

MANY VOICES

WORDS OF HOPE FOR PEOPLE RECOVERING FROM TRAUMA & DISSOCIATION

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In This Issue:

Dealing with Authorities Physical Conditions, Body Memories ...and more..

"Gathering
The
Alters"



My Mind

In the dark recesses of my mind
There is life
Not one life but many
I am never alone
I am never one
Each life is different
No one is alike
There are young ones
We love to hang out
We do things together
A teenager lives there too
Sometimes he's rebellious as teens tend
to be
A beautiful 21 year old
She's so feminine
A hippy chick lives there
It's never too late for tie dye
It's never too late for peace
A 40-something fashion queen
So many cosmetics but never enough
My twin is there
So hurt but no words to express that hurt
She lives with autism
She's a special girl
Our beloved father figure is always ready
to help me
Because
things get rough in there
I left my goth boy for last
I try not to think about the havoc he is
capable of
He sometimes hurts me
He's very good with a knife
But he's special too
He has his own place
It is dark there
Sometimes I go there with him
To the dark place
I have only love for these guys
How can I not love them
I created them
Am I crazy
I think not
Am I complicated
I will have to say yes to that
I cannot imagine life any other way
I am the voice of many
I am the voice of DID

By Deb Clark

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The Abyss of Misdiagnosis

By Marianne T.

In 1994 when I met my alters no one believed my diagnosis. However, knowing I had DID did not get me the right help. I did not know how to find the right help and I suffered for over 12 years in the hands of unqualified "professionals." When I found the right help I discovered that amnesia (lost time) is never a sign of bipolar but of a dissociative disorder.

They didn't know what to do with me so I was hospitalized and misdiagnosed as bipolar with a psychotic break. I was overwhelmed with a nine-month-old baby and my husband did not believe I was DID so I had no choice but to numb out on medications in the grip of pill pushers and unqualified therapists.

Soon after my first hospitalization when I was off all medications except lithium I began to talk to the psychiatrist about my protective alter and he wanted to put me back on haldol. I said "Do you really think a pill is going to make me think this didn't happen to me?" He put his prescription pad away.

Fortunately I got pregnant again several months later and discontinued the high dose of lithium quickly. My husband noticed I suddenly had energy and interest in life again. But by the time my son was 4 months old I had bad postpartum depression again. The doctor I was assigned to refused to give me the antidepressant I needed because she said I'd go "manic." I had to go to the ER to get an antidepressant.

For the next 10 ½ years I was in bondage to a pill pushing psychiatrist who insisted I was bipolar. She gradually put me back on many medications. I could not even talk about incest without her reaching for her prescription pad for another pill so I eventually stopped talking about my abuse and DID altogether.

She blackmailed me every time I protested taking yet more pills. She said over and over again "Take all these pills or I won't be your doctor

anymore." With no hope of finding a better psychiatrist I gave in. I told her from day one that I was DID and she ignored me and tried me on nearly every bipolar medication they make. I was never stable for more than six months. She never put any effort into learning about DID.

For the last five years plus of my misdiagnosis I believed the lie that I was both bipolar and DID. Bipolar became the looming problem and my DID remained on the back burner. I was always in therapy but I didn't know how to find a qualified therapist. When I became seriously suicidal the summer of 2006 my husband became my advocate and found a hospital for trauma survivors in Florida.

Just before this hospitalization I once again told my pill pushing psychiatrist that I had DID. At the end of her reign she asked "What's DID again? Oh, you might have been abused by one or two people, but you're bipolar."

I scored 18 on a scale of 20 for DID on the SCID-D test and finally got the validation I'd been longing for. I found a qualified psychologist on the ISSD website. 1-2% of the world population is DID. That's 2.5-5 million people. One to two out of every hundred people are DID. I'm rare in only this: that I knew my diagnosis after my first "breakdown" when I met my alters.

Kay Redfield Jamison has manic depression and wrote her autobiography called *An Unquiet Mind – Memoirs of Moods and Madness*. It's a great book but the only problem I had was I could not relate to her at all. I never bought a stuffed fox like she did. I never had wild nights of high functioning creativity from mania. Kay is a true manic-depressive and is stable on lithium alone. I was always on 4-6 medications for my "mania."

Dr. Steinberg points out in her book, *The Stranger in the Mirror – Dissociation – The Hidden Epidemic*,

that the four most common misdiagnoses for dissociative disorders are bipolar, depression, borderline and schizophrenia. If you are diagnosed with one of these disorders I highly recommend investing three hours taking the SCID-D test. It could save you years of misdiagnosis and mistreatment.

Alters shielded me from the trauma until I was ready to face it. I appreciate all the hard work they did to keep me functioning. With a qualified psychologist I know I will completely recover someday. My husband is very supportive and my children are learning how to cope better with a mother who is a trauma survivor. I am learning how to live with DID and I know the natural process of integration will come in time with the right help.

MV

Dissociation

Dissociation:

Never knowing who you are, where you are, or what someone just said.

Dissociation:

Finding yourself in strange places, strange clothes, and amongst strangers.

Dissociation:

Doubting your sanity, doubting your mind, doubting those around you.

Therapy:

Trying to put all of these pieces together and make some sense out of everything.

Healing:

Knowing who you are, where you are, and what someone just said all of the time.

By Linda et al

MV

Fears

With silent strings they pull
 Like mimes with ropes invisible
 No words, just thoughts, incoherent
 With image and emotion
 show their intent
 A glass between muffles their voice
 A glossy surface of a glossy lake
 Silent, unless of course by choice
 I sink beneath, silently
 through the glass
 Then faint, faraway, calls the voice
 Still no sound, silent words
 Croaking out a message
 Words written On a dark, frosty glass
 By little fingers
 Some pull, some push,
 some hold me still
 Every direction
 What is mine? What is my choice?
 Others say let them,
 Let them have their day
 What about mine?
 If they say "no," I must listen
 If I say "no"
 I cannot say no
 If I do, I am cruel
 If I do, they might take by force
 What should not be theirs
 I do not oppress, I hold back
 A mother restraining her child
 Or rather
 Police restraining a criminal
 Before he hurts another Or me
 He threatens to overpower
 But he cannot
 Can he? Will he? Might he?
 Maybe
 But may he? No
 But can I stop him? Should I?
 Others say no But why?
 Why should a man of careless cruelty
 Obtain control, Maintain control
 Have his way?
 Not anger, not hate
 Disdain, contempt
 He looks down at ants
 So easy to crush with a finger
 His hate lies on me
 A woman, stronger than he
 Unthinkable
 That he cannot push me away
 He tries harder
 If he succeeds If he succeeds
 He cannot He must not
 Or no one is safe.

By Katie Y.

MV

MANY THANKS TO OUR FRIENDS!

Bridges to Recovery - Pacific Palisades, CA

Call Intake Department: (877) 777-2190

The Center at Psychiatric Institute of Washington DC

Call Admissions: (800) 369-2273 or (202) 885-5610

Del Amo Hospital - Torrance, CA

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

River Oaks Hospital - New Orleans, LA

Call Martha Bujanda: (504) 734-1740 or (800) 366-1740

Sheppard Pratt Health System - Baltimore, MD

Call James A. Pitt: (410) 938-3584 or (800) 627-0330 x3584

Timberlawn Mental Health System - Dallas, TX

Call Kristi Lewis: (214) 381-7181 or (800) 426-4944

Two Rivers Psychiatric Hospital - Kansas City, MO

Call Nancy Harrel: (816) 356-5688 or (800) 225-8577

WiiT at Hollywood Pavilion - Hollywood, FL

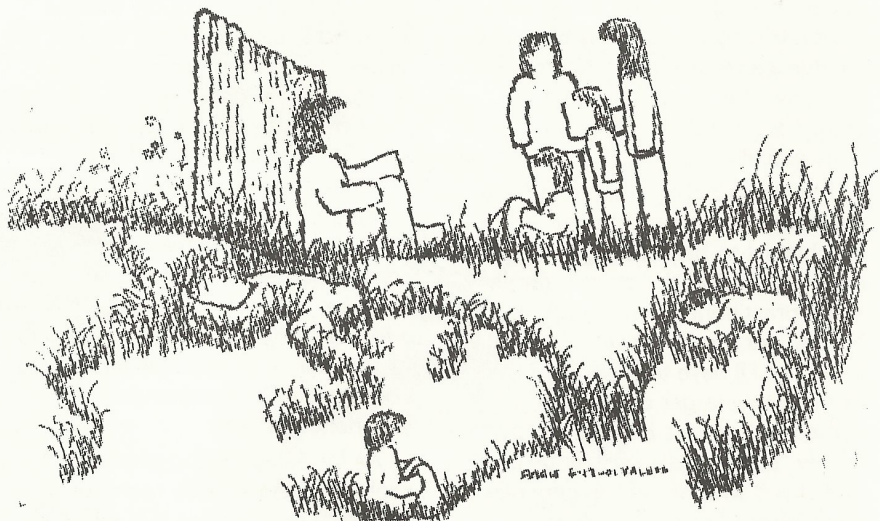
Call Care Access Team: (800) 403-4208

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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



October 2010 Topics

By Becky-R-U's

I live in a small community in which I am also a non-traditional health care practitioner in private practice. "I" have known all my life that we are "we" but was not formally diagnosed correctly until 10 years ago and 10 years of misdiagnosis (and some mistreatment) before that.

We have always been a highly functioning individual, to the outside world, despite MPD-DID. We do not tell the complete truth when communicating with Medical Doctors, Physician Assistants and/or Nurse Practitioners. We give them specific symptoms to deal with. We do not go to the ER unless our lives are endangered. Local ER employees are completely inept and uninformed of how to help a person with DID in crisis.

My primary physical doctor knows that I was abused the first 7 years of life physically and sexually and that during the next 11 years I was also physically and emotionally abused, but has not been told of the DID directly. He knows there are sleep issues, flashback and PTSD issues, Generalized Anxiety issues.

We have a team of helpers that know the about the DID but have different capabilities and understandings of what that is and what it means for our daily life. They include a spectacular psychotherapist-energy worker, a non-traditional chiropractor and my office manager-Reiki practitioner.

We are currently searching for a psychiatric nurse practitioner or psychiatrist to help manage medications that the current family nurse practitioner feels is getting beyond her comfort level. So far it looks like I'll have to drive 3-4 hours or more to a larger city to find someone, because beyond the people on my "team" there apparently is no one closer who has any experience or confidence in working with an individual diagnosed with DID.

The thing with prescription meds is

I prefer not to take them because I do not know who will receive them. Many of my "parts" have different allergies and different physiological responses to food, herbs, and meds.

At this time food is a day-to-day issue because our tastes and reactions are unreliable. With medications, we have consistently handled a low dose anti-depressant for about 6 months so far. But all other meds have had to change more frequently, partially because we are "healing" and our needs change and partially because the ability to get med(s) to a particular part changes frequently also.

So we were taking Klonopin at bedtime because it made a particular part so sleepy within 20 minutes that we all would be asleep *and* using Busphar (short-acting anti-anxiety) during the day because it didn't make anyone sleepy but helped keep the nervous system calm.

Then after some time, maybe 3-5 months, taking Klonopin and Busphar was like taking a sugar pill because there was absolutely no discernible effect on anyone, so we got no sleep and daytime was harder because of nervous system instability: trouble being able to stay calm and not over-react, speaking too loudly without awareness, etc. Recently, the last few weeks, body memories involving severe muscle spasms of all 4 limbs at night prompted a trial run of low dose Valium. This has been a *huge* blessing. Muscle spasms decreased to a tolerable level *and* we felt a sense of *calmness* that we have never consciously experienced in our lifetimes. This underlying *calm* is like a foundation to our being and we get to experience it daily. It is and continues to be a miraculous experience for us.

As far as evaluating physical problems versus body memories: We generally assume first it is a body memory and further evaluate and verify. For instance I have recently

gone through a period of 2-3 months when we generally felt frozen ice-cold 24/7. We used heated rice bags, flannel sheets and quilts, but nothing helped, which verified that it was a body memory. We've gone through so many different body memories that certain symptoms always help us know that they are body memories.

But when I feel I have sore throat I always start by treating it as a physical condition because I do not want to get physically ill. I start with herbs, like Airborne, etc that won't harm me if it really is a body memory. This is also when my team of helpers can be helpful because one or more of them can discern whether I am beginning to be physically ill (from all the stress of intense interpersonal work and daily living) or I'm just having more body memories.

Recently the chiropractor told me to do prophylactic Airborne, vitamin C and other related herbs because she was concerned that my stress level had gotten too high (i.e. I'm very busy professionally, had a re-occurrence of only 3-4 hours sleep nightly, spent 5 days with our biological family and received news that our 1st abuser had died, which opened a large magnitude of body memories that had previously been "unexplored") and our immune system was teetering on the verge of physical illness.

I close these comments with the following quote which I really like:

*You are me, and I am you. Isn't it obvious that we "inter-are?"
You cultivate the flower in yourself,
so that I will be beautiful.
I transform the garbage in myself, so
that you will not have to suffer.
I support you; you support me.
I am in this world to offer you peace;
you are in this world to bring me joy.*

— Thich Nhat Hanh

A Necessary Evil

By Milton C. Toby JD

Dealing with attorneys and the legal system can be frustrating and intimidating—and that's on a good day. For individuals with dissociative disorders, there are no routine trips to court and a visit to an attorney's office can be like standing on the edge of a precipice with nowhere to turn.

Attorneys are there to help, but the attorney-client relationship is not a one-way street. You have to help your attorney help you.

The first question is whether to tell your attorney about the dissociative disorder. There is an understandable reluctance to share sensitive personal information with anyone, especially a stranger, and the temptation to stay silent may be strong. Some legal issues, such as criminal charges or a civil lawsuit, may be directly related to the disorder, however. In those circumstances your attorney must know about your condition to be able to provide competent representation. Discussing the disorder may be painful, but it also may be necessary.

As an analogy, consider a traffic accident caused by what appears to be a clear-cut case of reckless driving. Under ordinary circumstances, there may be no defense to a criminal charge or to a lawsuit claiming personal injury. But if the driver is a

diabetic who lost control of the vehicle during a hypoglycemic incident, the person's physical condition may be a mitigating factor that should be disclosed to the defense attorney.

Even if the legal issue is not obviously related to your disorder, your attorney may need to know about the condition. Child custody and other family law matters, estate planning, buying and selling property, and contract questions all may require disclosure of your condition to your attorney for effective legal representation.

There are two important questions at this point: How to tell the attorney, who may not be well informed about dissociative disorders, and what will happen to the information you provide?

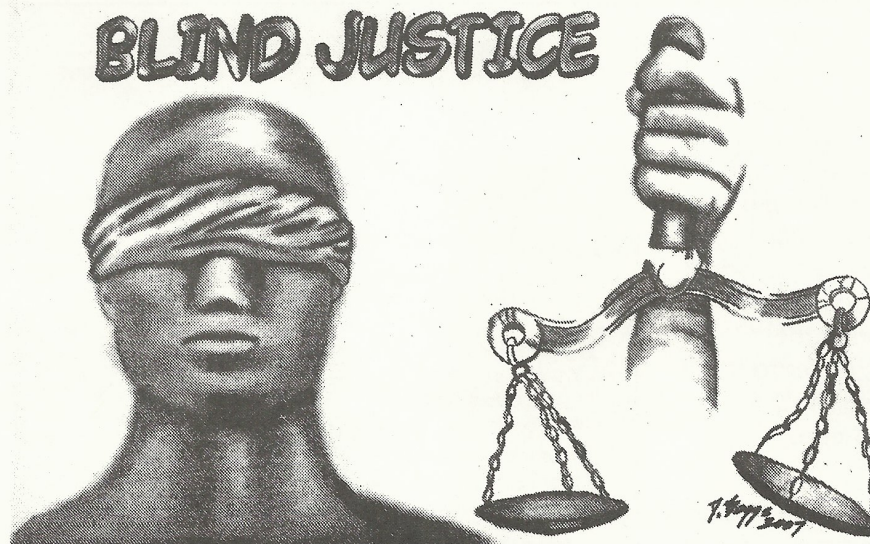
Your therapist may have useful suggestions about the best way to proceed, and also may be able to recommend some attorneys experienced in representing clients with dissociative disorders. If you are uncomfortable talking about the disorder, write it down before the first appointment at the attorney's office. Most attorneys will not object if you want your therapist or another trusted individual to accompany you, but it is best to ask first. Having a non-attorney present during a meeting also

may affect the confidentiality of your conversations with the attorney.

Communications between an attorney and a client are privileged in every state. This simply means that the attorney cannot reveal anything about the communication without the consent of the client. One important exception to the attorney-client privilege involves communications that take place between an attorney and a client in the presence of a non-attorney individual such as a therapist, family member, or friend. The privilege may be limited in these situations because there is no expectation of privacy when a third party is involved in otherwise private communications. Questions about the attorney-client privilege and third parties should be discussed with your attorney during the first appointment.

Finally, if you are not comfortable with your attorney for any reason, look for another one. Some attorneys will be better than others at dealing with clients who have dissociative disorders and that is the person you want to locate. When your mental health is an issue, trust your instincts. The attorney will not be offended.

MV



Medical Advance Directives

By JoEllen Smith

I drafted the attached form for my physicians and it is kept in my doctors' files. I call it Medical Advance Directives, although it is really for my mental health and well being. I removed most of my personal info, like my name and date of birth so you can adapt the form for your own needs. However I did leave some information under "Pharmaceutical Considerations" as an example of what other medical information I included on my forms. I reviewed these with my doctors/dentist and asked the forms to be kept in my medical file.

I hope this helps someone. It has helped me to factually explain my emotional needs and make my medical procedures more comfortable for me and my physicians. Medical procedures are so difficult for me right now. I hope by the time I need medical interventions I will be free of these triggers. But for now, I have to take care of me and this is how I have chosen to do it. I was also tired of being misunderstood and tired of being treated the exact opposite of what I needed because the physicians and staff were clueless about how to help me. So I thought they needed to be educated. Now I also schedule to meet with the anesthetist prior to any medical procedure to learn about the anesthesia planned and its possible side effects. For instance there is a common drug used during colonoscopies that causes amnesia during the procedure. I do not prefer to use it because of having so much trauma induced amnesia.

Medical Advance Directives

(Date)

Prepared by and for _____ (patient name), (DOB)

GUIDELINES FOR STABILIZATION OF PTSD / DISSOCIATIVE EPISODE:

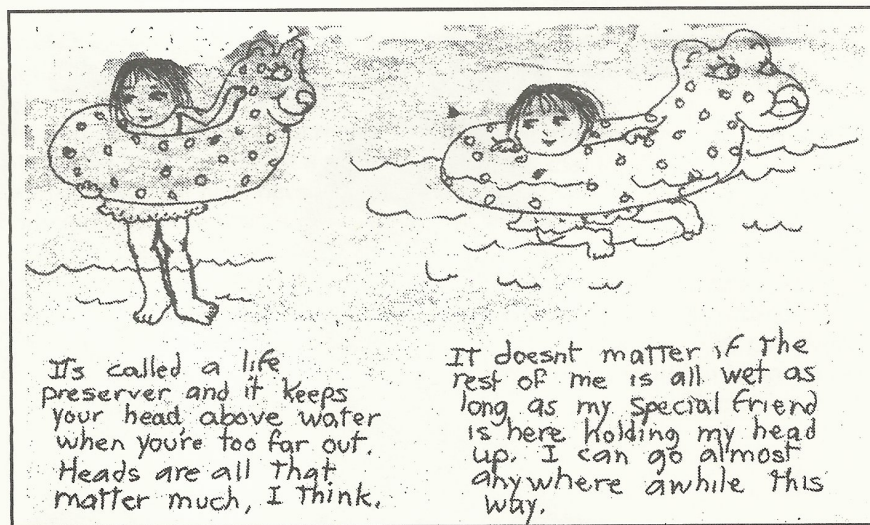
1. Use my name.
2. Ask me who I am, where I think I am.
3. Reassure me by telling me who I am, where I am and why I am here.
4. I may be acting like and feeling like a frightened child; please be patient and comforting.
5. Do not allow me to leave or drive .
6. Please provide an isolated place (an unused room) for me to rest about 20 min. Usually this helps me recover. If for some reason I do not recover, proceed to #7.
7. Phone, (name of friend, spouse or family member and phone numbers)
8. Above all- DO NOT SEND ME TO A HOSPITAL - unless emergency contacts are unavailable. If sent to a hospital, please leave a message with contact person regarding where I have been taken. Please send a copy of this form with me to the hospital.

These episodes do not occur frequently, but have happened. I thank you in advance for taking the preventive measures above to facilitate a more comfortable exam/treatment experience for you and myself.

(signature of patient and date signed)

(signature & date of witness)-I had my therapist sign and included her business card.

MV



Medical Advance Directives

(Date)

Prepared by and for _____ (patient name and DOB)

This document is to be used for the guidance of medical professionals providing medical care or procedures for _____, in the event she is incapable of communicating her wishes at time of treatment.

I, _____, suffer from childhood trauma induced mental illnesses, Post Traumatic Stress Disorder and Dissociative Identity Disorder. The stress of some medical treatments and procedures can sometimes induce flashbacks or dissociative episodes, which render me unable to communicate coherently. In the event this occurs under your care, please note the symptoms of my distress listed below and follow the guidelines provided.

PREVENTATIVE GUIDELINES:

1. Please provide a little more time for my appointment.
2. Provide simple explanations of each step of the treatment and why. e.g. "I am examining your abdomen to check for enlargement of your organs."
3. Use my name frequently in our conversation; this helps keep me present.
4. The fewer health care professionals needed in the exam treatment room the better for me. e.g. For gynecology exams I only want the doctor in the room, no assistants.
5. Please don't be nervous, just take charge and I will feel secure. If treatment or procedure is painful or difficult please reassure me and inquire about my wellbeing throughout the procedure and allow a support person to accompany me should I request it.

PHARMACEUTICAL CONSIDERATIONS:

I am chemically sensitive. I require only a fraction of the normal adult dose of sedatives or pain killers. Please discuss with me prior to procedures about possible use of any medications and exactly what they are and how they work. e.g. During recent dental work I was told after a severe three day headache, that the pain medication injected to my gums included a dilator. The next time a medication was used without that compound. I may use my own sedatives prior to the treatment. Please ask so you will know how best to determine the doses of additional medications I may require at time of treatment.

SYMPTOMS OF POST TRAUMATIC STRESS OR DISSOCIATIVE EPISODE:

- I may be unable to speak or may not make sense.
- I may not know fully where I am, who I am or who you are.
- I may act like a child.
- I may be frightened.
- I may be angry thinking you are trying to hurt me.



Conscious Sedation and Caution

By Kelli

I did everything I thought was reasonable without being paranoid. I used simple English and communicated my wishes to three people, including the MD. Patient beware!

I have had PTSD for the past 20 years. Just having turned 50 last February, and not sure how my health insurance deductibles would change in July, I decided to go ahead and get my colonoscopy (ick). I asked my trusted internist who to use, and she suggested Dr. C. I asked my psychiatrist what drugs should be used for the "conscious sedation" during the procedure considering the several medications I'd been on for years, and he said that at least a narcotic should be in the mix with the drug Versed.

I've transported people many times for procedures which required "conscious sedation," both colonoscopies and dental procedures. In the vast majority of cases, the patients spoke to me on the drive home, only to take a long nap and report they remembered nothing of the procedure or our conversations. Other friends wanted to see what their colon looked like and were given a smaller dose of sedative and they remember their procedure, as requested.

When I arrived for my procedure, I asked the nurse what drugs would be used since it was very important to me to be totally unconscious for the procedure because of my past history of childhood sexual abuse. I also told her that although I didn't look like it, I was extremely hypervigilant. She said she'd use Versed, fentanyl (narcotic pain reliever) and Benadryl for additional sedation, but there were no guarantees that I'd be unconscious. In fact, often patients look awake and talk during the procedure, only to be unaware of the procedure later (amnesia).

I went through the same story with the MD. I clearly explained how long I'd been on medication, and the cause of my PTSD so it would be crystal clear of why I needed to be "out." He also said they would use a three drug combination, but there were no

guarantees, and also there was a chance of perforation of the colon, rectal bleeding, etc., etc. (These are all of the typical disclosures of risks for procedures, including general surgery such as for an appendectomy.) So I signed the permission form, (which said there was also a chance of death from the procedure), the IV was started, and I got about 1.5 martini relaxed.

I kept wondering when the last injection of drugs would be given when I felt the tube going in. Shit (OK, consider the procedure, and this is a natural statement!) "Well, the damage is already done, and hopefully this is all the stuff I won't remember later." I was awake for the entire procedure...not what I wanted at all.

Fortunately, there were no tumors or polyps, but I asked the nurse as she was leaving the room what the chances were of a patient being totally conscious throughout the procedure using the medications she used. She said 15%. I was dozy and not in a position to challenge that fact just then.

If I'd known that ahead of time, instead of "there are no guarantees," I would have NEVER had the procedure. I made it crystal clear to the nurse and to the MD that it was necessary to be unconscious, period. I wasn't concerned with dying or colonic perforation—I wanted to be unconscious. I've since learned that general anesthesia for a colonoscopy would have to be done in a hospital at a slightly increased cost—that option was never offered, even though I would have readily taken it.

I had many PTSD symptoms recur because of this—nightmares, insomnia, flashbacks, and lots of intrusive thoughts. I've written a letter to my internist and psychiatrist, and the letter to the gastroenterologist goes out soon...I've been too angry to finish it yet.

"Conscious sedation" is used for colonoscopies, dental procedures and many other medical procedures. Next time, I will make a separate appointment with the doctor to get a detailed description of what will be done and under what kind of sedation or anesthesia. As soon as they say "no guarantees" I'll ask for percentages. You can be damned sure that if there was a 15% chance of dying (instead of remembering) under "conscious sedation" that the MD would have said something instead of "there are no guarantees." Assume nothing!

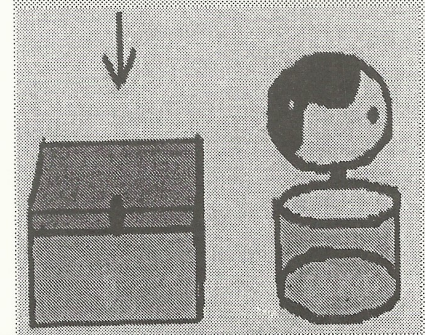
P.S. I also realize that some people want to be conscious during procedures such as this. Regardless of whether you want to be totally unconscious or fully conscious, I'd still suggest an appointment with the MD ahead of time (I'll bring a friend/witness with me) with a list of questions.

MV

My Containment System

First I paint a box from a craft store to represent the container I need. I paint the box in a way that is meaningful to me. Then I write down the memories or feelings on paper and put them in my boxes. Each box has a clasp of some sort to keep the stuff inside.

By Jenn J.



Lawyers Can Be Our Friends

By Casey W.

I'd tried everything I knew of to get two family members to stop communicating with me. They were my abusers and I was in the midst of remembering my childhood during the agonizing acute phases of PTSD. Despite numerous letters from me telling them to stop writing and calling I decided they needed to be out of my life, permanently.

They were driving me crazy—I was terrified to pick up the mail each day, to answer the telephone, to open my email. I felt like I was being stalked.

I made an appointment with an attorney (suggested by my therapist) and went with the bare facts of my situation and what I wanted her to do: to write a letter that told them in no uncertain terms to never, ever contact me again.

I went to her office, handed her the short, typed explanation of my reason for being there, and promptly broke

into sobbing tears. I expected her to not believe me, to take their side, to talk me out of it, but she didn't. She offered me her box of Kleenex, asked a few respectful questions to make sure I really never wanted to hear from them again, and said she'd draft a letter to let me read prior to sending it. She asked if she should include a statement that if they continued their actions, civil and perhaps criminal charges would be filed. I smiled and said, "absolutely."

Within a week, the letter was drafted (perfectly), approved, mailed, and I never heard from those individuals again. In my case, it was less than one hour of the attorney's time, and the money was some of the best I've spent in my recovery.

MV

Helping Your Partner

By Jasmine Kent

I feel so alone. Does anyone care or understand? It would be so easy to hurt myself. How I long for someone to soothe me. If only someone would just be here.

When you are in a partnership you are each responsible for your own therapy but there are lots of things you can do to be supportive of your partner. Supporting your partner means serving.

Serving may involve anything from getting a PRN when your partner is tempted to overmedicate, to keeping the house self-harm safe. There are times, for example, when I am very grateful to my husband, Greg, for bringing me a glass of water and the right amount of Ativan and keeping the rest of the bottle in his small safe so I can stay in bed where I am not likely to self-harm. Hiding shaving equipment and things like curling irons might also be a way to serve.

To comfort someone is to come along side of them, not to fix things. Try to communicate exactly what each

other needs. Humans don't read minds and people with DID may find it especially difficult to remember what you needed in the past let alone what you need now that you have just changed. Sometimes being supportive means being willing to just hold your partner's hand without going any further. Many patients with DID or Trauma history have moods when that, and a pat on the back, is all they can handle. Although the more healthy touch we learn to accept, the better, be sensitive and aware when touching a partner who is dissociative. Just being present can help a lot.

Other ways to be supportive might be to cook something or buy something for your partner, especially if that is not usually your role. You might mow the lawn or paint something for a guy who feels like a little kid and wants to watch cartoons. Acceptance of behavior that is not normal, but not harmful either, can go a long way towards building your relationships between each other's



By Saint 2010

alters.

Sometimes it helps to have someone listen to your journaling and admire your art. Another way to help is to go someplace with your partner that you wouldn't normally go to, like shopping, the theater, the hardware store, or the zoo.

Visit each other often in the hospital. Hospital trips are hard on both partners. The one left at home feels abandoned and left with the other one's chores. The one in the hospital may feel lonely and bored if the hospital doesn't have a very interactive program.

Nevertheless, all real therapy has to be done by you or your partner alone. You can't call the crisis line, the doctor, or the therapist for him or her. You can't go to personal therapy and you can't journal or do those all important calisthenics they will have to do in their head to get well.

You both have to decide whether to get well on your own.

MV

Coping With DID As An Older Woman

By Mysong

I am a 64 year old woman coping with DID. I have been in therapy for twenty years and was immediately told I was a severe dissociate. My therapist taught me how to ground very quickly and it helped me a great deal. I have learned a lot about myself in those twenty years, but only in the last several months was my therapist sure I had DID. It took my system a very long time to reveal itself, even in therapy. This is quite rare. He suspected it for 1-½ years before, but wasn't absolutely sure. I will tell you more about what it is like coping with this as an older woman at the end of this article, but first I would like to share with you many of the practical things I have learned in my twenty years of therapy and just learning to live a very functional life with DID.

Triggers: A trigger is something that scares you, makes you switch, makes you freeze, makes you dissociate, or just react in an extreme emotional way. Make a list of all your triggers and stay away from them if possible. Keep adding to your list, as you will have many more then you realize. Have your therapist help you make the list. As you go through therapy, there may be times when you want to approach a trigger, slowly and with care to see if you can overcome it. Be careful, as sometimes I have found that I have never been able to overcome some of my triggers. Sometimes when a word is a trigger and is used in a different context than how we associate it when we were abused, we can find out what it means in today's world and it helps us to change that word into one that does not mean what it meant to us as a child.

Taking responsibility for things we cannot easily control:

Eating Disorders: I am going to focus on anorexia and bulimia. Many of us that were abused struggle with these disorders. I personally struggle on and off with anorexia and have

since infancy. The way I have learned to take responsibility for it, is first of all I found a general practitioner who understood eating disorders. That was not an easy task, but I weighed only 85 lbs and I was 45 years old. I knew I was in terrible danger. I called every anorexia site I could find and a girl gave me the name of a doctor that had done the physicals in a psychiatric hospital and she told me she had a lot of knowledge about these disorders. I found her and made an appointment. She took me as a patient, but told me if I ever lied to her she would never see me again. I have never lied to her and after twenty years she is still my doctor. She has saved my life more than once by IV feeding me, which I allowed, because I didn't want to die. When my anorexia is active I see her once a month and she checks my blood work, including my electrolytes. This is very important for both anorexics and bulimics, as vomiting, laxative and diuretic abuse greatly affects your electrolytes and can kill you or really affect your heart.

If one of my alters buys diuretics or laxatives and I find them, I bring them to my therapist. I do not throw them in the trash, as another alter will dig them out and use them. If you are not in therapy, give them to a friend you trust or throw them away in the trash where you cannot retrieve them.

The best site I've ever found on eating disorders is www.something-fishy.org It will tell you all the side effects of lack of nutrients and their physical symptoms. Run this off and keep it. This is another way of taking responsibility for your eating disorder.

If you are in physical crisis, call 911 and go to the emergency room by ambulance as soon as you can. You can have a heart attack; I don't care how young you are. Tell the doctors the absolute truth about what you have been doing so they can help you. Don't drive there as you could wait several hours and you could die

in the waiting room.

Cutters: You can take responsibility for this by not keeping any sharps that you cut with in your home. Get rid of anything that you might use to cut yourself with. Give it to your therapist or a friend that understands and tell them under no circumstances are they to give them back to you, even if you ask for them. Don't throw them in your trash, as an alter could retrieve them. If you buy it again, get rid of it again. If you feel you are going to cut, call your therapist right away. If you do cut, tell your therapist, don't lie. Never, ever lie or keep secrets from your therapist, as they can't help you if you do. Believe me, they have heard it all.

Grounding: If you feel you are going to dissociate, it is very important to learn how to ground. I made out large emergency cards and smaller ones to carry with me. Both have pictures of my therapist who is my safest place, confirmations and grounding techniques.

Some ways to ground are to take off your shoes and run your feet on the ground or rug, feel the chair under your seat, squeeze the arms of the chair, rub your hands on your legs, look at your watch, tell yourself your correct age, the date and year it is, keep your eyes open, look at the room you're in and focus most of your attention outside of your body, count to ten and deep breathe.

Help yourself be in the here and now. Tell yourself you are safe, you don't have to be afraid, this is just a memory and not really happening now. Tell yourself no one is going to hurt you, hold on to a friend's hand if you're not alone and touch is safe for you, tell yourself who loves you, that you survived, you are a strong person, remind yourself of the successes you've had in your life, let yourself know it will pass, and it will.

There are many grounding techniques and confirmations, so

think of ones that work for you and write them on your emergency cards. Carry the smaller emergency cards with you and keep the larger ones in your home or safe room. It also helps to put the correct year and your age on your cards. You can learn to help yourself not dissociate if you realize you are going there.

Safe Room: It is important to have a safe room in your home. For me, this is my whole house, since I live alone with two large dogs. But for those of you that don't, a safe room is very helpful. It is a room that has everything in it that helps you feel safe: music, stuffed animals, toys of different ages for your littles to play with, a soft blanket, and a pillow. These are just examples of what you might want, but each of us has our own safe items. I have an ipod with my therapist talking to me. That really helps me a lot.

Problems With Remembering: I have a very hard time remembering anything, so this is what I do to help me cope. When I'm introduced to people, I tell them I can never remember names, but don't take it personally, as I've always been this way. They just laugh and say they have trouble too. Not like me, I'm sure, but I don't say that.

I can never remember what I have to do that day or the day after. I keep a day-timer with all my appointments on it. The night before, I make a list of what I need to do that day and take it with me in the morning. It usually helps me, but sometimes I still forget things. It's also a great help to me when I do my income tax as it tells me when I had doctor's appointments and where they were, so I can figure out the mileage. I try to always keep my appointments with my therapist on the same time and same day, but even still, I write it in my day-timer.

I make notes on the last month of my calendar, like when my dogs need their shots, when I need to make an appointment for my doctor to have a physical, or anything that I do yearly. I also make notes on each month of my calendar for things like dog flea medicine, when I need to refill a prescription, birthdays I want to remember, etc. At the end of the year, when I get a new calendar, I put these

things on them for each day of that month. It helps me to remember. My system is very well organized and so it runs very efficiently that way. Every part knows when to do what. It helps me cope with having DID and being a woman alone for over 11 years and responsible for my own life. I also keep a very organized filing system and don't let papers lay around. I file them immediately and correctly; that way when I need something it's there. I keep a special file for papers I need for income tax, so when it's time, it's all together. I even keep post-it notes in my car with a pen, so if I think I will forget something I write it on one and stick it where I can see it. I do this when I get low on gas so I never run out.

I keep track of when my gardener comes, leave him notes in exactly the same place and keep track of when my housekeeper comes and leave her cleaning supplies and checks in the same place too. They are also in my day-timer. Routine is very important for my system and helps me function as an older woman alone.

I pay my bills the first of every month regularly, file receipts, take care of my car when it is time to, keep a reliable car, have towing insurance, always have my cell phone, keep phone numbers of emergency people on it and call when I need help. I sometimes lose time and get lost driving, so I stop, ground, try to get my bearings and go home. I frequently don't remember driving home from therapy, but my therapist always calls for the person that drives to come out and I always get home safely. If I'm afraid, I call him. He always gets back to me, but not always right away.

I have always known there was something really wrong with me, but didn't know what it was. I rarely tell anyone I have DID, since it's very hard to explain, so why bother. I go from alter to alter very gracefully, without anyone noticing anything different in my behavior.

I have co-consciousness between several of these alters. My littles come out only when I'm alone at night and in therapy. I run my life by routine, an absolute must for me, but there are times I can't remember if I've fed the

dogs, so I probably feed them twice. I'm sure they love that. I lose nights frequently and often don't remember therapy. I also lose time on and off during the day, but I still seem to function.

I struggle with isolation, so I joined a small woman's group that I felt safe in so I could get some connection and I also go to a small church. That also gives me a group of women I can depend on if I need help, like when I fell and broke my back in three places. I am content with being a widow and so I never date and don't feel safe with men in that arena. I am careful whom I let into my close circle of friends and really only have three that I totally trust. They are women who love me no matter who I am.

It is my life-long goal to integrate and heal and I feel I will. I keep all my therapy appointments and work very hard. At least when we are older we don't have the responsibility of young children to deal with, so that makes life somewhat easier. I also do things I love to do like writing, I quilted for many years and I love to paint. Art is another form of dealing with emotions, especially when you just do abstract art, as it comes directly from your emotions and not from your intellect. I highly suggest it. You don't have to be good, just have fun with it. You might find out something interesting about yourself. You might be a very good artist.

MV



Table for Two

By Colin

It's Thursday, July 15th, and I'm 7 months and one day sober. I didn't wake up until about 12:30pm today. My usual doctor's appointment got moved back from noon until 2:50, so I got to sleep a couple extra hours. This is good considering the fact that I haven't been able to sleep for more than a few hours at a time for the last 11 days.

Since my last revelation of early childhood abuse two Sundays ago, my dissociative identity disorder has been intense and constant. My mind has been bombarded with images frequently, and therefore my many parts have been scared, anxious, and angry. I have been encountering new parts every day which I didn't even know existed until recently. I was just getting accustomed to the 5 or 6 that I had grown to know quite well since I stopped drinking. Now I have a handful more to deal with in my daily life.

It has been hard for me to write, concentrate, or even think in a consistent fashion as my continual metamorphosis has rendered me so unstable. I don't even have to be doing anything in particular to be overwhelmed by my interrupting personas and the emotions they bring with them. I have been sitting quietly and watching television when they abruptly take over.

It hits me like a shockwave. The physical wave hits me from the front and sometimes even pops my head back a little. All of a sudden I'm someone else; my vision is different, my posture shifts, my mannerisms change, my voice and tone switches, my age and maturity fluctuate, and I'm no longer me (or maybe I am and I wasn't before).

The younger parts are easy to spot. I look around the room I'm in with a sense of fear and wonder. There are a couple parts who are anger personified. My eyes open wide with rage as the parts come to the forefront with the knowledge that someone did this to us. Someone hurt us to the point where it was necessary for my mind to split so many ways. Others come out who are more relaxed, lackadaisical, and humorous. It is physically and mentally exhausting to switch this often. By the end of the day my muscles are in pain all over from the continual change of

my posture and manner. When the switch occurs I sometimes have a minor convulsion where my body spasms for a brief moment. It's mentally fatiguing to have to ask myself a dozen times a day "Who am I now?"

I have been doing my best to nurture the young ones. I have to be aware of when they come around, and constantly urge them to calm down as I will take care of them. I talk to them with my newfound serenity and tell them "It's OK, I'm here to take care of you, no one's going to hurt you anymore." Just like anything else this takes a great deal of practice, and due to my constantly evolving persona I get a lot of practice these days.

The angry ones have to be treated in a different fashion. I have to tell them "You have a right to be angry, but we can't let this resentment take over our lives anymore." Before the last couple months I thought I had the one angry part: the protector. There are a bunch of apoplectic parts who are fighting over the right to be furious. I manage them all the best I can and hold on for dear life as my many parts take me on a daily wild ride which is difficult to put into words.

My newfound sobriety has been a necessary tool in dealing with my dissociative identity disorder. I usually go to a 1pm AA meeting after my noon doctor's appointment on Thursdays. I decided to go to a meeting immediately after I saw my shrink, so when that was over I could pick up my girlfriend Mary from work. My hour was over at 3:45, and I found a 4:15 meeting in center city at a hospital in my small book of locations and schedules of meetings in Philadelphia. Mary would get off work between 5 and 6 so this would be perfect.

I got to the hospital around 4, and went to the second floor to find room 207. There was one man sitting at a table with all the usual AA literature laid out in front of him in an orderly fashion. He was in his 40's, black, short and stout in stature, with glasses, and a red and white striped long sleeved collared shirt. He was neatly dressed but at the same time a little unkempt, which aroused my youthful inquisitiveness. There were two vending machines in the room directly adjacent to

the meeting table; one for snacks and one for juices and sodas.

I stood there for a couple seconds before I realized the man was listening to music on headphones attached to a Discman CD player. He took off his headphones and I asked asked him playfully if I was in the right place. He introduced himself as Gus and welcomed me to his meeting place. I looked around the room and he assured me I was early and more people were coming later. He was a little hard to understand as his speech was slightly impeded and I realized this man was a little "slow" but not retarded. After I told him my name he said it was nice to meet me and put his headphones back on and sat back down. I picked up a Sports Illustrated from a smaller table near the door and began to try my best to not look uncomfortable.

I had to go to the bathroom just before the meeting was set to begin. When I finished I walked down the hallway towards the room, and my mind began to work its self-destructive magic. There were still no other people in the room for the meeting which was just about to begin and the man was still wearing his headphones. I could simply make a beeline for the stairs down to the building's entrance without the man ever knowing I left. Something extraordinary happened; I walked back into the near-empty room and sat down without knowing why.

I sat there for a couple minutes while my new friend focused on whatever he was listening to. I began to think of offensive things I could say to make sure this man was angry enough to kick me out of the meeting so I wouldn't feel bad about chickening out. I thought to myself "Hey asshole. This isn't always about you. Maybe this man needs you to be here. You can get something out of every meeting if you just try. You have been an impatient prick for long enough, now sit here for an hour without complaining. This here is a prime example of what got you into this predicament, your brain hasn't been steering you right for the last 20 years and why would it start now?" I moved from across the table to two seats away from the man.

Gus took off his headphones oblivious

to the cerebral meeting that just took place in my head. He began the meeting with the usual introductions, read the preamble, and handed me the 12 Steps and Traditions book and the How It Works pamphlet to read. I read the pamphlet with a smile, knowing in my heart that this is truly "How it works." He began reading from the same book as we both had copies and although he was a little hard to understand I was so familiar with the contents of the tome that I knew exactly what he was saying.

We took turns reading one or two paragraphs at a time. Sometimes he would just read one and stop and other times he would read straight through for a bit. I just decided to wait until he paused after a paragraph for more than a second to know that it was now my turn. While he was reading he stopped to make a note on his personal copy of his book a couple times. He also paused at times, smiled, and said quietly "Yeah, that's true." I have never been more focused on anything I have ever read, and I've never been so happy to read anything in my life.

After we finished the chapter he introduced himself for the third time even though there were only two of us in the room each time. He began to speak to the room as if it were full of dry sponges of barren alcoholic souls. He talked about how important it was to have a sponsor. He spoke about the significance of giving service to AA in chairing meetings, taking part in speaking engagements and similar commitments, and giving service to AA in the form of work for your home group. I have a sponsor. I go to my Monday and Friday noon meeting early every week to open up for the group and make coffee. I have been the featured speaker at two different speaker meetings. I am the secretary of my home group's business meeting once a month. I have spoken to patients at a rehab's psych ward and plan to do it again this Saturday. But instead of interrupting him and telling him that I was already on top of everything he was saying I just kept my mouth shut and smiled. There's an old AA adage; take the cotton out of your ears and put it in your mouth. This is how it works.

When he was finished he turned the meeting over to the group. Of course that group was just me. I introduced myself (twice now for me) and said that I too was an alcoholic. I admitted to him the first instinct I had today when I walked into this

room was to turn around and run. I wasn't telling him anything he didn't already know and he didn't blink at my admission.

I continued on that I am so happy I didn't run away yet again. I told him how I came into the program. I told him about my mother, whose name was Mickey, and how she used to tell me about her AA meetings when she was in and out of "the rooms." I talked about the man named Mickey she had wanted me to meet. I spoke about being a crook and being thrown into a van at gunpoint. I was candid about my time in that van, and how I wished those men were cops so I would at least live to tell the tale. I told him how scared I was; from cops, crooks, and my downward spiral into oblivion. I talked about cracking my head open in a drunken rampage back in '05, and how my friends had saved my life. I said that one of those friends had taken me to a few meetings after my accident, and although it didn't stick it did put a bug in my head about how to get help when I was finally ready. I told him that I called a friend after my experience with the law. I said I had drank for a week and a half and ended up completely lost and with a serious concussion and possible brain damage. When I asked for a name and phone number from that friend, he gave me the same Mickey who my mother used to talk about with me years before. I told him that I was a changed man at that moment as I knew I had found my sponsor before I even met him.

The man who was listening to my tale changed demeanor. He even said "wow" when he heard the part about me hooking up with Mickey after my mother was long gone. He smiled and nodded throughout my story knowing full well that I was indeed on the right path. I continued on about how fortunate I am to have found AA. I started to get choked up about how lucky I am to have survived to this point. I said "I need these meetings..." and the tears began to flow. I couldn't get another word out.

Although the man was slow, he was very wise. He began speaking to me about how wonderful the program is as soon as I shut down. He knew when I was done much the same way I knew he was finished his paragraph or two while we were reading from the 12 steps book. I listened to him while I wiped the tears away from my face, and before I knew it the meeting was nearing its end. He stood

up and said "We have a nice way of closing."

That saying is said to close out every AA meeting, and this one was no different. Normally this is said and all the people in the meeting take a few moments to form a circle and link hands. Heads are bowed and the serenity prayer is spoken in unison. Gus simply put out his two hands before him towards me, and I reached out and held them. We were facing each other, hands locked, and heads bowed. We said the prayer together, and I felt more spiritually alive than I have ever felt before.

I said it was great to meet him and he said that I didn't have to contribute to the meeting if I didn't have anything. I realized that Gus was not only the chairperson, but he was also the treasurer of this particular meeting. Usually in the meetings the chairperson says the 7th tradition out loud, passes around the basket, and everybody antes up a buck. I gave him a dollar in quarters (I hate using change but an afternoon downtown had taken up all my dollars for the parking kiosks). He told me that he had forgotten the usual treasury envelope and had to take the money home with him in his pocket. I smiled and said it's no problem, as I knew in my heart if there's one person in the world I would feel secure in giving my contribution to it was my new friend Gus. He said "Don't worry I'll make sure I mark it down". At that point he opened a marbled notebook and wrote down \$1.00 next to the day's corresponding date. I looked over his shoulder and saw each date listed downwards with every day's contribution: \$1.00, \$1.00, \$1.00, \$1.00, \$1.00, \$1.00, \$1.00, \$2.00, \$1.00, and so on.

He asked me if I smoked cigarettes. I said "I think I have one left" and began to reach for my near-empty pack of smokes. He said "No, no, no... I can't take your last one" as he shook his head feverishly. I left the room feeling guilty that I had not just given him my last smoke without letting him realize that it was the end of the pack.

I look back on my meeting with untold enthusiasm. I have never left a room more confident that I wouldn't drink than I have today. I might have been able to complete a sudoku puzzle faster than Gus, but I am nowhere near that man's level of spirituality. I have been to many meetings in the past month, but none were as enlightening as the one I just left.

The Good, the Bad and the Ugly: Trauma and the Law

By Kate Edwin

Interactions with authority, government, law enforcement, administrative and otherwise can be daunting and complicated when a trauma history is involved. I have personally experienced nearly the entire span of good to bad to great to horrible with police officers.

The Good:

We all know how things get desperate and impulsive, when it feels like there is just no other way out. I attempted suicide by overdose in the very early years of being in treatment. I was alone, at night, outside, and just did it. Soon after I called a hot-line asking for help. I was in the emergency room for more than 12 hours, the doctors did not know what was wrong with my heart, I didn't even have the energy to turn my head to watch the tv that was on. The officer who had gotten assigned to watch me at the hospital was great. He talked to me about anything to get me distracted, he even sat next to the hospital bed and watched one of my favorite shows, trying to keep spirits as light as they could be. He was there by my side for the entire time I was there. For years I sent Christmas cards to that officer and the department. Unfortunately, they are no longer on my mailing list...

The Bad:

For the first few years especially, I was in a crisis stage; with frequent trips to the psychiatric emergency department. No one had a car, and would you want to take the bus to the ER in the middle of crying so hard it hurts? There were also times that felt like genuine emergencies that needed the urgent, timely response of the police department. In the beginning they were nice, and courteous and concerned; after the first dozen times or so their patience was tested, a test they failed to pass. They began to act tired, and indifferent. "We're not a taxi service." Sometimes they chose to use handcuffs; once they were so tight the doctor at the ER ordered ice packs. Sometimes they chose to pat me down. A female officer was making me uncomfortable. "Does it look like I'm assaulting you?" she said. "Yes, it does," I replied. There was at times a complete lack of understanding

or compassion, and sometimes, even a lack of general respect. I was "attention seeking," I was "being dramatic," I was "It's her again."

The Ugly:

My very first total experience with intensive mental health care, crisis and the police was one I will, unfortunately, always remember. I had called my counselor the night before, I had pills in my hand, I needed help, and I set a time to meet with him in the morning. We went to the emergency room at the local hospital, I agreed to go to the psychiatric hospital voluntarily. The policies however, in this southern, conservative state, were such that I was in the back of an old squad car for a 45 minute ride complete with handcuffs, shackles and a waist chain. A quite, shy, 18 year old woman who had no signs or history of violence of any sort, was whisked away in the same manner as a convicted felon.

Recently, I had been in a situation of being assaulted. Due to the freeze state of the fight or flight response, I had been confused as to what had happened and did not report the incident until 3 months later. When I was in the 3 by 4 foot interrogation room, complete with hardware for clipping handcuffs to, with two male officers, I was told I was making up the claim because I had had a bad date. Thankfully, this problem has been brought to the attention of the current chief of police and is actually being addressed as I write this.

Not all law enforcement is uneducated or uncompassionate. We wish they were all just like Detectives Benson and Stabler, but we are in the real world. There will always be good guys and bad guys, and bad guys among the good guys. If you find yourself in a situation with law enforcement, it's best to do what they say (within reason!) "Don't make any sudden moves!" We've all heard it on tv but it's true. Don't say anything you don't mean, be honest and respectful, or at least try your very best.

After all this, the good, the bad and the ugly, I have also participated in efforts to educate and give officers tools to deal

with people experiencing mental illness. An officer with a "CIT" pin on the collar means the officer has been through Crisis Intervention Training. This training, which has been gaining popularity, is starting to spread across the country. Officers are put through an intensive training course. As part of that training, groups of officers are introduced to groups of people experiencing mental illness. I have been part of that group for dozens of officers. They come in, sit down, listen to our stories and then are free to ask questions. It can be eye opening for many. Recently, along with the CIT programs, there is a national initiative called *Trauma Informed Care*. This program seeks to educate law enforcement, corrections, social service and other areas of service providers specifically regarding people who have experienced Trauma. It's being done by the Substance Abuse and Mental Health Services (SAMSHA) of the National Institutes of Health. TIC appears to be very promising; it has only recently been taken into effect.

Hopefully these and other programs will take hold in society and government to become one more step in reducing stigma and creating awareness of trauma disorders and trauma's all encompassing effects on the lives of so many around the world. It's a big job, but I think we're up for it.

MV



BOOKS

When Psychological Problems Mask Medical Disorders:

A Guide for Psychotherapists.

By James Morrison, MD. Published by The Guilford Press. www.guilford.com © 1997 ISBN 1-57230-539-8 \$25. 190 pgs plus appendices, index. Paperback.

This is an interesting and helpful book that we should have reviewed years ago! Dr. Morrison's guide explores the prospect that for some patients, mental symptoms are caused or intensified by a physical disease.

Dr. Morrison describes 60 disorders that evoke emotional or psychological symptoms as a component of physical illness. In many cases, such patients are seen initially by a psychologist or other mental health professional, who is then faced with deciding if the patient's problem of depression, anxiety, or psychosis is caused or magnified by a disease process. Physical symptoms, mental symptoms, evaluation, and outlook are listed for each disorder. A symptom-summary appendix allows the reader to see which disorders may have a particular characteristic, such as oily skin or insomnia. The writing is lucid and accessible. Well worth keeping on your reference shelf.

Taking Antidepressants: Your Comprehensive Guide to Starting, Staying On, and Safely Quitting.

By Michael D. Banov, MD © 2010. ISBN 078-1-93471-06-9 Published by Sunrise River Press. North Branch, MN. www.sunriseriverpress.com \$16.95. 273 pgs, plus Appendices and Index. Paperback.

Dr. Banov, who trained at McLean Hospital and Harvard Medical School, is Medical Director of Northwest Behavioral Medicine in Atlanta, Georgia. A prolific author of professional studies, in this publication he reaches out to mental health consumers to give in-depth information on why and how antidepressants are prescribed, and what the consumer can do to make sensible decisions about using them. Three main sections cover Starting, Staying on, and Stopping Antidepressants, with relevant chapters within sections, such as "Are there alternatives?" "What if my medicine stops working?" and many more.

He includes a special section on the controversial topic of Antidepressants for Children and Adolescents. A number of appendices assist the client in evaluating risk, tapering safely, and tracking symptom improvements or side effects.

There is plenty of technical detail for those so inclined. (Dr. Banov writes that those who read and understand the entire text of Chapter 3, *Changing the Depressed Brain*, should receive an honorary degree in neuroscience.) If you take meds, you'll want this information. Your primary care doctor may appreciate the info, too.

The Thursday Group: A Story and Information for Girls Healing from Sexual Abuse.

By PeggyEllen Kleinleder, BSN, RN and Kimber Evensen, LCSW, BCD. Illustrations by Nancy Radtke. Published by Neari Press, Holyoke MA. www.neari.com ISBN 19265744-7 \$25. 197 pgs plus extensive additional material for parents and others, glossary and index. Paperback.

This common-sense and entertaining book is designed for girls from about 12 to 18, who are healing from sexual abuse.

It is written in first-person, as if it were the actual "story" of a young survivor, but it is a fictional account of group therapy for adolescents. I think girls will like it. It's not "hokey." The authors employ refreshing language and up-to-date tone without a hint of condescension or preaching to the reader. The narrative follows a believable recovery journey, as the narrator meets girls who share her experience of sexual assault, but who differ in many other aspects of their lives. The gradual bonding of the group members shown here may encourage careful opening up following abuse. Self-help information is highlighted in shaded boxes that cover topics like "Grounding and Centering Yourself," "Things to do when you feel like hurting yourself" "The Difference Between Sexual Play and Sexual Abuse," and "When Parents Get in Your Space." Ample discussion about creating safety for oneself is invaluable. Anyone with an abused adolescent in their family or their therapeutic practice can learn from *The Thursday Group*.

MV

Dealing with Prison and Legal Authorities

By Willow

I would like to talk about submitting to authority from my personal experience in dealing with them; whether it is the police or prison guards, they want you to know they are in charge.

How the person in custody feels about the authorities does not change the reality of their situation, and that is that you are in a place of extreme vulnerability. How the authorities perceive your behavior can determine how you are treated. This means you are either presenting yourself as hostile and uncooperative, or submissive and obedient.

In my experience being DID does not change the expectations authorities have of you, and most of the time they perceive people with DID as being manipulative and attention seeking. I was even told by a prison

psychiatrist that if I insisted I was DID, or MPD, I would be placed in solitary confinement indefinitely. Therefore, I found it to be in my best interest to not draw any attention to myself.

Fortunately there were enough individuals around me who the authorities perceived were acting out, or trouble makers, that made my being anonymous easier.

If I were to give advice to anyone I would recommend that they follow the rules of the institution they are in and not link themselves with people who are loud and easily become the center of attention. The goal is to put this experience behind you as quickly as possible with the least amount of additional trauma.

MV

Thanks for Sharing Your Creative Inspirations !

The success of MV belongs to all those who read and contribute to our publications. Without your input, there would not be a newsletter, a website, or anything like the shared recovering community we enjoy. So please pat yourselves on the back for your effort and **SEND WRITING AND ART!**

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DEADLINE: December 10, 2010

By Chas Mitchell



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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