on the bed nor could her mother reach down and pick her up. She was nearsighted and could not see her mother's eyes.

Marilyn gradually began to thaw towards other group members and interacted warmly, but maintained the "ice queen" façade with me. One evening she shared a dream in group: a botanical garden had a rare and beautiful species of tree, lush with multicolored flowers and delicious fruit. The tree was slowly dying, however; unbeknownst to the caretakers, the ground beneath the apparently healthy tree was frozen. The roots beneath the tree were rotting, starving, and desperate for nurturing attention.

This dream heralded a major shift in our work together. As I listened to this dream I realized Marilyn was not so much characterologically disturbed as she was quietly dissociative (DDNOS). She struggled with vertical splits, which Kohut describes as "side-by-side, conscious existence of otherwise incompatible psychological attitudes in depth." Part of Marilyn was an over-intellectualized executive, while another part of her was a frantic toddler, with fractured affects and concrete thinking. I thanked her for her dream and told her that I suddenly understood that I had been torturing the "baby" in her all these years, and that I was deeply sorry. She burst into a heartwrenching, undefended wailing of rage, terror and tears. In vulnerability and confusion she asked why I was being nice to her now when I used to watch her fall and fall without trying to catch her. She turned to the group to ask why they hadn't said something all those times she obviously shattered into pieces in group. The group members explained that they



were startled to find out that she was suffering, that she always looked quite "together," if somewhat irritated with my incompetence. I told her that if I had known there was a frantic two year old inside of her trying to get out, I would never have left her to die in the cold, frozen ground; that I had presumed she had the skills to come to me since she was so sophisticated in many other respects. She was fascinated to learn that she looked so different on the outside than she felt on the inside, and realized that she had to learn to take better care of the submerged parts of her self. Over the next few months she learned to work with the young emotional self inside her, identifying burgeoning rage and terror states and concrete thinking. She took the risk of bringing the rage and terror into the group, as she learned to recognize and share which ego state perspective she was talking from. From the outside one could see and sense her wrestling with cognitive confusion and thinking errors as grew in her confidence to manage the profound feelings that used to terrify and overwhelm her. Her "young self" began to grow up as Marilyn allowed herself to experience the ravages of early deprivation.

Like Marilyn, many high functioning patients without history of overt trauma, abuse or blatant character pathology develop dissociative traits, autistic enclaves, and vulnerability to disintegration, relationship dysfunction and addictions. Five other individuals in Marilyn's group revealed themselves to be DDNOS: they had encapsulated self-states, and went to the floor, shattered, raged or otherwise felt 'young' when overwhelmed.

These are the compulsive caregivers and high achievers whose success masks subtle DDNOS states, complex PTSD and chaotic relationships. In the course of depth therapy these individuals reveal covert primitive self-states existing in parallel with sophisticated, mature functioning. As therapists, we need to expand our definition of trauma to incorporate early traumatic experiences that may be encoded preverbally. Many of my covert dissociative patients had parents or sibs who were struggling with serious debilitating illness, such as cancer or meningitis, or had themselves experienced medical traumatization in childhood. Even in the absence of direct

abuse or neglect, the cumulative trauma of chronically uncontained distress during early childhood manifests later in complex PTSD, insecure attachment patterns, subtle dissociation, and low thresholds for fragmentation and catastrophic anxiety. Perplexed by a bewildering blend of strength and vulnerability, these patients are quite relieved when they come to understand that some of their more problematic behaviors and decisions have been driven by immature ego states they were unaware of. These ego states oscillate between terror of intimacy and desperate need for human contact, striving to insulate themselves from the vulnerability and vagaries of being human.

It seems that in DDNOS, the "emotional memories" of the "emotional personality" tend to be experienced as intense waves of feelings accompanied by visceral and kinesthetic sensations such as sinking, falling, exploding, and the like. Lacking the internal shock absorbers of securely attached individuals, the covert dissociative patient is vulnerable to emotional flooding and disrupted functioning under conditions of stress. Intense anxiety states surface without any sense of being from the past and underlie behavioral choices and strategies, especially within relationships

### Disorganized Attachment

Disorganized/disoriented attachment is the typical attachment style of children who experienced chronically misattuned, unpredictable, and frightening or frightened parenting; these children are at high risk for developing dissociative defenses. The simultaneous need for and fear of the caregiver interferes with the infant's ability to seek and accept soothing from the parent as a solution to stress and fear. It is these unbearable, chronic feeling states of being abandoned, unprotected, confused and frightened by a significant other who cannot relate helpfully to the child's distress that I characterize as *attachment shock*. Since the brain is an "anticipation machine," scanning the environment and trying to predict what is coming next, disorganized youngsters become adults who are hypersensitive to the moods of others.

### Shock States: Of the Body, Not the Mind

The shock of unpredictability in an attachment relationship can have

staggering impact, even on the mind of a child with secure attachment: every child is occasionally shocked by a parent who is unexpectedly angry.

If even occasional shock states under conditions of secure attachment are shattering, what impact might repetitive shock states have on the developing child in an insecure environment? Neuroscience tells us that these early fear experiences are practically indelible. Attachment shock is the cumulative trauma resulting from chronically uncontained distress; as shock states become increasingly engrained and dissociated, they may evolve from transitory states of mind into encapsulated, specialized sub-selves, whose purpose is to assist in insulation and recovery from shock.

In normal child development, a "container" is internalized to hold and process the jumble of painful and painfully excited feelings and sensations the child's brain must learn to regulate. But what happens when this container repeatedly fractures, when the parent shouts in reaction to a child's wails; when a parent goes cold as ice as the sobbing youngster reaches for a hug, when a parent breaks off contact during a child's meltdown? Shock response occurs naturally when we experience life threatening anxiety. The overwhelmed nervous system of repeatedly overstressed infants eventually disorganizes itself from unity into dissociation.

Trauma, even early trauma, doesn't just overload the circuits in some mysterious neurological fashion, but is related to meaning making. When parenting is "not good enough," the youngster is rendered vulnerable to randomness; he discovers he has no influence, let alone omnipotence. This discovery is shattering enough to rip a metaphoric hole in the psychic skin holding the parts of the personality together. These patients sometimes paper over the holes in their psychic skin with encrustments, armor, intellectuality, muscularity, addictions, and athleticism. Alternatively they glom onto the surface of others in the hope they will provide sufficient bandaging to the psychic skin to prevent leaking, using people as interchangeable band aids for as long as they are available to plug the holes. The cultural phenomenon referred to as "serial monogamy" by savvy singles is often revealed, in depth psychotherapy,

to be more of an attempt to staunch the flow of uncontrolled psychic bleeding with at least someone, however unsuitable, than it is a genuine search for a compatible partner.

Encapsulated selves never mature without distortion. Life is impoverished by their limited priorities and over-emphasis on safety at any cost. Such persons are concerned mainly with survival and preserving the self rather than fulfillment. They may be terrified of losing their mind, the only barrier to chaos they know. They have difficulty picturing a better future for themselves. These patients are bewildered by the ease with which others develop hobbies, marry well, and spend a fair portion of their leisure time in pursuit of peace, pleasure, and contentment.

### The Black Hole of Attachment Shock

As attachment shocks accumulate, so do experiences of meaninglessness. The more a youngster experiences himself as unable to forge a meaningful bond with his parents wherein he feels understood

and responded to emotionally, the more desperate and bereft he feels. Nothingness and meaninglessness is thus the fundamental traumatic state, the most dreaded black hole of human experience.

Before her breakthrough in group, Marilyn had relied upon intellectuality, avoidance, musculature rigidity and an argumentative interpersonal style to plug the holes in her psychic skin. She scanned me and others continuously for the slightest hint of rejection, at which point she would collapse into a black hole of meaninglessness and silent despair. She had buried her emotional self behind a wall of impenetrability, which even she had difficulty accessing.

After that pivotal group session she learned to rely upon her bodily experience to help herself identify and access the emotional turbulence of her emotional personality. She explored numerous dimensions of attachment shock, paving the way for other group members to open to their own shock experiences. She literally "blossomed" in group, working first her despair about how her mother

(and I) had failed her, and then moving into forgiveness/acceptance which was accompanied by a shy delight at feeling acknowledged at last, known, and appreciated. She no longer cycled in and out of paranoid states with me. Indeed, she rapidly became one of the leaders of the group, able to connect easily and confidently with others.

Thanks to Marilyn and the other members of her group, I now know to look for subtle dissociation, attachment shock and vertical splits in my other high functioning patients. We all too often overlook the serious implications of early neglect, accidents and illness, separations, loss, and dysfunctional families. Unless patients present with an outright abuse or disaster history, therapists often don't consider trauma in differential diagnosis. To help our patients unfold and reveal who they really are, we need to broaden our scope and *think trauma*, listen for parallel self-states, and look underneath patients' surface presentation for the depth within.

**MV**

## Healing from the Spiritual Aspects of Trauma and Abuse

A critical and often overlooked part of healing from abuse is the addressing of spiritual wounds. "Where was God?" is a question, a cry from the heart that reverberates through time, shaking the foundation of a person's life long after other wounds from the abuse have healed.

Trauma shatters a person's world, physically, emotionally, and spiritually. Alienation from God is common in people who have been abused. Feeling abandoned in a cold, hostile world is frequently described as being in hell. Sometimes survivors hold onto their anger at God and disconnect from religion and spirituality. Other survivors move towards God and religion, hoping that will help with the trauma. There are also many survivors who are conflicted, turning towards God for help, and away from God when their anger or deep sense of abandonment is intolerable.

An essential part of healing from trauma is grieving what has been lost - innocence, a world view that was comforting and safe, and spiritual beliefs that did not withstand the force of the trauma and were broken forever.

The process of healing is similar to other kinds of grief, moving through the

stages of shock, denial, bargaining, anger, and acceptance. Along the way, many people get stuck. Many people get caught in self-medicating or distracting behaviors that keep them circling around the same issues for years. Addictions are frequently found in people struggling with traumatic experiences, attempts to deal with the pain that ultimately backfire and become destructive.

The idea of having a retreat for people who are recovering from trauma and abuse, offering insight into the healing process within a spiritual context, came out of a dialogue between Dr. Lynette Danylchuk, a psychologist, and Kim Kubal, a survivor and activist, who have many years of experience with the recovery process. They wanted to have the opportunity to share their insights and wisdom on the spiritual aspects of healing.

The workshop will give survivors an insight into the process of grieving which begins with the denial of the abuse, to feeling the grief, loss, shame, abandonment of God and self-hatred. Healing fully comes with a feeling of acceptance, a letting go of the role of victim, and an awareness of the strengths gained along the healing path.

The workshop will also address patterns of thinking and beliefs carried from early childhood that limit or block growth. There will be discussion and explanation of the various forms of therapies that may be useful e.g. EMDR, talk therapy, spiritual direction, emotional release work and healing tools such as nature, journaling, re-parenting one's inner child/children, and an explanation of the various 12-step programs available to survivors with addiction problems. These healing tools can help in healing both emotional and spiritual wounds.

Participants will have the opportunity for healing through lectures, open discussion, free time, sharing with others, and counseling in a beautiful, peaceful environment. Kim Kubal, [www.strengthtoheal.com](http://www.strengthtoheal.com)  
Lynette Danylchuk, Ph.D. [www.starfound.org/staff.html](http://www.starfound.org/staff.html)

**HEALING FROM THE SPIRITUAL ASPECTS OF TRAUMA AND ABUSE**  
Three-Day Retreat-October 3-5, 2008  
Vallombrosa Retreat & Conference Center  
250 Oak Grove Avenue  
Menlo Park, CA 94025  
Cost \$200 private room; \$180 double room; Telephone 650/325-5614  
Contact: Sister Ingrid

**MV**



# Looking Back and Moving Forward

By Pat M.

I've always thought of myself as a compassionate person. I'm kind and caring. My experiences in the last few years have actually made me more so. When I hear other people's life stories, I understand their struggles and this has helped me understand my own struggles as well.

Two years ago, I began my journey back to my childhood. It has been tucked away inside my brain for over forty years. This journey has been both painful and freeing. I did not know how strong I was until the truth about my life became visible. With each new memory, work has to be done. With each new memory, my new life is emerging.

I don't think a person can truly understand the trauma of being sexually abused unless they themselves experienced it. The act itself takes away everything from a child and leaves nothing in its place. I often said my life began when I met my husband at the age of sixteen. I truly believed this and now as I reflect back, it was the truth. When we began our relationship, he had to teach me how to love. During this process, I neglected the lesson on how to love myself. It was easy for me to see the good in him and our children. My own view of myself wasn't so clear.

My first memories of my father are happy ones. I remember waiting for him to come home from work so we could play games together. We loved the game Yahtzee. After dinner we'd sit on the floor and each of us wanted to sit next to our dad. He was often busy with work and didn't have time for family life.

I can't remember when or why but our family changed. One day, things were very different. There were no more games and the house grew silent. A stranger walked into our lives each night and we were afraid of him. He became an angry person and there wasn't anything we could do to change that. The father I adored was no longer with me. His anger turned to rage which was directed towards me. I was seven years old when the abuse began. My life was over before it even began.

My best friend Kathy and I did everything together. We ran from house to house and were happy to be in each other's company. We gravitated towards her home because I felt more comfortable there. Every Saturday morning we sat and watched Shirley Temple movies. We knew them all by heart. We fixed open-faced peanut butter and jelly sandwiches with potato chips and pretended, if only for a bit, that life was good. Shirley Temple was one of my childhood friends. This ritual was very important to me.

When I turned ten, our family moved from California to Arizona. Kathy was heart broken, but I felt nothing. I was already numb emotionally. By the time we reached our new home, my father had been abusing me for over three years. I prayed that with the move, the abuse would be left behind. This did not happen. In my new home, I had a room to myself for the first time. I had a walk-in closet that was big enough to hide in. I found solace there daily. I began to sleepwalk in the night to my mother's bedside. I stood next to her and stared until she awoke with a small gasp. I needed someone to protect me. I didn't have the words to tell her and she never suspected anything. With each passing day, I lost more of myself until one day there was nothing left.

For the last two and a half years, I have been trying to get all the little pieces of myself to fit back together. I have been fractured for a very long time so this was a difficult process. I am starting to understand my story as told to me by all the girls I became, growing up. One by one, they have joined together and the healing has started. Even now, I have more memories flooding my mind. The pain is real and intense. But thankfully, it doesn't last very long. I have integrated into one woman and I am learning how to function.

My recovery has been a slow process. To begin with, I had to go back and start over and see it through a child's eyes. It wasn't a pretty sight, no matter how old or young I was. The second time around, I was never alone. Two wonderful people at

work held onto me and encouraged me to move forward. They offered outstretched hands and kind words whenever I needed to hear them. My own family has been supportive and loving. I was unable to care for myself for a very long time, but with the help of these people I have been able to overcome the memories from long ago.

What would I have become without the abuse in my life? I daydream about this often. I think back and wonder why my parents didn't protect me from all this hurt. No matter how many questions I have, they won't be answered. My father is dead and the real answers died with him. In a way, this is better for me. I can make up my own version that I can live with.

During this period in my life, I have experienced both painful and joyous things. They seem to go hand in hand. God has blessed me with a loving support system and inner strength to get through the hard times. My faith has emerged during the last few years and now I can't remember a time when prayer wasn't part of my daily living. We have joined a church and I have another group of kind people who support us. I love God and know He has been with me through everything. God's love saved me.

Yesterday I was asked about my goals and how I intend to reach them. I smiled and chuckled to myself. I took several minutes before I answered their question. I reflected on my entire life in a few short minutes. I could finally see the truth: I am not to blame for what happened to me. Nothing in my life will ever compare to this recovery process. I have been fractured and now I am whole. I have overcome great odds to move beyond this unspeakable tragedy. No matter how long I live, all my life's goals have been met because I have survived childhood sexual abuse. I stand tall and proud. I am at peace. It has taken a lifetime but I finally see myself through my own eyes and I like what I see.

# Strategic Healing for DID/DDNOS, A Collaborative Design

By Kate O'Mullan, Founder & Peer  
Shari Hamming, LPC, Advisory Council Chair

*Before I introduce The Valor Institute, Inc., from a peer perspective, let me begin by thanking Lynn for Many Voices and the sense of community and connection it has shared with me for over three years of my journey. I would also like to express a heartfelt thank you to every peer who has graced my life by courageously sharing their thoughts about this journey and the concerns for the isolation we all face along the path to healing. I believe that a healthy recovery will best occur when we seek connection to self alongside healthy connection to others. It takes both sides of the equation growing in mutuality within a safe and trusting environment. I hope as we open our organizational doors this summer, we have honored you and the spirit of Many Voices in our design and our mission. (Kate O'Mullan)*

The Valor Institute, Inc. began as a vision for building local resources in community for DID/DDNOS peers healing from a traumatic past. The directive of our vision is that its design and fulfillment be uniquely collaborative, supporting both peer and therapist along the path we mutually share. As an organization, we foster meaningful DID/DDNOS peer-led community forums for education, sharing and mentoring in a safe, compassionate environment. Our peer meetings are completely peer-led with agendas and tools we work with for the first hour or so of each meeting. The last hour of the meeting involves an open forum on topics for sharing proposed by our peers and published in advance so everyone (including our therapists) has a chance to think about solutions surrounding the topic. We focus on learning positive tools and methods for growing through our journey. For those peers who may not wish to engage in meetings and social sponsored functions, we will be introducing a technology-only option within our 167 Hours secure site in September. We believe a resource should exist for everyone regardless of stage in the healing process or desired level of interaction. As peers, we try to design forums and tools that focus on supporting one another with a spirit of mentorship, care and compassion. Our Therapist Advisory Council reviews our agendas and the tools we develop to suggest any enhancements that may be helpful or beneficial for peers and therapists alike to consider. The response from peers and therapists to our first peer forum in June was exciting and the topics for open discussion proposed by peers carried common themes with central issues in recovery. This reinforced our belief that connection to others with similar issues has immense value and can be offered in a safe, healthy, and supportive environment.

We also felt it was important to build an entire secure, on-line collaborative area for our therapists to work together and share the benefits of their own experience. The TAPS (Therapists As Partners) secure area tools are designed by and for therapists. They are their own "peer-led" community. Our Therapist Advisory Council, led by Shari Hamming, LPC reviews materials for the therapist secure area to make certain our organization's e-sharing, meeting and mentoring tools are meaningful and substantive for all. Therapist members also have an opportunity to meet quarterly in a Valor-sponsored Best Practices Forum where we present topics with contributions from peers and therapists alike.

*"As a therapist, I am excited about the opportunity to connect with other therapists specializing in this area. Unfortunately, therapists experience degrees of isolation in the recovery process, too. I feel that therapists have to take care of themselves in order to provide their clients with what they deserve. Therapists need to be connected to other therapists in order to provide and receive information, education and support. It is also very meaningful to have a list of healthcare and other local network resources for our clients and to know those resources were referred by our own members. Good resources locally are often hard to find and being able to share our resources together just added another dimension to the program. From my perspective, hearing the feedback from peers and therapists alike thus far, I am even more convinced that there is a significant need for community among those diagnosed with DID/DDNOS. The Advisory Council has invested a significant amount of thought and energy in creating the safety commitment Valor required in its design. We have surrounded the Valor venues with guidelines for environments that will foster healthy, healing relationships for*

*peers involved at every level of the programs. It's been a uniquely collaborative effort and one I think will reap positive rewards for therapists and clients alike." (Shari Hamming, LPC).*

In order to complete a comprehensive healing frame, we designed professional ValorNets to surround our peers and therapists. Healthcare is one of four NetCare networks. We also implemented a LegalCare, FinancialCare and SpiritualCare network to be introduced this fall. Peers and therapists can search the ValorNets for resources they may need and find comfort in knowing the ValorNets are private, secure networks referred by their own membership.

The last tool we designed was a fun network, our business-to-business network serving all members of the organization with access to business and personal services on an advantaged basis. For example, one of the hardest things some peers encounter is allowing someone into their home for maintenance work and feeling safe within their environment at that time. We are building a business network of caring, compassionate painters, plumbers, electricians and other contractors who are referred by other network members. That's just the beginning. The ValorNetBiz community is on schedule for release in September with the secure technology frame.

You may have noticed by now, the word "referred" keeps coming up. That's an important concept. Our communities have two primary requisites: safety and privacy. We do not market community memberships at all. All members have to have a referral. Therapists have to be a member in order to refer a peer for services. Peers must have a referral to be a member. Business and professional members have to have a referral from an existing member. The strength of our networks will never be found in large



numbers or from a "marketing" campaign. It is predicated on the strength of relationships within the organization and its members. We wanted that principle to hold true for everything we designed.

The last thing we designed is our technology frame currently being programmed for release in late summer. The technology frame surrounds our entire organization. Each Therapist and Peer Community has access to their own private, secure, on-line collaboration areas with tools for calendar views, upcoming peer meeting agendas and social functions, our knowledgebase resources, professional publishing and communication facilities. Our 167 Hours technology initiative is named for the 167 hours a week we navigate our personal or professional journeys on our own. It is also a tribute to the gift the remaining one

hour a week in therapy represents to us all. It is our hope these tools, resources and e-sharing communities bring a true sense of connectivity to one another in a compassionate, caring frame.

We are in a pilot phase with much to accomplish over the course of the next year. Our public web site is running slightly behind schedule and is anticipated for delivery in August rather than July. It is our hope that proof of concept in our pilot phase will enable us to open our technologies, methods, and processes to peer and therapist communities in other cities who may have similar interests in establishing comprehensive resources in community. We look forward to reporting back to *Many Voices* the results of our initiatives as we grow. If you have questions about The Valor Institute, Inc., please contact [kate@valorinstitute.org](mailto:kate@valorinstitute.org). We

appreciate any comments or suggestions as we introduce our programs and begin to fulfill our mission.

In closing, we thank Ellen Klein, MSW and Kathy Steele, MN, CS who originally reviewed our concept, along with Esther Giller, MA and Elaine Witman at the Sidran Institute who similarly invested their time to review and comment. We are also profoundly grateful for a group of local therapists who have given so much of their time, talent and expertise in dissociative disorders to make Valor what it is today, a truly collaborative development: Robin Day, LPC, Sheri Miller, LMSW and Natalie Kohlhaas, LPC, thank you for your many contributions to help assure safety and growth in peer-led community designs.

MV

## Our Thoughts on Healing: Internal Dialogues

By Maggie etc

In '02, we were having brutal migraines, and when one started we'd all say "Oh no! Not another migraine! Oh D\_\_! My head hurts so bad!"

A smart-mouth teen popped in: "Are you trying to convince yourselves you have a brutal migraine? You say it over and over. It just gets worse!!!" She then passed through and went inside. She had made a valid observation.

We had gone to a doctor and a neurologist before this for a workup to be sure the migraines weren't anything else. So we all took that question into our private places to think about this. I know what I thought about. I had been really bad off. Two messed-up back surgeries...I couldn't walk. I was in chronic pain and full of rage at both past issues and present life circumstances. I'd been told I'd probably be like this for the rest of my life.

Yet inside a few obstinant folks said "Nope! I'll not accept this--will try hard to get better."

We had no therapy, but worked on staying centered. Not straying too far into negatives, or into high hopes of positives. We are not bipolar, but getting beyond a healthy positive into --oh yeah--High Hopes-- spelled trouble. If it didn't come true, we would crash.

We had been taught self-hypnosis, and understood I couldn't just say "I don't have a migraine" because I *did* have a migraine. So we said: "I have a headache now, but in ten minutes it will start to go away. It will start to hurt less and less, then soon be gone."

To our shock, it worked! Each time it felt a tiny bit better, we said again, "Yes, our headache is going away."

This is fine self-treatment.

Last October we had two serious complex problems at the same time, so trying to find the positive aspects were hard, but I'd find a few things...

Of the two illnesses: one could have been avoided. I was feeling a little sick but didn't want to go to my Doc. I thought it was just a cold. If I had gone I could have avoided being in the hospital, facing a long-term recovery.

The other illness should have showed up in a simple pee test, but never did (Kidney infection). I just had no symptoms at all. Because I am diabetic, that was very serious.

We have a good doctor and can trust him. He's accepting of the DID and gives me options on how things should or could be treated.

But staying centered is pretty hard at

times. It's so hard to even have one positive thought when you feel sick and tired. So we make to-do lists for when we get better. And we allow extra rewards for all during the illness time, to help cheer us up a bit.

We also use self-hypnosis and visual imagery when sick: like an army of healing body chemistry gathering together to fight germs or whatever is making us feel ill. The army is super strong, highly trained, and can win the battle. We create this army and then send them out to fight whatever is causing the illness.

We know by using our positive side, self-affirmations, meditation, self-hypnosis and gathering an army of internal warriors to fight the illness and pain, we help ourselves find healing. But it's also important to get proper medical advice and treatment.

About that set of surgeries, and not being able to walk—I was bed bound and in wheels for a long time. We got back on our feet late in 2003. It took time to regain muscle and body strength. We can't walk as long and as far as we like, and understand we might have a relapse. But that will never mean I won't find healing, yet again.

MV

## “YOU’RE FIRED” *Firing your psychiatrist*

By Shannon D.

I’ve been through five psychiatrists in the past 14 years, and have fired three of them. Although difficult, it was necessary to keep my sanity from those individuals who should have become plumbers specializing in toilets.

I first went to a psychiatrist at age 33 because of insomnia and nightmares from PTSD. Three years previously, I’d started to “remember” what my childhood years were really like, which sparked the PTSD “crazies.” I finally convinced myself that if I had heart palpitations, I wouldn’t hesitate to go to a cardiologist, so I really needed to see a mind MD. My therapist gave me a few names of doctors in my area.

Doctor A got me some sleeping medication on appointment one, and started me on antidepressant and anti-anxiety medications. My first appointment with him lasted a total of 15 minutes (that should have been a clue to me). As is usual, tweaking the antidepressant dosage took a few more visits, and eventually, I was on four mind-altering medications when he told me he was moving to another state (OK, I didn’t fire him, he left). He referred me to another doctor in the practice, supposedly one of the best psychiatrists in town for PTSD.

Doctor B had my chart when I went in for my 3 month “pharmaceutical management” appointment, and after a 10 minute talk, decided to just keep me on the same four medications that I’d been on, despite unresolving depression. At my second appointment, I explained that I had severe fatigue in the mornings, being virtually unable to get out of bed. After my four-minute fatigue explanation, he wrote out a prescription for Ritalin, handed me the paper and said he’d like to see me back in one week to see how the medication was working, and out the door he went.

There was no explanation as to what the drug was, side effects, nothing. It was a 6 minute appointment. I didn’t make a return appointment. I was also too depressed to make a scene.

I happen to know that Ritalin has several side effects, which should have been explained to me. He essentially did no analysis of my symptoms vs

medication. I spoke with my therapist and a friend who is a psychiatrist in another state, who stated that the “multiple drug doping” bordered on negligence, and to get another psychiatrist.

I typed up my rejection letter to Dr. Multi Drugs. I explained I was outraged that in 6 minutes he added a controlled drug to my 4-drug regimen with absolutely no explanation, and had charged for a 15 minute appointment. He needed to stop taking on new patients in order to correctly manage the ones he already had, or leave private practice. And, he would not be seeing me again. I mailed it the day I had an appointment with psychiatrist #3, Dr. C.

Dr. C’s initial appointment was 90 minutes and cost \$300 (14 years ago). Right then, I had hope that the hour drive to her office would be worth it. She weaned me off of the four meds that weren’t working and started me on two that cleared my depression fog. She is a wonderful psychiatrist, and I was with her for more than 8 years, until she decided to move 20 miles further away. I went to see her once at the new office that shared a reception area with an in-patient psychiatric treatment facility. The chaos in the reception area would have driven a sane person nuts. The phone NEVER stopped ringing.

So, I wrote her a note after that appointment, stating that I couldn’t continue due to the extra driving distance (requiring ½ day off from work due to traffic), and the disturbing, noisy conditions of the waiting room. I profusely thanked her for the years of outstanding care.

Leaving a wonderful psychiatrist is really hard, but I was on maintenance medication by then, and hoped I could find someone back in my home town. I got another referral.

Dr. D was board certified in both internal medicine and psychiatry, and was very personable. However, each visit was preceded by a 2-2.5 hour cattle pen hold in the waiting room. On my 4th visit, I only had a few questions for her (took less than 10 minutes), and then she chatted about her vacation and her husband for

another 6 minutes before I said, “I really need to get back to work.” I was shocked when the cost for that appointment was the 15-20 minute psychotherapy charge, versus the 10-15 pharmacologic management charge, a significant difference to my pocketbook. I saw red, wrote the check anyway, and had to race back to work.

I went home and typed out a letter documenting the erroneous charge for my appointment, since her chatting about personal matters should NOT be billable to me. While I was not unhappy with her medical expertise, it was a financial and time issue that I was concerned about.

She responded in five days, firing me as a patient! At least she included a check for a full refund of the appointment “that I was disappointed with.” It was a new experience being fired by a shrink!

On Dr. E’s very thorough medical/psychiatric history form, one question was, “list all previous mental health professionals you’ve seen, including dates.” GEEZ! I knew that he’d ask why I’d left my last psychiatrist after only 9 months. He did. I simply said that our two strong female personalities just didn’t mesh well. (You have no idea how long that answer took to formulate!) For the past 3 years, he’s proven to be a keeper.

Today, it is easy to write about how I fired (or was fired by) my psychiatrists. At the time I felt hopelessly abandoned and very distrustful of the whole system. Good psychiatrists are hard to find, and even with referrals, you might see one (or two, or three...) that you just cannot connect with, so you have to keep searching (not an inexpensive proposition). By standing up for myself, my letter writing/firings gave me a sense of control and self-worth. Most importantly, I finally got on medications that worked instead of an ever-increasing number of drugs that didn’t. I’d been seriously abused as a child, and I was NOT going to be disrespected or disregarded by anyone, especially someone who was supposed to be on my health care “team.”

I hope everyone will be able to find that doctor who is tuned into you as a human being!



## Congratulations to the FLOCK!! TEN YEARS serving People with Dissociation in JAPAN!

Yuri, a friend of MANY VOICES, started this wonderful newsletter for Japanese survivors in December 1998. She wrote for MV in our October 2003 issue, explaining that the Flock Report came into being despite the untimely deaths of both her best friend and her doctor. In this article she wrote:

*"I want to create my long-cherished dream that my late best friend and the doctor shared. I want to generate a space open to all, where broken-hearted friends can find relief. I want to help create a world where everyone is important and has the right to exist."*

*"Although it may be very difficult to believe that everything suddenly turns good someday, it is very important for us to believe in ourselves, and not to give up."*

Yuri's dream is a success. She recently celebrated FLOCK's 10th anniversary with a wonderful booklet edition, in Japanese. You can buy the booklet for \$5US, or subscribe to FLOCK for \$20US.

Use Paypal to order by clicking the subscription link on the website at <http://www5b.biglobe.ne.jp/%7Eflock/>

On the right is an illustration of The FLOCKS 10th Anniversary booklet. Artwork is by SAKURA, who also made the doll that appears in the painting above. See

## FLOCK通信

MPD/DID 当事者のための交流機関誌



both in color on MV's website ART GALLERY or contact SAKURA at [sakura09874@yahoo.co.jp](mailto:sakura09874@yahoo.co.jp)

## BOOKS

### The Last Adventure of Life: Sacred Resources for Living and Dying from a Hospice Counselor

By Maria Dancing Heart © 2008.  
Published 2008 by Findhorn Press,  
Findhorn, Scotland, UK.  
[www.findhornpress.com](http://www.findhornpress.com) 221 pgs plus  
appendixes, index. \$19.95 US Paperback.

One would think we don't need guidebooks for either living or dying, since both experiences are inescapable and wholly natural. But so much mystery and denial surrounds the process of dying, especially in the United States, that it seems helpful to have a map of the journey. That's essentially what Maria Dancing Heart provides in her accessible book. Ms Dancing Heart was born in Japan, the daughter of Lutheran missionaries. She later attended Yale Divinity School and was a United Church of Christ minister for a decade before coming to the Hospice work that led her to write *The Last Adventure*. Her book is structured to answer questions as well as provide comfort and/or inspiration to the dying and those who love them. Here you will learn what Hospice does, what happens to the body as death nears, how

to talk with someone who is dying, a life review, dealing with grief, and an open-minded approach to spirituality. Interspersed with the wise advice, based on her personal experience, are uplifting quotations from many sources. The author believes that "divinity resides in all living things," so she quotes passages from many different faiths, not Christianity alone. For the spiritually-inclined, this is rich material indeed. In addition to the usual index, she includes an extensive resource section, an annotated bibliography, and end-notes. There are some redundancies in the content that might have been caught with more careful editing, but on the whole this is a very helpful book.

### Dying: A Book of Comfort. Healing Words on Loss and Grief

Selected and Edited by Pat McNees.  
©1996. Published by GuildAmerica Books,  
an imprint of Doubleday Direct, Inc.,  
Garden City, NY. \$17.95 Hardback.

If one is looking more for solace than advice, this compilation from many sources is practically a meditation in itself. During her father's prolonged terminal

illness, Ms McNees found herself and her family were awkward in the face of death, struggling to do the right thing, to understand their feelings, to put words to their experience. During and after the death of her father, Ms McNees read widely and from this reading, brings together a myriad of inspirational and consoling passages that can help all of us come to terms with those great human mysteries, "What about me?" "What happens next?" and "Why?"

Quotation sources range from Emily Dickenson to the Dalai Lama, Mark Twain to Jackie Kennedy. Some passages are best read in private—others are perfectly adapted to read aloud for tributes, funerals or just because the writing is too wonderful to hold it inside. As in this brief quote, from Czeslaw Milosz' "Encounter":

*Oh my love, where are they,  
where are they going  
The flash of a hand,  
streak of movement, rustle of pebbles.  
I ask not out of sorrow, but in wonder.*

A lovely book, which I heartily recommend

--Lynn W.

**MV**

Please share your creative sparks with your friends at MV! We need **EVERYTHING: ART, PROSE & POETRY!**

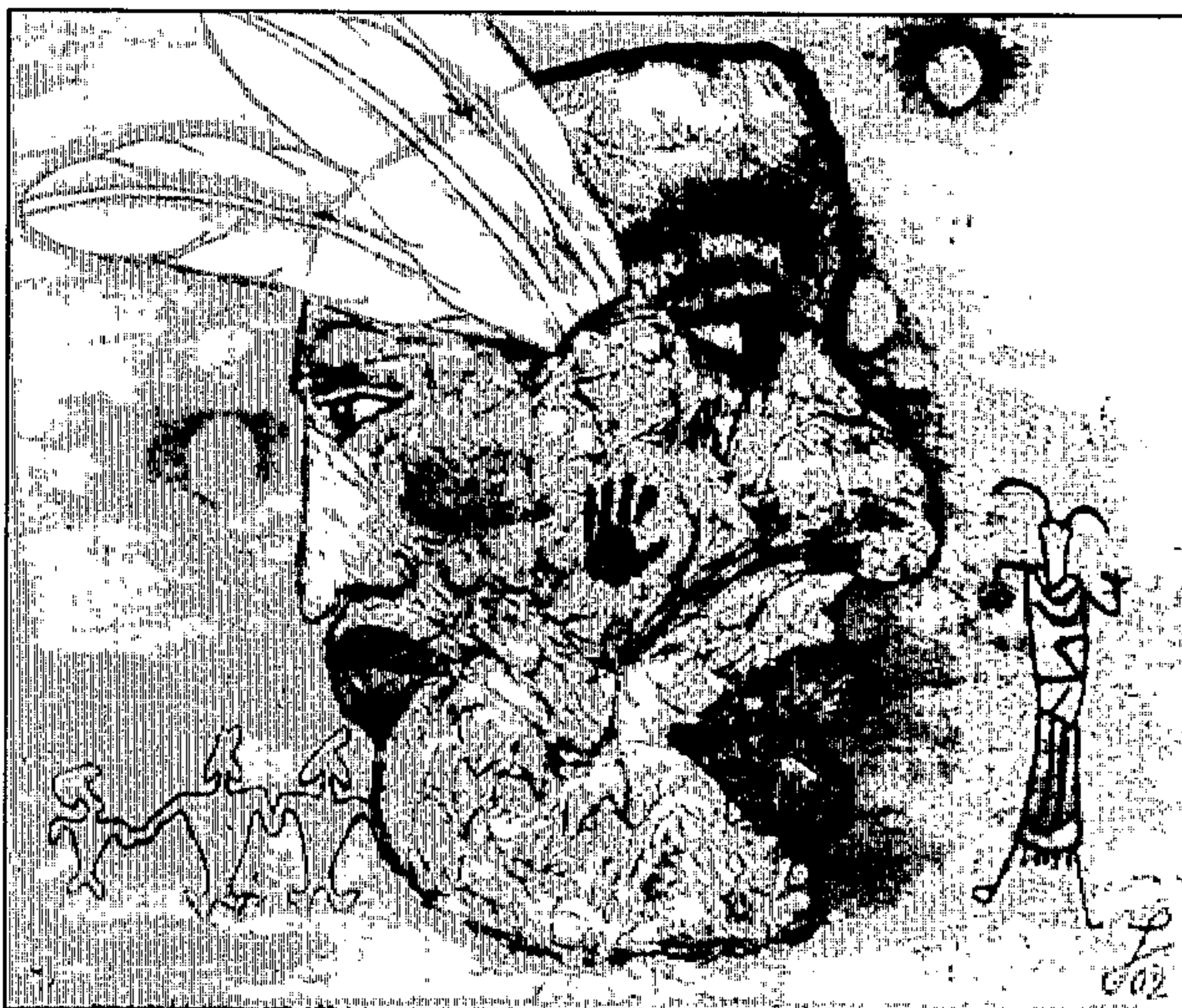
& if someone you love wants to write a supportive Partner's Page or Family-Friend Page, please send! Please share your thoughts, concerns, and problem-solving methods. Recovery IS possible! Let's go for it!

#### October 2008

Spirituality in your life: yes or no  
Opening the door to change  
ART: Your inner world  
DEADLINE: SEPT 1, 2008

#### December 2008

Healthy celebrations. Creative expressions.  
ART: A Creative Moment  
DEADLINE: OCT 15, 2008



### 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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